

Mr B O & Mrs C N Ogbakaeko

Langdale House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Good  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 30 November 2016.

Langdale House provides accommodation for younger adults. There were nine people receiving care at the home at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). 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.

During our previous inspection on 12 August 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; how risks associated to people's needs were assessed and planned for, how the principles of the Mental Capacity Act 2005 was adhered to and good governance.

During this inspection we checked to see whether improvements had been made. We found improvements had been made in all the breaches identified at our last inspection. An action plan was in place to fully complete the action required that would ensure sustainability. However, new systems and processes were required to be more robust and further time was required for them to be fully embedded.

Risk assessments had been reviewed and updated to protect people from all potential risks. People felt the service was safe and the provider had arrangements in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

Staff numbers were adequate and reflected the numbers of staff on the rotas to make sure people were supported appropriately. Staff had undertaken relevant safety checks and the provider had a robust recruitment process in place. Medicines were managed safely and appropriately.

People consented to the care and support they received, clear action was identified and the provider had taken action when a person lacked the capacity to make decisions for themselves. People could be assured that any restrictions would be identified and decisions would be made in their best interest.

Care plans contain information relevant to the person and they were person centred. People were encouraged to be independent and received relevant information on how the service was run. People felt that they could express their views about the service they received.

People were treated with compassion and respect. The staff provided the care in a caring way. People were involved in decisions related to their care and support. Care plans contained information that reflected people's needs, but it wasn't always clear if the information was current and up to date.

People were comfortable to raise concerns. There was a complaints policy available and people told us their complaints had been responded to in a timely manner.

Systems in place to monitor the service were not fully accurate to make sure a quality service was provided at all times.

People were encouraged to express their views and comment on how the service was run. The management team worked well together and supported staff accordingly. The service worked with other professionals and the care commissioners and recommendations were followed up in a timely manner.

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.

Risk assessments were in place, and protected people from potential risks.

People felt safe with the staff who cared for them and with the care they received. The provider had arrangements in place that supported people who used the service against the risk of abuse.

Staffing levels were sufficient to meet people's needs. Recruitment processes were in place to help support suitable staff to be employed.

People were protected from the risks associated with managing medicines. Staff followed processes that were in place to ensure medicines were handled and administered safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who felt fully supported by the management team.

Staff obtained people's permission before they provided care and support.

Staff had awareness of the Mental Capacity Act and the principles of the Mental capacity Act were being followed.

Staff received an induction and appropriate training and support.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were positive about the staff and the care they received.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Staff were encouraged to form caring relationships with staff and other people to make sure their experienced good care.

Is the service responsive?

The service was not consistently responsive.

Staff understood what people's needs were and responded to their changing needs in a positive way, but some people's care plans were not always current and up dated to reflect this.

People's views were listened to and there was a system in place to respond to any complaints.

Care plans were reviewed with people on a regular basis to ensure they received personal care relevant to their needs. However they were not always accurate.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Robust systems and procedures were not in place to fully monitor and improve the quality of the service provided.

Policies and procedures associated with the running of the service were in place, reviewed and up to date.

The service worked with other health care professionals and followed recommendations appropriately.

Requires Improvement ●

Langdale House Care 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 30 November 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with five people who used the service, two members of staff and the provider's representative.

We looked at all or parts of the care records for eight people, the training and induction records for four staff, three people's medicine records and the quality assurance audits that the registered manager completed.

We also consulted commissioners of the service who shared with us their views about the care provided.

Is the service safe?

Our findings

During our previous inspection on 12 August 2015 we found the provider was in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not properly assessed risks to people's safety and had not fully responded to previously identified risks, to help keep people safe from harm. Risk assessments were in place, but were not robust enough to protect people from potential risks when smoking in designated areas of the home or at risk of falls. At this inspection we found that improvements had been made in this area.

Risk assessments had been completed and reviewed since our last inspection. For example, we saw risk assessments had been reviewed and undertaken for people who smoked and for those people who were non-smokers. To ensure people were aware of the risks associated with smoking. Eight care files we looked at contained a risk assessment relevant to the person's needs. The home's fire assessment had also been updated. Where a person was at risk of pressure sores this was recorded and action taken to help prevent the risk of an injury. Appropriate equipment was being used. Where a person's needs had changed this was recorded and appropriate actions put in place to reduce any risk of damage to a person's skin.

Where a person was at risk of falls this was documented and action taken to mitigate the risk. During this inspection we found the provider was adhering to the risk assessment for people who may be at risk of an injury if they fell against a hot radiator. All radiator covers were fixed to the walls. This meant the risk to people acquiring an injury from a hot radiator had been reduced.

People's needs had been assessed for the equipment they required to meet their needs. Staff had received training to use the equipment. For example, the hoist for moving and handling when assisting a person from their bed to their wheelchair. Staff confirmed they had received training on how to use all equipment in the home.

Individual risks were identified and monitored on a regular basis to address themes and trends of any incidents that may occur.

Most areas of the premises had been maintained to an adequate standard. The provider told us through the PIR that the home was under refurbishment and discussions were taking place with people who lived at the home, to gain their opinions and views. We found a number of maintenance issues had been addressed since our last inspection. However there were two areas of concern that we raised with the providers representative and they addressed these during our visit. The registered manager had undertaken safety checks, including tests on the electricity system, portable appliances, fire alarms and gas safety checks. We saw documents that reflected these checks had taken place.

People told us they felt safe living in the home. One person said, "I can come and go as I please. I am well looked after here." People were protected from the risk of abuse, as the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing avoidable harm.

Staff understood how to recognise the possibility of abuse and how they should keep people safe. They confirmed that they had completed safeguarding training and records we saw confirmed this. We also saw policies and procedures were in place. Staff were aware of these policies and when required followed the relevant procedure of reporting safety issues. We saw resident meetings had taken place and safeguarding was part of the agenda. The provider's representative told us they had one incident they needed to report regarding people's safety at the home. They were able to explain the process they followed and were in the process of completing the appropriate forms and submitting them to the commission.

Staff described the processes they followed when dealing with safeguarding issues or reporting any concerns. We found systems and audit trails were in place to identify any action that had been taken when safeguarding issues had been raised.

People felt the numbers of staff were sufficient. One person said, "The staff are there if I need them." However we saw two people whose needs had deteriorated and on some occasions required two members of staff to meet their needs. This meant that if other people required assistance on those occasions they would have to wait for assistance. We spoke with the provider's representative and asked them to complete a review of staffing levels. We also contacted the local authority and shared our concerns.

Staff told us the numbers of staff were sufficient to meet the people's needs most of the time. One staff said, "The registered manager helped out when they were available." However they were on annual leave on the day of the inspection." The provider's representative told us that staffing levels were based on people's dependency levels. They told us that any changes in people's dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider had assessed that staffing levels were being met. We observed that most people received care promptly when requesting assistance in the lounge areas and in their rooms and no one raised the staffing levels as a concern at the time of our inspection.

People told us the staff made sure they take their medicines. One person said, "I receive my medicine from staff at regular times of the day." Other people confirmed they received their medicines in a timely manner. People were protected from the risks associated with managing medicines, because the processes in place were followed appropriately to ensure medicines were managed safely.

Staff told us they had received training to administer medicines and their competencies had been assessed. From the four sets of staff records we viewed we found staff had completed a competency test for administering medicines. Staff demonstrated to us that they had a good understanding on how to complete a medicine administration record (MAR), which they used to record when a person had taken or refused their prescribed medicines. When we reviewed a selection of MAR charts we found they had been accurately completed. MAR charts contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking their medicines. Where a person was responsible for their own medicines their care plan and risk assessment had been completed to say when self-medication occurred.

We did not observe any medicines rounds during our visit, but staff described to us how they administered medicines safely and what action they would take in the event of an error. We found a medicine audit had been undertaken by another healthcare professional in August 2016 and the home was working within the medicine guidelines.

Is the service effective?

Our findings

During our previous inspection on 14 April 2015 we found the provider was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people's rights were not always protected under the Mental Capacity Act 2005. At this inspection we found that improvements had been made in this area.

We saw staff ask people's permission before they assisted them. People were given a choice if they wanted to spend time in the lounge area or stay in their room. One person told us they liked spending time alone. They said, "I can retreat to my room at any time. I have all I need there." Another person said, "I can come and go as I please and as long as I let them know I am going out."

Staff and records we saw confirmed staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were aware that referrals for DoLS had been requested for people where appropriate. They knew why these safeguards had been put in place and what it meant for the individual person.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw the registered manager had made applications in relation to DoLS and was awaiting them to be authorised. Policies and procedures relating to DoLS were in place, and had been reviewed and brought up to date.

When people were not able to make some decisions for themselves mental capacity assessments had mostly been undertaken and documentation about how best interest decisions had been reached were completed.

People told us that staff were skilled and experienced to support them effectively. People gave positive comments when asked if staff knew how to care for them. One person said, "They know me, I have everything I need here." Another person told us they liked living at the home and the staff were very good.

Staff told us that they had received opportunities to attend training relevant to the work and we saw that they did. One staff member described the moving and handling training they had completed recently. They

said, "We were shown how to use the equipment, such as, the hoist and a rotunda." Staff files we looked at and records we saw confirmed the training staff had completed. This included how to use equipment when moving people around.

During our inspection we observed staff were being assessed by a professional for a qualification in social care. This showed us staff training was taking place. Staff confirmed they had received an induction. Records we looked at also confirmed staff had received an induction, supervision and an appraisal recently.

Staff had a good knowledge of the people they cared for and their individual preferences. We saw staff respond appropriately when people required assistance.

People received support to eat and drink enough and maintain a balanced diet. People told us they had access to snacks and drinks when they wanted them. One person said, "The food here is fine and so are the choices offered." Staff told us the menu was rotated on a four weekly basis. They told us people were asked at resident meetings what they would like to eat. Care plans we looked at identified types of food people liked and disliked. We also saw where a GP had advised one person should avoid certain foods, to make sure they maintained a healthy diet, that this advice was shared with staff and followed.

Staff were knowledgeable about people's food preferences and nutritional needs. People's dietary needs had been assessed and planned for, including consideration to people's needs associated with their cultural or religious needs. Where concerns had been identified with regard to swallowing or weight loss, appropriate referrals had been made to external health care professionals for further assessment and guidance. For example one person was supported by a district nurse, as they were living with diabetes and had to monitor their blood sugars and watch what they ate.

We observed the lunch time period. People were asked to be seated in the dining room at 12.30 for their lunch, but did not receive their food until 15 minutes later. Some people became agitated. We spoke with the staff they told us they normally had the manager to help, but they were not available on the day of the inspection. We spoke with the provider's representative and they told us they would monitor and complete an audit of staffing levels during the lunch time period.

People had access to healthcare services and were supported to maintain good health. People told us they had access to a doctor or other professionals whenever they wanted.

One person told us they received weekly check-ups including having their blood taken by district nurse who visited the home. We saw referrals were made to external health care professionals, such as Dentist or GPs when required. People had recommendations made by the Occupational Therapist (OT). These recommendations had been followed through and the persons care plan updated.

Staff demonstrated a good awareness of people's healthcare needs. They gave good examples where a person's care and support had improved since being in the home. They said the person had made significant changes to their lifestyle, which in turn improved their life expectancy and wellbeing. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being

Is the service caring?

Our findings

Most of the people had lived at the service for a significant amount of time. People said that staff were kind and considerate. People develop positive relationships with other people living in the home and with staff. One person told us they spent time with family and friends on a regular basis.

People were treated with kindness and compassion. One person told us they felt staff genuinely care for them and other people in the home.

Staff had a kind and caring attitude and told us they respected people's wishes and communicated with people well. Staff were aware that one person was living with Dementia. Staff told us how they communicated with this person. They told us they speak to the person slowly and in a low tone. They said they use simple language, so the person was able to understand what they were saying and give them time to respond.

Staff were aware of people's preferences and personal histories including individual diverse needs. People who used the service confirmed staff knew and understood their needs and what was important to them. Care plans reflected people's individual needs and included information about them and what was important to the person.

We saw information leaflets in the main foyer that identified how people could access support services and advocates if needed. An advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up.

Throughout our inspection we observed limited interaction between staff and people, who used the service. However we noted when there was interaction there was a mutual respect and a relaxed and homely atmosphere. We also saw a caring approach was adopted when we observed a conversation between one person and a staff member. The person asked when lunch would be ready. Staff answered appropriately and in a kind manner.

People told us that they were involved in discussions and decisions about how they received their care and support, but some people had little understanding due to their mental state. One person said, "We are able to express our opinions at the random community meetings." These meetings were held for people to share their views in regards to the care and support they received and to ensure their needs were met.

Overall people told us their dignity was respected at all times. One person said, "Staff treat me with respect and observe my dignity." We observed staff knock on people's doors and ask if they could come in during our visit. This showed us staff were considerate of people's privacy.

People told us that friends and visitors were welcome at the home. One person said, "There are no restrictions about when family and friends visit."

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

People were positive that they were involved in opportunities to discuss and review their care plans. People said they were actively involved in making decisions about the way their care was to be delivered, and arrangements were made to review their care needs. Care plans provide staff with information and guidance about people's needs and the support required of staff.

Staff told us they listened to people's choices and everyday decisions. They told us they also took notes and recorded information in a variety of documents. For example, people's daily notes, a communications book and the daily diary. Care plans identified aspects of care that people could do independently, while also identifying areas of support. For example, if they were able to walk independently, but required assistance with dressing. However we found one person was at risk of pressure sores, but there was no care plan to identify what staff should do to support this person or what equipment should be used to mitigate the risk. We saw equipment was in place and staff told us they checked for red areas and referred to the relevant professionals should the need arise. Another person spent time in their room, which was their choice, but their care plan did not reflect this. We looked at another care plan that identified the person went to college three times a week. When we asked the person they told us they only attended once a week. We spoke with staff and they told us there had been a change and the person only attended college once a week. The care plan had been reviewed in June 2016, but the changes had not been recorded. This meant there was a potential risk that without written information being available for staff, people may not have received a personalised service. We raised this with the provider's representative and the local authority.

We received a mixed response from people about the length of time staff responded to their requests for assistance. We observed one person had a midmorning drink and staff told them they would bring them some biscuits. After 30 minutes we asked the staff if the person could have the biscuits. The staff member replied, "Oh has he still not had them." Another person asked staff for their cigarettes that the staff were storing for them and staff responded immediately to the request. Another person was in their room and the call bell was ringing. We observed that staff responded to the requests within a reasonable amount of time. This showed us staff responded to people's needs, but sometimes they may get distracted.

Individual assessments had taken place. The provider's representative told us assessments were carried out to gather information and identify people's needs. The provider told us through the Provider Information Return (PIR) that people receive a yearly review with involvement of other health care professionals. They told us they discussed and supported people to achieve their goals and aspirations. Systems were in place for people to feedback their experiences of care and raise any issues or concerns.

People were able to access the community for hobbies, interests and sometimes college. Where restrictions were in place appropriate referrals and documents were in place. Staff were responsible for providing activities with in the home. Staff said that people accessed adult learning courses, local community visits to the town and were able meet up with friends. The provider told us through the PIR that they were making improvements to activities over the next 12 months. We noted that people with dementia or a visual impairment had no resources or activities to stimulate them. We raised this with the provider's

representative and they said that they would look at activities relevant to these people such as audio books for the visually impaired.

We found the provider's complaints procedure was displayed in the foyer and easily visible for people. Staff were aware of the complaint procedure and what their role and responsibility was in responding to any issues or concerns.

The provider's representative told us that there had been no complaints received since our last inspection. We saw a complaints log was in place. Where minor concerns had been raised we saw action was taken and followed up where required. An example of this showed what action the registered manager had taken, this was found to be appropriate and timely. This meant that any type of concern was responded to and acted upon. The providers representative told us they used complaints in a proactive way to learn from the experiences, which in turn helped with the further development of the service.

Is the service well-led?

Our findings

During our previous inspection on 12 August 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to insufficient systems in place to check and monitor quality and safety.

At our last inspection an outside external professional highlighted some recommendations to improve how medicines were managed. There were no records to confirm checks to the environment took place or to show how the staff responded to individuals support needs. During this inspection we saw improvements had been made to address these shortfalls, but further improvements were still required in some areas the checks the provider undertook for the premises.

The provider had addressed and taken action to improve the way medicines were managed to ensure the recommendations were in place and medicines were managed according to the relevant legislation.

The provider told us they completed checks and audits of the home environment. We saw there was a record of these checks, but we found issues that had not been picked up at the last provider check in September 2016. One person's room had an area where the carpet dipped when we stood on it. The carpet had been down for some time. On closer inspection we found the floorboards were missing and the whole had not been repaired. We found all radiator covers were fixed to the wall, but one had a front panel loose. The curtains in the main lounge were unhooked and falling from the curtain pole. We also found one person was sleeping on a mattress that was not fit for purpose. Quality of mattresses and other furniture was not included in the providers check list. We spoke with the provider's representative and they removed and changed the mattress immediately. They also contacted us following the inspection visit on 8 December 2016 to inform us that the other areas of concerns had been addressed.

During our last inspection staff told us they checked people at two hourly intervals during the day and night to ensure they received any support they needed. However this was recorded generically. At this inspection we found each person had their own individual record of daily activities, which included hourly turns.

There were processes in place to explain how complaints issues were to be handled and logged. There was an audit trail to show how complaints should have been dealt with if and when any complaints had occurred. Policy and procedures had been reviewed to ensure they were current and up to date.

We found that records of safety checks around the premises were in place. We saw the door to the dining room and kitchen were propped open, however records showed the door release had been tested weekly. We were contacted by the fire service after the inspection visit and they raised some concerns which meant these records were not accurate.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

Staff demonstrated they adhered to the provider's vision and values of the service in their day to day work. They showed compassion for the people they cared for and were committed in improving the service people received.

The registered manager used supervision meetings and observed practice to regularly review the attitudes, values and behaviour of the staff team.

Staff told us the registered manager was approachable and supportive. Staff also told us they attended team meetings and communication handovers for each shift. When asked if there were any areas they felt could be improved one staff member said, "Buying more clothes for people." All staff felt the home provided good care, good food and they liked working at the home.

The provider's statement of purpose and service user guide were made available and people received a copy when they first arrived at the home. People were encouraged to voice their concerns. We looked at questionnaires that had been completed by people who used the service to gain their views and experiences. We saw that positive feedback had been received.

We found staff had a clear understanding of their roles and responsibilities and good communication systems were in place. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding, significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.