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Langdale Lodge

Inspection report

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Date of inspection visit:
07 February 2017
14 February 2017

Date of publication:
10 April 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 7 & 14 February 2017 and was unannounced. The service was last inspected on 15 March 2016 when it was in breach of Regulation 12 safe care and treatment due to unsafe practices around cleanliness and hygiene control in bathrooms and toilets. At this inspection we found standards had been met and the service was no longer in breach.

Langdale Lodge is a nursing home for up to 27 people. The home is situated in the town of Chesterfield, Derbyshire. At the time of our inspection 27 people were living there. The home provides care and support for people with a range of medical and age related conditions, including mobility issues, diabetes and dementia.

There was a registered manager in post. 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.

People's medicines were managed safely. There were procedures in place to ensure medicines were safely stored and administered.

The provider had thorough recruitment procedures in place and only employed new staff once appropriate checks had been completed. The provider had a system of ensuring new staff participated in an induction which included a period of shadowing an experienced member of staff. New staff undertook training in a range of topics, including safeguarding and health and safety, as part of their induction. There were enough staff deployed to support and respond to people's needs in a timely manner. The registered manager and staff team understood their roles and responsibilities.

People's care plans and records were complete and provided staff with the information they needed to meet people's needs. People and their relatives were happy with the care and support provided and felt their individual needs were being met.

Staff and members of the management team maintained people's safety and protected their rights. Training was provided and included the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

Staff knew people well and were aware of the importance of treating them with dignity and respect. Staff were kind, caring and compassionate; people's self-esteem was promoted and staff supported and encouraged them to remain as independent as possible.

People's nutritional needs were met and special dietary needs were catered for. People were supported to choose the food they wanted to eat. Staff understood people's health needs and they were supported to

access relevant health care professionals when this was required.

Information regarding how to make a complaint was available and complaints were dealt with swiftly. Audits were carried out to monitor the quality of care people in the home received.

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.

People were protected from abuse by staff who understood the importance of reporting any such abuse.

Risks to people were managed and discussed with those involved.

There were sufficient numbers of staff on duty to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training to help ensure they had the skills to meet people's needs and support them in an effective way.

Consent to care and treatment was sought and the management team and staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink and access health care when this was appropriate.

Is the service caring?

Good

The service was caring.

People were supported by staff who developed positive and caring relationships with them.

People were supported to express their views and were involved in making decisions about their care and support.

People's privacy and dignity was protected by staff who understood the importance of this.

Is the service responsive?

Good

The service was responsive.

People were able to contribute to their assessment and planning of care.

People's preferences and wishes were identified and they were supported to follow their interests.

People felt able to complain if they were unhappy about the support they received and there was a complaints policy in place.

Is the service well-led?

Good

The service was well led.

There was a positive culture in the home which encouraged people and staff to be involved in quality and development.

Management and leadership were integral to the good running of the home.

Quality audits were successful in maintaining the quality of care in the home.

Langdale Lodge

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.

The inspection took place on 7 & 14 February 2017 and was unannounced. The inspection team comprised of one inspector and an expert by experience, who had specific experience of older people and dementia care services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted Derbyshire Healthwatch and the local authority commissioning team to ask if they had any information which might inform the inspection. Before the inspection the provider completed a Provider Information Return (PIR). 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.

We spoke with six people who used the service and one relative. We also spoke with the registered manager who was the providers operational manager, the home manager who managed the home on a daily basis, deputy manager, one nurse, the head of care, one senior member of support staff and one support worker.

We reviewed a range of records about people's care and how the service was managed. This included three people's care plans staff training records, three staff recruitment records, health and safety audits and records relating to medicines.

Not all of the people living at the service were fully able to express their views about their care. We used the Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Good

Is the service safe?

Our findings

People told us they felt safe living at Langdale Lodge. One person said "Oh yes, I feel safe, the staff look out for me". When we asked another person if they felt safe they said "I think they come in at night but they don't wake me". We observed people were supported in a safe way. For example, we saw when people were assisted to move using specialist equipment this was done in a way that helped to ensure they were comfortable and secure.

People were protected from avoidable harm by staff who received relevant training relating to safeguarding. Staff had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff were aware of different types of abuse and were able to describe these to us. They told us they knew people well and knew who to go to with any concerns they may have. Staff also told us they were confident any concerns they reported to their line managers would be acted upon. Records showed staff had completed training in safeguarding and received regular updated training.

Staff were able to describe to us the different ways in which they helped to keep people safe. For example, by ensuring there were no trip hazards around the home. They also spoke with people about how important their safety was and discussed with them the different ways they could maintain their own well-being. This meant people were involved in managing their own risks.

During our inspection we saw the environment was safe and free from hazards. Risk assessments and plans were in place in care records to help mitigate risks and ensure people were safe. We spoke with staff about caring for skin that was thin and unstable and they were able to tell us how they would manage this. In this way staff were helping to ensure people were kept safe in their home.

People told us they believed there was enough staff to meet their needs safely. One person said "If I press my buzzer I don't have to wait long". Another person said "They are not long if I buzz". One relative we spoke with said "There always appears to be enough staff". We saw there were sufficient staff on duty to support people living in the home and meet individual needs.

We checked three staff files and saw recruitment checks had been carried out to help ensure people were supported by staff who were suitable for the role. For example satisfactory references had been received; proof of identity obtained and criminal record checks with the Disclosure and Barring Service (DBS) had been undertaken. This meant people and their relatives could be confident staff had been screened as to their suitability to care for the people who received care and support in the home.

People told us they were happy for the staff to manage their medicines. Medicines were managed safely and consistently. We saw evidence that staff involved in administering medicines had received appropriate training and policies and procedures for the safe storage of medicines were followed. We observed medicines being safely administered and saw the medicine administration records (MAR) for people who used the service had been correctly completed. This demonstrated people received the correct medicines at the right time.

Good

Is the service effective?

Our findings

People told us they thought the staff knew them and were well trained to look after them. One person said "The staff look after me well". Another person said, "I need a lot of help and the staff are always there." We spoke with a relative who said, "The staff are really good, very well trained." Another person said "It's a nice place, nice and clean and the staff look after me well." We saw throughout the day that staff responded to people in a skilled way.

Staff described to us the induction they had undertaken which involved shadowing a more experienced member of staff before they felt confident to work alone. They also told us they were expected to look at care plans and policies and procedures to familiarise themselves with best and safe practice. We saw one member of staff taking part in their induction and they were introduced to each person in the home as they shadowed another member of staff.

Staff told us about the kind of training they undertook, including safeguarding, moving and handling and infection control. They told us they felt supported in their work and were able to approach anyone for advice if they required this. The manager explained how they observed individual staff undertaking their different roles so they could ensure they were doing these effectively. Where this was not the case they were able to support them with training to work in a way which was more skilled. In this way staff were supported to ensure they had the right knowledge and skills to undertake their responsibilities. When one person became agitated and upset we saw staff were able to diffuse the situation by talking to them and distracting them. In this way they were using their skills to help support people who lived in the home.

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 found the home was working within the legal requirements of the MCA. Decisions were made in people's best interests under DoLS. The registered manager and staff understood their responsibilities and the principles of the legislation in relation to the MCA and DoLS and we saw that consent to care was sought before it was given. There were policies and procedures in place for staff to follow in relation to the MCA and the registered manager and staff understood the importance of acting in people's best interests.

People told us the food was good. One person said, "The food is nice. I forget what I am having but they would tell me if I asked. You get plenty to eat and drink." Another person said "It's all good food; I've enjoyed all of my meals." Another person told us they were always asked what they wanted and got a

choice of two things at the main meal time. People told us they could have something else if they didn't like what was on the menu that day. We saw there was a board telling people what was on the menu and staff told us picture cards were currently being developed to help people choose what they wanted to eat. Picture cards are a good way of supporting people to choose their favourite food and make other choices, when they are living with dementia.

Where people needed support with their meal we saw staff did this in a respectful way. Staff sat in a good position to aid people and we heard them encouraging people to eat their meal and chat to others at the table. There was a choice of drinks available. There was plenty of food stored in the kitchen and the cook was aware of people's dietary requirements, for example who required a diabetic diet. During lunch time there was relaxing and quiet music on in the background in the dining room which helped to create a homely ambience for people's lunch time experience.

People told us they were supported to maintain good health and their GP or district nurse visited if this was needed. One person said "I've not been very well lately and the doctor came to see me." A relative told us the doctor had been to see their family member recently. Care records confirmed people had regular access to healthcare professionals. Staff were able to tell us about the day to day health needs of the people they supported.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind and caring. People told us they were happy living at Langdale Lodge, one person said "I like to live here." Another person said "The staff are very nice" and a third person said "I'm very satisfied all the staff are lovely."

Staff understood the care needs of the people they were supporting, they also understood how people liked to receive their care and were sensitive to their likes and dislikes. People were not hurried and staff were patient and understanding. We saw staff listened to people's views and then acted on them.

When we spoke with staff they told us about the way they supported people in a kind and caring way. We saw this many times during the day when we observed interactions and support between people and the staff. We saw staff had developed positive relationships with people. Staff explained how they got to know people when they first went to live in the home by sitting and talking with them and learning their likes and dislikes. Staff told us it was important to give people time to build relationships when first living in the home. One member of staff told us how "Good handovers and good communication" between staff was important to help ensure people received care they were happy with.

We saw staff talking with people and asking them for their views about how they liked their support to be delivered. We also saw people were encouraged to tell staff how they would like to be supported. Staff told us they used the document "All about me" to help inform them about how people liked to receive their care and said "It's a good tool". This meant staff were using information provided by people to inform their supporting role by being sensitive to the needs and wishes of the people they supported.

People told us they were treated with dignity and staff knew them well. We saw staff spoke with people quietly and sensitively in order to help promote their dignity. Staff knocked on doors before entering rooms and when we talked to them about how they helped to maintain people's dignity they told us how important it was to close doors and curtains. They also explained how important it was to talk to people as they were providing their personal care, so they understood what was happening. In this way staff were sensitive to the needs of people in ensuring their self-worth and dignity.

Good

Is the service responsive?

Our findings

People told us there was always something to keep them occupied and staff knew what their interests were. One person told us they didn't always join in but they could if they wanted to, it was up to them. One person referred to the aviary in the garden and said "I like to read and in the summer we sit in the garden and look at the birds, there is plenty going on." Another person said "They put a right good turn on here", when they were referring to activities in the home.

The provider employed an activity co-ordinator who was familiar with people's interests and hobbies. They looked at different ways of introducing activities into the home and had visited another home to learn from a more experienced person. The activity co-ordinator said "I went to visit one of the other homes in Leicester. They have been inspected and I wanted to see if there was anything that had come up that I could do here. I saw how the activity co-ordinator there was recording what they had done and how it had gone down. They went on to tell us they were looking at now doing things a different way and would evaluate in two months. This helped to show that new learning and understanding was being developed in order to support people in a way which would enhance their experience of living in the home.

We saw the activities co-ordinator and other members of staff undertaking activities with people on the day or our inspection. For example, some people were looking at old photographs of the local town and reminiscing, one person was reading a book and others were playing a game. The activities co-ordinator told us there were always daily activities but they also arranged outings away from the home, that people told them they were interested in. For example shopping for new items of clothing and reminiscing about the local town as they were driving through.

There was a scrap book available to remind people of the activities and events they had taken part in. For example, there were photographs of visits and outings as well as visitors to the home. The book was well used. The home produced a monthly newsletter with items about what was happening in the home. This meant people could be updated with what was happening in their environment and this helped them to make decisions about what events they wanted to take part in. The registered manager told us they had an allotment and were making plans for people to visit in the summer months to take part in growing vegetables and plants. This showed how new activities were being explored for people to take part in.

We saw from care records that people were involved in formulating their individual care plans. Relatives told us they felt they were also involved with how people lived their lives in the home. When we looked at care plans we could see these reflected and focussed on people as individuals. Further work was being undertaken to make the care plans more detailed and inclusive for people. For example a new document was being developed which would capture more about the person's wishes, hobbies and interests. During our inspection we saw staff responded quickly when people requested a drink or other forms of assistance. One person asked to be assisted to bed as they were tired and staff supported them to have an afternoon nap.

People we spoke with were not aware of how to complain but we saw throughout the day that if people

weren't happy about something they were able to voice their concern and staff reacted appropriately. People and their relatives were complimentary about the care provided in the home. The registered manager told us if there were any concerns or complaints they "Like to resolve it there and then" so that people didn't continue to be unhappy, they said "I like to action it immediately." We could see there was a complaints procedure available.

Good

Is the service well-led?

Our findings

One relative said "It's always been well managed; they have sent out surveys in the past, I have no issues with the place." They went on to say they would recommend the home to other people.

There was a registered manager in post as well as a manager and a deputy manager. They all understood their role and responsibilities. The registered manager was familiar with the processes and responsibilities required in relation to notifications. They knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity, for example regarding a person's death or an event which may affect the running of the service. We saw arrangements were in place for the day to day management and running of the service.

The manager told us they were well supported by the registered manager and deputy manager and the wider care team. The registered manager felt the team worked well together to help ensure people were provided with effective and caring support.

The management team explained how they worked in a flexible way with people to help ensure they had a positive experience of the care and support they received in the home. The manager and deputy manager explained they had an 'open door policy' and people frequently went into the office to speak with them. The manager said they wanted to encourage an "Atmosphere where staff, service users and families can come and talk." They also said it was important to "Keep that line of communication open." This helped to show they appreciated the importance of communication across the home which involved everyone.

The management team told us the home was run with "Enthusiastic staff" and management wanted to ensure they continued to be happy in their work. They said the staff understood their responsibilities and were involved in day to day decision making about the home. Staff told us they were happy working in the home and enjoyed working with the management team. They told us they felt respected and supported in their work. One member of staff said "They want to listen to what our views are for the home as well."

Staff told us they felt confident they could go to their line manager with any concerns they had and these would be listened to. We saw staff received regular supervision which was focussed on their skills, so the manager could work with them to improve their practise if this was required. One member of staff told us "[manager] was brilliant" and they were enthusiastic about their own ideas, which they shared with the manager, for the future of the home. Another member of staff said "Everyone in the home is very positive" and they told us they enjoyed coming to work.

The registered manager, manager and deputy manager told us they had a positive vision for the future. Systems were in place to recognise, reduce and manage risks to the safety and welfare of people in the home. We reviewed a sample of records which related to the monitoring of the quality and safety of the service. We reviewed the processes in place for reporting, recording and reviewing accidents and incidents. We could see this information was then used to identify any trends and learning was taken from this. For example, supervisions with staff focussed on one area at a time to help identify where learning was required.

This showed analysis took place to learn from what was happening in the home on a regular basis.