

Cambridge Housing Society Limited

Langdon House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Langdon House care home provides accommodation and care for up to 52 older people some of whom live with dementia. There were 48 people living at the home when we visited. Accommodation is provided over two floors and there are communal areas including lounge areas, bathrooms and dining areas. All bedrooms are single rooms. There is a communal garden area for people and their guests to use.

This unannounced inspection was carried out on 20 July 2017. At the last inspection on 21 April 2015 the service was rated 'Good'. At this inspection we found the service remained good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us that they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People received their medication as prescribed from staff who were appropriately trained.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff who had been deemed suitable to work with people at the home were employed.

Staff respected and maintained people's privacy. People were provided with care and support as required and people had their care needs met in a timely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support needs were assessed and planned by the registered manager and staff. The staff had an excellent understanding of how and when to provide people's care whilst respecting their independence. Staff knew people well. Where possible people were involved in the reviews of their care plans. Care records were detailed and up to date so that staff were provided with guidelines to care and support people.

People were supported to access a range of health care professionals in a timely manner. Risk assessments were in place to ensure that people could be safely supported at all times.

People were provided with a varied menu and had a range of meals to choose from. There was a sufficient quantity of food and drinks and snacks made available to people.

Staff were proactive in arranging activities and they supported people with their hobbies and interests to prevent them from becoming socially isolated. There was a wide range of activities for people to be involved with.

The home had a complaints procedure available for people and their relatives to use and staff were aware of the procedure.

There was an open culture within the home and people were freely able to talk and raise any issues with the registered manager and staff team. People, staff and stakeholders were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, staff and completing annual quality assurance surveys.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service was responsive.

People were empowered to be integrated in to the home and the community and had a valuable part to play.

People were supported to pursue a wide range of activities and interests and to maintain links with their family and friends.

People received personalised care and support by staff who knew them well.

Is the service well-led?

Good ●

The service remains good

Langdon House

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 unannounced inspection took place on 20 July 2017 and was carried out by one inspector, an inspection manager 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 our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. 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 improvements they plan to make.

Prior to the inspection we spoke with a contracts manager from the local authority, a local authority training officer, a member of the local authority safeguarding team, a practice manager from a local surgery and a care manager from the local authority. We also spoke with a healthcare assistant from the district nursing team and a local GP who provided regular 'surgery's' in the home.

During the inspection we spoke with twelve people living in the home, five relatives, the registered manager, deputy manager, lead care practitioner and five care staff. Due to some people's complex communication needs we were unable to gather their views. However, we observed the care being provided to assist us in understanding the quality of care that people received.

We looked at three care records, quality assurance documents, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as health and safety audits and staff training records.

Is the service safe?

Our findings

All of the people we spoke with had no concerns about their personal safety. One person said, "It's a very good home, that's why I feel safe here." Another person said, "I do feel safe – I have everything I need here and they are good to me." A relative told us, "They are absolutely delightful here they really are. No worries about [family members'] safety at all." Another relative, said, "I have no worries about [family member's] safety here at all - if there is a problem someone is always around to ask –all very good."

Staff showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. One staff member said, "I have received training in safeguarding and I would never hesitate in reporting any concerns to my manager." This showed us that people were protected from potential harm.

Staff had the information they needed to support people safely. People's individual risk assessments had been completed and updated and examples included; falls, pressure care, bathing and nutrition. During our inspection we observed staff supporting people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

We observed staff safely administering people's medication in a careful and unhurried manner. The records showed that medication had been administered as prescribed. Members of staff told us that they had attended training in the safe management of people's medicines and had their competencies checked annually. People told us that, "Staff give me my tablets when I need them." Another person said, "I have one tablet in the morning and two in the evening and never had any problems with them". This showed that people were safely provided with the support they needed with their prescribed medication.

People told us, and we saw that there were sufficient numbers of staff available. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if required. One person said, "There are always staff available to help me with what I need." We observed throughout the inspection that staff were readily available to support people and answered their queries cheerfully and promptly.

Staff recruitment continued to be well managed. All appropriate checks had been satisfactorily completed to prevent unsuitable staff from being employed.

There continued to be fire and personal emergency evacuation plans in place for each person living in the home. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the home was a safe place to live, visit and work in.

Is the service effective?

Our findings

One person told us, "The staff look after us really well here and I feel that they [staff] know me well and help me with what I need". A relative said, "The staff do their best to help my [family member] and they treat [family member] very well."

Staff we spoke with said that they received induction training when they had commenced working in the home to ensure that they were aware of their responsibilities. Staff told us they had regular supervision and ongoing support. One staff member said, "There is lots of good training and we get refreshers throughout the year." Staff we spoke with confirmed they had received dementia awareness training to aid their understanding in meeting people's needs. We saw that a number of staff had also achieved additional care qualifications including NVQ's at levels 2 and 3 and the Care Certificate (both nationally recognised qualifications for care staff).

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 are called the Deprivation of Liberty Safeguards (DoLS).

Records showed and staff we spoke with confirmed that they received MCA and DoLS training and had an understanding of the principles underpinning MCA/DoLS. There were policies and systems in the service which supported this. The registered manager understood their responsibilities and where appropriate had made applications under the act and had followed these applications up with the local council to ensure they were being processed.

People told us that they had enjoyed their lunch and the drinks provided. Snacks and drinks were also made available to people. One person said, "There is always plenty of food to eat and there are drinks available all the time." Lunch time was seen to be a sociable occasion with lots of interaction between the staff and people having their lunch. People told us they had a choice of meals and had an opportunity to have an alternative choice if they did not like the main menu options. One person said, "The food is brilliant here and if you don't like something they (kitchen staff) will always make an effort to find you something you will enjoy." People were assisted with eating their meal by staff where required and suitable equipment was available to aid this. We saw that staff checked with people if they wanted more to eat and offered extra helpings of the main course.

People's dietary needs were monitored and the registered manager told us that where any concerns were identified advice from the person's GP and a dietician were sought where necessary. Nutritional assessments were recorded along with monthly weight records where appropriate. This demonstrated to us that the staff monitored and understood what helped to maintain a person's nutritional health.

Events that had occurred during the person's day were documented which included appointments with health care professionals such as GPs, psychiatrist, chiropodist, dentist and optician. One person said, "I can see a doctor whenever I need." A relative told us that the staff always kept them informed of any health care issues affecting their family member and that any concerns had been swiftly referred for a GPs attention.

Healthcare professionals that we spoke with were positive about the care provided at the home. We spoke with a local GP visiting the home and they were positive about the care and support provided. They told us that the registered manager and staff were in regular contact with the surgery and were knowledgeable and provided good quality information to them when required. The GP told us that they visited the home regularly to hold a 'surgery' and people were able to meet with them regarding any healthcare issues. The GP stated that any advice or care to be undertaken was carried out by the staff following their visit. This showed that people were assisted with their health care which was monitored and appropriate referrals and actions were taken when necessary.

Is the service caring?

Our findings

People said that they felt they were treated as individuals. One person said, "They [staff] are very good all of them, affectionate – give me a hug, kind, caring and they give of their best to us." Another person said, "They are marvellous girls [staff], all kind and considerate towards me. They show respect and courtesy." People also said that staff were very caring and sensitive in the way that care and support was provided. Another person said "They're wonderful, nothing's too much trouble", another said "they look after me very well they're absolutely wonderful".

A relative said, "Whenever I visit we are always made to feel very welcome and there is a very happy and calm atmosphere here." This was also confirmed by what we found. One member of staff described the home as, "Having a friendly family atmosphere." Another member of staff said "I really love my job and we work well together to support people. This really feels homely. Everyone is here for their love of care, rather than to do a job."

Health care professionals were complimentary about the staff, with one telling us, "The home is always calm. Even when they are busy, staff still have a really caring attitude."

Throughout our visit we saw positive interactions between the staff and the people using the service. This was especially evident in one unit where people were living with dementia where we saw that staff responded to people in a calm and reassuring manner. A relative said, "They [staff] are very understanding and have looked after my [family member] in a very kind and caring way and really know their needs well. They are respectful and [family member's] dignity is maintained." One person living on the unit kept touching their mouth and they were in pain. The member of staff immediately asked them if they wanted a tablet to help with their pain, and they informed the person that they would contact a dentist. A member of staff told us, "When I go home, I feel proud that I have helped people. We have a good team of care staff here; we all get on and care for the residents [people who live in the service]. Nothing is too much trouble".

We saw that staff spoke with people and supported them in a warm, kind and dignified manner which promoted people's independence as much as possible. Staff engaged meaningfully with people. For example, they participated and helped with the flower arranging activity in the dining room.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. One person said, "They (staff) always knock on my bedroom door before entering, even if it's partially open." Relatives that we spoke with were very positive about the care their family member received and one relative said, "The staff are all very supportive and caring." Another relative said, "The care is good and they give my [family member] a lot of help."

Requests people made for assistance were responded to quickly and gently by staff. One person told us, "I have no concerns and the staff treat me very well and make sure I have everything I need." We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. One person said, "I call the staff by pressing this button and they always come very quickly and help me."

People were able to see their friends and relatives without any restrictions. One person said, "My family come in at any time to visit me." A relative told us that, "The staff are always welcoming whenever I visit."

The registered manager told us that people were provided with information as to how they could access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes

Is the service responsive?

Our findings

People told us, and we found from records seen, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they know me and the things that I like and dislike."

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. Another relative told us that, "The staff are very good in letting me know how things are and they are always good at keeping me informed of any changes."

A relative we met told us how impressed they had been with how the deputy manager had coordinated their family member's admission to the home at short notice. They described how the deputy manager had invited the person to come for lunch and how welcoming they were and had arranged a respite stay for them. Following this the person had felt comfortable and happily moved into the home on a permanent basis. The relative told us that they and other family members were impressed and relieved with how smoothly the process had been handled.

Care plans were person centred and written in detail and had been amended and updated as people's care needs changed. There was sufficient information for staff to be able to provide the care. Daily records showed that people made choices about their care to ensure that their care and support needs were met. We saw that care plans were regularly reviewed and audited by the management team to ensure that they were kept up to date. One person said, "They [staff] ask me how I want things done and I feel involved." Another person told us, "Yes, I have a care plan and I talk about this with my keyworker. Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines."

One member of staff also told us they were a 'Dementia Champion' and had received additional dementia training. This had enabled them to mentor and guide staff when supporting people in the home who were living with dementia. The Registered Manager told us that staff educated and supported relatives and friends of people in the home who were living with dementia. An example of this was that they had organised a "Virtual Dementia Tour" for seven relatives. This is by the use of devices which simulated how people living with dementia may experience their environment and sensory challenges.

There was an extensive range of activities available to people. People were also supported to take part in interests and hobbies that were important to them. Information about these were discussed with people when they moved into the home and on an ongoing basis. One person said, "I do take part in group activities when I can and the staff always ask me if I'd like to take part in something." People and their relatives told us that there were lots of activities they could join in with which they found very positive. Following one person's interest in painting and drawing, staff had provided the person with an easel and an 'art club' had evolved to include other people. Similarly a 'gardening club' and a 'reading club' had been

developed. One person said that they enjoyed taking part in the gardening club. They told us that they have grown potatoes and vegetables and that they had been used by the cook when preparing meals.

Each person in the home was provided with a monthly activities plan. This provided details of the activities taking place and was provided in both written and pictorial format. Regular activities included trips to the local cinema, cheese and wine afternoons, exercise classes, musical entertainment and reading groups. A trip to the seaside had been planned and there had recently been a trip to an air show. Morris Dancers were due to visit the home and a 1950's tea party had been held the day before our visit. We were told about regular trips that were arranged for one person. These trips were to the village where they lived before moving to the home. Staff told us that the person enjoyed these trips and looked forward to them.

There were regular relatives meetings to discuss events and activities. The registered manager told us that some relatives had become volunteers in the home to provide more social time for people. On the day of our visit eight people were involved in a flower arranging group. This group was led by four relatives. People were very proud of the flower arrangements that they had made.

People's views and experiences were listened to and action taken as a result. Residents meetings were one way that people's views about the home were sought. We joined in a residents meeting on the day of our visit. There were nine people present for the meeting and all enjoyed the cakes and drinks on offer. The group were enabled to share their views which were taken seriously. At the last meeting, people had raised concerns about the noise from the call bell system that had recently been installed. During the meeting people were told that the noise had been reduced. People were of the view that it was still too noisy, so the deputy manager said that he would come into the home that evening to listen to the call bell and to see what action could be taken. People were also asked their views on the menu. One person said that they would like scampi more often, another person said that there was a good choice of food and that they were happy with the menu. People were also asked for their views about the tea party that was held the previous day. People's views were taken seriously.

A computer tablet was available for people to use to contact relatives and friends via email and by Skype. We saw that the home had contact with local schools and a number of people had attended their annual pantomime. School children regularly visited the home as well as children from the local nursery. One person told us "I love it when the children come and sing - it makes me feel happy to see them". Staff had forged contacts with local businesses and charities a coffee morning in support of a well-known charity was currently being planned for 29 September 2017.

We saw correspondence from relatives complimenting the care and support that their family members had received at the home. One relative commented – "There are many rules and regulations in place to prevent cowboys from operating outside areas of security and safety for those in their Autumn years but Langdon House never allowed this strict adherence from preventing the loving extension of warmth to all around them – Carry on with what you do so well."

Another relative commented, "We had the most lovely celebration in the conservatory for [family member's] 90th birthday. It was such a nice surprise when we arrived to find everything already beautifully laid out and looking so pretty, just as [family member] would have liked it. The staff had made sure that [family member] was dressed for the occasion so she was looking her best with her earrings and pearls and ready and waiting. All your attention and care made the event so much easier and special for us all - the tea with her friends afterwards, with a delicious cream cake, finished the day perfectly."

There was a complaints policy available so that people could make a complaint. People and relatives we

spoke with told us that any concerns they had raised were dealt with to their satisfaction by the registered manager and staff at the home. One person said, "The [registered] manager, deputy manager and staff are attentive and check that I am okay during the day." Relatives we spoke with confirmed that if they ever needed to raise an issue or a concern they were confident that it would be promptly dealt with by the staff and the registered manager. A relative said, "If I had to raise a concern I would be confident that they would sort things out straight away for [family member]."

Is the service well-led?

Our findings

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.

People told us that they were happy with the quality of the service. One person said, "You couldn't find anywhere better to live, the staff are good, the food is good, we have entertainment, what more could you want." Another person said, "She [registered manager] came up yesterday before I went to hospital to talk to me, she knows what is going on here." People told us that the registered manager and deputy manager often came and talked to them at breakfast and at lunchtime in the dining room.

People, relatives and staff were provided with a variety of ways on commenting about the quality of the care provided. This included regular resident' meetings, one to one meetings, staff meetings for both day and night staff and annual surveys.

People were encouraged to have their say and they were able to discuss a range of issues such as; activities, day trips, meals and forthcoming events in the home. We saw a copy of the summary of the annual survey that had been carried out. The analysis indicated that people were satisfied with the care and support being provided in the home.

The registered manager and provider continued to undertake a regular programme of audits to assess and monitor the service for example medicines, staff training, care planning and finances. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care, mobility needs and staff recruitment and training. In addition an operations' manager carried out audits and any action identified was recorded including timescales for completion. This was then followed up at the next visit. This demonstrated to us that the management tasks in the home continue to be well coordinated and monitored.

There was an open team work culture and staff told us they enjoyed their work, caring and supporting people who lived at the home. Staff told us that they were confident that if ever they identified or suspected poor standards of care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through their work. Staff said that they felt confident that they would be supported by the registered manager if they raised concerns. One staff member said, "We are a good team. If there was any bad practice this would be reported to the [registered] manager and acted upon without any hesitation or delay."

All staff we spoke with told us that they felt very well supported by the registered manager, deputy manager, senior staff and their colleagues. They told us that they found the registered manager to be approachable and supportive and that they were readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the

registered manager and provider.