Durham Aged Mineworkers' Homes Association

Langley House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 9 and 10 April 2015 and was unannounced. This meant the provider did not know we were inspecting the service on that day.

The service was last inspected in May 2013 and met our regulatory requirements.

Langley House is owned and run by Durham Aged Mineworkers` Homes Association and provides accommodation for up to 29 older persons who need to be supported with their personal care.

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. At the time of our inspection there was a new manager in post who had applied to become registered.

Summary of findings

We found the home in some parts needed refurbishment and saw the manager had put in place actions to improve people's environment and purchase new furniture.

We saw the provider had put in place a number of safety checks for example, gas water and electric which meant potential harm to people was reduced.

Before staff had been employed the service provider had carried out checks to see if they were suitable to work with vulnerable people.

During our inspection we noted the home had a calm atmosphere and conducive to people who wanted quiet times.

We saw the provider had made Deprivation of Liberty Safeguards (DoLS) to the required authority to deprive three people of their liberty. However we found further work was required by the provider to ensure everyone who needed to be safeguarded had applications made on their behalf.

People told us they enjoyed the food in the home. We observed people were supported to eat by staff and people had either gained weight or their weight had remained stable.

We found people were treated with dignity and respect.

We saw the provider had in place links with the local community. These included, Churches Together and links with the local GP surgery, the SALT team and community nurses. We saw the service also had a hairdresser and a chiropodist visited on a regular basis.

People told us they could approach the manager and the manager was visible in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

We observed people were given their medicines in a safe manner and people's medicines were stored in a locked cabinet.

We found each person had a Personalise Emergency Evacuation Plan and these were written to give staff and emergency services sufficient detail to help evacuate people from the building.

We saw parts of the home were in need of renovation and found the manager had in place arrangements to improve the home.

Good

Is the service effective?
The service was effective.

We found the provider had in place Deprivation of Liberty Safeguards (DoLS) applications to seek authorisation to deprive people of their liberty for reasons of safety. We found further work was required to ensure everyone who required DoLS had an authorisation submitted.

We saw the provider had in place systems to seek people's consent to provide their care.

People in the home had either gained weight or their weight had remained stable. We saw attention had been given to improve the nutrition given to people.

Requires improvement

Is the service caring?
The service was caring.

We found the home had a calm atmosphere and conducive to people who wanted quiet times.

During our inspection we observed staff had good relationships with people and people were treated by staff with dignity and respect.

People's rooms had been personalised and people were surrounded by possessions which were important to them.

Good

Is the service responsive?
The service was responsive.

We saw the service had in place personalised care plans which gave staff detailed information on how to care for people.

We saw people had been engaged in a range of activities including Easter bonnet making, baking cakes, playing bingo as well as a visit form a local pet provider. This meant the provider was putting in place stimulating activities.

Good

Summary of findings

People who had made complaints had been responded to by the manager following an appropriate level of investigation. This meant people who made a complaint could be reassured their complaint would be addressed.

Is the service well-led?

Good

The service was well led.

We saw the provider carried out a number of audits to measure the quality of the service and actions were put in place to improve the service.

We saw the provider had in place links with the local community including a hairdresser and a chiropodist who visited the home on a regular basis.

Over a number of months we found the service had experienced changes in the managers. The provider had used the services of a consultancy company to provide continuity of management oversight.

Langley House

Detailed findings

Background to this inspection

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 9 and 10 April 2015 and was unannounced.

The membership of the inspection team consisted of one adult social care 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. The expert by experience on this inspection had a background in the care of older people.

Before the inspection we reviewed information we had on the provider including notifications, safeguarding information and whistleblowing information. We contacted professionals involved in caring for people who used the service, including; Healthwatch, commissioners of and Local Authority safeguarding staff. No concerns raised by any of these professionals.

During our inspection we looked at five people's care records. We spoke with thirteen people who used the service and five relatives. We spoke with ten staff including the manager, care staff, and support and catering staff. We also carried out observations during our inspection visits.

Before the inspection, we asked the provider to complete 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.

Good

Is the service safe?

Our findings

People we spoke with during our inspection told us they felt safe in the home, one person said "I have no complaints, the staff are nice and whatever I ask for they are there to help." Another person told us, "I am very happy in the home, I love it here as the staff are nice and pleasant."

We found the communal areas of the home were clean and tidy. We found an unpleasant odour in one of the bedrooms; the manager explained to us the causes and told us what actions they had taken to address the issue. The manager spoke about the ongoing need to make the home dementia friendly. and the manager was aware the large patterned carpet in the main lounge area would be challenging for people to walk on who had dementia type conditions. We looked in the laundry and the kitchen areas and found these areas also to be clean and tidy. The manager and the catering staff told us relatives used to go in the kitchen and get their own hot drinks and because they found this unhygienic they had created a separate space divided from the main area of the kitchen by a blue line on the floor. This meant peoples' visitors were able to receive the hospitality of the service whilst reducing the risks of contamination to the main part of the kitchen.

We checked to see if staff gave people their medicines safely. We saw the provider had assessed to see if staff were competent to do this and we observed staff giving people their medicines. We saw staff explained people's medicines to them and a member of staff watched the medicine being taken. We looked at people's medicine administration records (MAR) and found there were no gaps in the records. We spoke to the registered manager and senior staff about people's medicines. They showed us where the medicines were stored. We found people's medicines were securely stored in a cupboard and in a lockable cabinet. However we found on each medicine round staff had to exchange the medicines from the previous round to the next round. This meant staff were constantly taking one set of medicines from the trolley and replacing them with the next set. We discussed with the manager the potential risks associated with this practice and they made arrangements during our inspection for a second trolley to be put into place..

We saw people's controlled drugs were in a locked cabinet. Controlled drugs required additional safeguards due to a risk of being misused. We counted the controlled drugs in the cabinet and found they matched with stock records. Staff showed us how they recorded fridge temperatures to store people's medicines at the correct temperature. They also showed us when they opened for example eye drops which had a limited usage date they recorded the opening date on the packaging. This meant people were not give medicines which were out of date.

We checked to see if there were sufficient staff on duty and we spoke to the manager about the staffing arrangements. They told us they did not have a dependency tool in place to measure the amount of staffing required but had in place a level of staffing which met people's needs. Our observations supported this viewpoint.

Each person had a Personal Emergency Evacuation Plans (PEEP) which was up to date. We saw the provider had ensured PEEPS were personalised, for example, in one PEEP we found, '[Person] can hear fire alarm but will have difficulty hearing staff give directions.' The purpose of a PEEP was to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We saw people had access to an enclosed landscaped sensory garden, with raised beds, and seating areas. We looked around the home and found parts of the home were in need of renovation. We saw radiator covers which were loose or broken and paintwork which was chipped requiring redecoration. We saw chairs in the communal areas were faded and dirty; the manager showed us the arrangements they had in place to improve the environment and the orders for new furniture. The manager also told us they had increased the maintenance staff hours to address the needs of the building. We spoke to the maintenance staff who confirmed this.

We found the provider had in place gas and electric safety checks. We saw portable appliance testing (PAT) had been carried out in the last year. We saw fire risk assessments were in place and fire checks were carried out at regular intervals. This meant the service had reduced the risks of harm to people by ensuring the appropriate safety checks were in place.

We saw the provider had in place a whistle-blowing policy. Staff were aware of safeguarding procedures and whistleblowing. During our inspection we learnt a member

Good

Is the service safe?

of staff had reported some concerns to the manager. We spoke with the manager who explained to us what immediate action they had taken. This meant the manager took staff whistle-blowing seriously and had acted in accordance with the provider's policy.

Prior to our inspection we reviewed safeguarding notifications made by the provider to the CQC. We spoke with staff regarding the outcome of the notifications and actions which had been taken to ensure people were safe. The manager was aware of the concerns and gave us updated information on the people concerned. This meant the provider was able to demonstrate on-going monitoring to keep people safe.

We looked at people's risk assessments and found where the provider had identified a risk to people an assessment of that risk had taken place and actions were put in place to mitigate the risks. For example we saw risk assessments in place for people's bathing, moving and handling and mental well-being. We found staff understood the risks to people and how those risks were managed.

We saw there was a system in place to record accidents and incidents and found the manager had oversight of these records. The manager told us this was to learn from events and to reduce the risk of this happening again.

We found the provider had in place a disciplinary policy to address the conduct of staff. We saw the provider had used this policy.

We saw the provider had in place a staff recruitment policy. We looked at five staff files to see if the provider had ensured staff were safe to work with vulnerable people, and had the skills and abilities required to carry out their role. We saw the provider carried out a Disclosure and Barring check (DBS). A DBS check required prospective staff members to submit evidence of their identity before a check is carried out; the check tells providers if there are any offences recorded against that person. We saw staff had completed application forms detailing their previous experience and the provider had sought two references for each staff member. The manager also showed us in addition to written references they contacted referees by telephone and conducted a telephone reference. We found staff had been safely recruited to carry out their roles in line with the provider's policy.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the MentalCapacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw the provider had made three applications to the relevant supervisory body to deprive people of their liberty in order to keep them safe. At the time of our inspection the manager acknowledged this was an ongoing process and further work was required to ensure that where people who needed to be deprived of their liberty, that applications had been made to the supervisory body. We saw the manager had discussed with the training provider the need for staff to be trained in DoLS, but this had yet to be implemented.

We found people had in place 'Do Not Attempt Resuscitation' (DNAR) which were in date and where family members had been consulted. However we found one form which had been signed by a junior doctor in November 2014, which did not have any record of the involvement of family members. We drew this to the attention of the manager who agreed further action was required.

During our inspection we looked to see if people had given their consent to The care provided. We found people had signed consent forms. In circumstances where people lacked the capacity to consent an assessment of their needs had been completed and we saw relatives had signed on behalf of their family members. Throughout our inspection visit we saw staff sought people's consent to provide their care, for example consent was sought from people to move them into the dining room using a hoist. We also observed staff seeking consent from people to move their chairs to allow an activity to take place.

We looked at the arrangements the provider had in place to support staff. We looked at staff appraisal records and found some staff had not had an appraisal since December 2013. We saw prior to the new manager starting to work in the home, supervision meetings had not taken place on a regular basis. A supervision meeting takes places between a staff member and their manager to discuss their progress, any concerns they may have and their training needs. The manager explained she had held supervision meetings with the staff to get to know them. Staff confirmed they had received supervision and the manager had also put in place staff meetings. We saw minutes of the meetings where staff attended and discussions took place regarding for example the refurbishment of the building.

We saw the provider had in place a staff skills development policy. We looked at staff training records and found staff had received training in relevant subjects. For example we saw staff certificates for first aid, dementia care, safeguarding of vulnerable adults and equality and diversity. The manager showed us the arrangements in place for future training with an appointed training provider. Staff confirmed to us they had received training and were aware of the forthcoming training events. This meant the provider was supporting staff to be able to care for people in the home.

People told us they enjoyed the food in the home and always had a choice. One person said, "The food is good with ample portions and we do get a choice." We observed the catering staff in the morning asking people for their lunchtime choice. We saw the daily menu was written on a chalk board. People told us breakfast time was flexible and "we can have what we like". We saw drinks, biscuits and cake were provided mid-morning and mid-afternoon, and prior to lunch juice, wine or a small spirit was offered. We observed a lunchtime period and found four people required feeding or some assistance to eat their meal; this was done sensitively with a member of staff spending time with each resident.

We spoke to the manager about how the home meets people's nutritional needs. Along with the catering staff they showed us two recently purchased slow cookers. The catering staff told us these were used during the day so people could have a choice of a hot meal at tea time. We discussed with the catering staff people on special diets, they demonstrated to us the arrangements they had in place. We looked at people's weights and found people had either gained weight or their weight had remained stable. We found one person had lost weight over two given periods and asked the manager for an explanation. They showed us the person's weight loss had coincided with two periods of hospital stays.

We saw the provider had in place a communications book. Staff explained to us information was put in the book to alert the next staff coming on duty to information they needed to know. We read the recent entries into the communications book and found it had been used to alert

Requires improvement

Is the service effective?

staff to changes in people's medication. We also found the provider had in place handover file where information of concern was passed from one shift to another. We found the provider had in place systems to ensure staff effectively communicated.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "The staff are nice and pleasant and I love it here." We found the home had a calm atmosphere and was conducive to people who wanted quiet times.

We observed the relationships between staff and people who used the service. We saw staff consistently treated people with dignity and respect at all times. We saw staff knocked on doors before they entered rooms. They spoke with people respectfully and addressed them by their preferred name. People told us staff respected their privacy and dignity and supported them to be independent. We observed a staff member helping a person to walk to the lounge, the staff member encouraged her to walk slowly while gently supporting her.

We spoke with staff about people's likes and dislikes. They were able to tell us about people's preferences for example if people preferred to wear their teeth or hearing aids. They assured us they had checked to see if people could eat without their teeth and the staff showed us one such person eating. We also observed staff carrying out people's wishes, for example we saw one person asked to be taken directly from their room to the lounge as they did not want to go to the dining room. When they were seated the staff member asked her if they could bring her a cup of tea and some toast, the person agreed to the staff member's suggestion.

One relative told us there were occasional problems with the laundry with clothes going missing for a few days before eventually turning up. The relative added "I think this is because there is no specific person looking after the laundry with care staff having to do it". We saw in a staff meeting the staff had suggested one person be employed for the sole care of the laundry. The manager told the staff the hours for laundry work was incorporated into the domestic hours. We did not raise this issue with the manager and we are not aware of actions taken to improve the laundry service.

During our inspection we pointed out a wet cushion on a chair to the manager who then made some discreet enquiries as to who had been sitting there. We observed a member of staff identify the person and gently encouraged the person to go with them to their room. We found the staff maintained people's dignity.

We saw the premises had been adapted to include a smoking room. We found people in there who told us they enjoyed going in the smoking room because the chat was good. We saw staff had discussions with family members about their relative smoking and had looked at other ways to offer the person activities as an alternative to smoking. We found the provider worked with family members to help care for their relatives living in the home but had upheld the person's choice to smoke.

We saw the provider had in place a service user's guide and we found these were in people's bedrooms. The guide gave information to people about the home and what people can expect from the service. In the light of management changes we found the guide needed updating.

During our inspection we looked at assessment documentation and found the provider had in place a question about people's religious and cultural needs and their expressed sexuality. Staff had completed the documentation and recorded for example people's sexual orientation and how they liked to dress. For example in one person's plan we saw written, 'I am happy with my sexuality and like to dress in womanly attire'. This meant the provider had sought information about people's equality and diversity needs.

We talked with staff about the people they cared for and they were able to describe to us people's likes and dislikes. We saw people's bedrooms were decorated and furnished according to their personal tastes. People were encouraged to bring their own furniture and personal items in with them if they wished. The registered manager showed us people's rooms with their permission. We saw one person had a room large enough to accommodate their sofa and coffee table. This meant people were surrounded by familiar possessions which were important to them.

People said they did not have a specific keyworker but were happy to talk to all staff, we observed humorous exchanges between staff and people in the home which contributed to a warm and cheerful atmosphere.

During our inspection we saw relatives act as the natural advocates for family members and speak to staff who responded positively to comments. We saw one person's solicitor had been consulted about their DNAR. We found the service user guide acknowledged people's rights and their choice to have an advocate.

Good

Is the service caring?

Although there was no one in the home on end of life care we saw the provider had discussions with their training provider for some staff training on this issue.

Good

Is the service responsive?

Our findings

People told us staff responded very quickly to requests for assistance for example. a drink or taking someone to the toilet or back to their room. We observed staff responding quickly to answer call bells and requests to take people to the toilet. One person said, "You only have to ask and staff will do anything for you." Another person said, "My call bell is always answered quickly". We observed staff speaking with people when passing them and when a person asked if they could have a bath during the morning, the staff member said, "No problem I will get things ready and will be back in a few minutes."

We saw the provider had in place a system for assessing people's needs. We found people's care plans were written in a person centre manner and gave detailed information about a person's needs. The manager explained there had been a change to the care planning, and senior carers were now involved in care planning. Staff confirmed they were more involved and this helped them to know more about people's care. We saw people's care plans described people's medical needs, for example if they were insulin dependent or their individual dietary requirements. Catering staff were able to tell us which people were diabetic and which people required soft diets. This meant the care plan information was disseminated among the staff who knew how to care for people. We found the plans were reviewed on a monthly basis.

We found staff could see at glance the care which people had received. Each person had in their personal file a history of events sheet which showed when people had contact with for example district nurses, GP's and other medical services.

During our inspection we saw one person was returned from a hospital visit and the manager checked to see if there was any additional information the service needed to know to care for the person before arranging some refreshments for them. We saw people had in their files hospital discharge plans and found the provider ensured they followed the plans. For example where a person's medication had been changed the service had updated their records.

We spoke with people about the things they do during the day. People told us they went on outings and entertainment was brought into the home every month.

The manager showed us an article published during the week of our inspection in the local newspaper entitled, 'Getting to grips with wild guests', which showed the service had brought in exotic animals to help stimulate people. One person said, "I sometimes get involved in activities depending on what it is", and one person added, "We had a pets day last week and they had snakes. It was very enjoyable."

We saw there was an activities coordinator in post and an activities board which advertised the programme. We saw the provider had in place activity records which demonstrated what people had done during the week, for example we saw in one person's records, '[person] played Jenga and carpet bowls today'. The records showed people had received hand massages, played cards and 'hoop-target'. During our inspection we saw people were engaged in a game of bingo and making cakes. Staff also prepared people and the lounge for a Churches Together visit. We heard one person comment to another person that all they do is just stare at the same four walls. We spoke to the manager about this person's comments and they were able to demonstrate to us what they had been doing and said, "[person] had just finished a game of bingo." We also saw Easter bonnets were displayed on a table in the reception area; the manager told us people had decorated the bonnets. This meant the provider was putting in place activities to engage people and support them in stimulating ways.

We saw the provider had in place a complaints policy and checked to see if an appropriate response to people's complaints had been made. No one we spoke with during our inspection had made a complaint, one family member told us, "Small issues get sorted straight away." We saw complaints had been recorded and investigated. The complainants had been asked what would they like to see happen. We saw the manager had responded to the complainants with the outcome. People could be reassured if they made a complaint appropriate procedures had been followed.

Throughout our inspection we found people were able to make individual choices and choice was a key feature of the home. For example people told us they could choose when to get up and have their breakfast. We found the kitchen had in place arrangements to support late breakfasts. People could choose what they wanted to do. We observed one person approach the manager and ask if

Good

Is the service responsive?

they could have their hair done that day. The manager made arrangements for the person to see the visiting hairdresser. We saw people chose to join in with activities. In one person's room we found some of the radiator cover had been removed. The manager explained they had asked for this arrangement because they wanted to feel more heat from the radiator. We saw this had been risk assessed by the service.

Relatives we spoke with during our inspection told us they were made welcome at any time in the home and they felt the home had in place good communications systems. One person told us they were always kept informed about their relative. We spoke with people about accessing medical care. People who lived in the home and their relatives felt that if a person needed medical help the staff contacted their GP when needed.

Good

Is the service well-led?

Our findings

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. At the time of our inspection we saw the manager had applied to become the registered manager.

Staff we spoke with talked favourably of the manager. They told us they felt more involved in the service and liked their management style. Relatives told us the manager was visible around the home and they felt they could raise issues with her.

We saw the manager monitored people's falls and colour coded them to identify which falls occurred during the day or night. The manager told us this was a method she used to look at patterns and trends, and if a person had three falls they were referred to the falls team. We found referrals had been made to the team.

We saw the provider carried out monthly kitchen audits and found two audits had been carried out earlier than expected. The auditor had recorded they had brought forward the audits due to going on holiday. We found the provider took a proactive approach in completing kitchen audits.

The manager told us, and we saw from the documentation, they carried out regular audits. These included audits associated with equipment, people's mattresses, fire safety and Legionella disease as well as audits of people's care documentation such as care plans and risk assessments. We saw audits regarding medication were also carried out. We found the audits identified actions for improvement, This showed us the system for auditing was robust and people were protected from the risks associated with their personal care and health and safety equipment.

We found the provider had employed Resolve Care Consultancy Ltd to manage Langley House and when there had been changes of manager the company had continued to provide continuity of the service including carrying out the service audits. The consultancy service supported the manager and visited once a month to provide support and guidance This meant the provider had put in place a system to ensure the manager was supported and quality checks were maintained.

We saw the manager monitored staff supervisions to ensure staff were appropriately supported. The manager showed us their monitoring and demonstrated they were addressing the deficits in staff supervision meetings. The manager explained they wanted to get to know people and understand what they could bring to the home.

The manager spoke with us about reviewing staffing hours and the changes they had made. This included appointing an administrator to free up staff time. Staff told us they ready access to documents used in people's care planning which made a difference to them. The manager told us about the hours of work for the catering staff they had in place but also wanted to improve on the nutrition provided to people. They demonstrated with the assistance of the catering staff they had introduced slow cookers so people could have a hot meal. This meant the manager had looked at a creative way to address an area for improvement.

We saw the provider had in place links with the local community. These included, Churches Together and links with the local GP surgery, the SALT team and community nurses. The manager told us they had invited in the local press to their exotic animals event to provide a positive image of the home in the local community.

We looked at people records and found they were up to date and accurately reflected people's needs. The records were accessible and stored in a locked room. We looked at bathing records and found according to the records no one had been bathed in February and March, we spoke with the manager about this who assured us people had been bathed but could not account for the absence of the records. During our inspection we observed bathing had taken place.

We found the provider had undertaken a survey to get feedback on the service provided. The feedback was largely positive. We spoke with the manager about the surveys and they told us they felt they were out of date and needed to be repeated.

Good

Is the service well-led?

In the PIR the provider told us staff training and development would be a huge part of the manager's role to improve the quality of the service. We saw the manager had begun to make these improvements and had started a training programme for the staff.