

Mrs R E Kelly Mrs B J Kelly and Mrs R E McBride
Langdale Nursing Home

Inspection report

11 The Avenue
Alverstoke
Gosport
Hampshire
PO12 2JS

Tel: 02392581754

Website: www.langdalecarehome.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Langdale Nursing Home provides accommodation, nursing and personal care for up to 39 older people, some of whom live with physical disabilities. Accommodation is arranged over two floors with stair lift and passenger lift access to all areas. At the time of our inspection 36 people lived at the home.

People's experience of using this service and what we found

Medication was dispensed and administered in a safe manner. We saw staff administered medicines to one person at a time, to minimise any risks associated with this process. Staff had received formal training to ensure they were confident and competent to give people their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Family members told us the home provided a safe environment for people and described how the service had clear COVID protocols. These minimised the risk of infection and yet allowed visiting within a custom-built chalet, a summer house in the garden, and inside in a dedicated COVID secure room. Even prior to COVID, relatives said that environmentally the home was safe, and that people were treated very well by staff and other people living in the service?

People were kept safe from avoidable harm and abuse. The provider had safeguarding procedures in place, which staff understood and followed. Risk assessments reflected how care should be provided to minimise any risks to people; they were regularly reviewed to adapt the level of support needed in response to people's changing needs.

People and their relatives told us they were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals, to ensure they received adequate nutrition and hydration.

People received care and support that met their needs. People's care and support needs were assessed, and good practice guidance was followed. People were involved in the planning and review of their care and were encouraged to express their views, preferences and wishes regarding their care, support and treatment. This included any end of life wishes they had.

A professional told us they were always welcomed and attended to by staff when they visited people living at the home. They also told us the staff communicated very well, they listened to advice and always carried out any instructions they left. They said the home always acted promptly and professionally and made referrals to their service in a timely way. Hygiene at the home was reported to be of a good standard and the

home always appeared to have enough staff. They stated the staff appeared to work as a team and that any information the home shared was relevant and good.

The provider had a robust auditing system in place to monitor quality assurance. Records demonstrated any identified issues were acted upon in order to make improvements. The registered manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 July 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led which contain those requirements and Effective due to its rating of requires improvement.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langdale Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Details are in our safe findings below.

Is the service effective?

Good ●

Details are in our effective findings below

Is the service well-led?

Good ●

Details are in our well-Led findings below.

Langdale Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Langdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection to the home prior to our site visit to enquire about the current Covid status in the home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, senior care workers, care workers and the cleaning supervisor. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

At our last inspection we identified the provider had failed to ensure appropriate action was taken to reduce risks for people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was no longer in breach of regulation 12.

- Risks to people's health and wellbeing had been assessed and management plans were in place to mitigate these.
- Staff knew people well and told us how they ensured that risks to people's wellbeing were minimised. Where people had a history of falls, actions were taken to help reduce the risk of a reoccurrence. A relative described contact from staff at the home to keep them updated about a person's care.
- A relative told us how staff had eased their concerns by describing what equipment had been introduced to help maintain the person's safety.
- Accident and incident analysis were completed by the registered manager each month to help identify themes and trends. Actions were put in place to respond to any themes identified, these included increasing monitoring frequency, accessing additional equipment and accessing external professional support, where required.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the home, and relatives told us they had no concerns about people's safety. One person told us, "I do feel very safe." A relative said, "Yes, I'm happy with the home, we moved [person] from another home, [person] has been at Langdale for seven years." In addition, they told us they were reassured by the visiting rules and requirements for PPE and testing.
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns, in line with the provider's policies and processes.
- Staff told us if they had a safeguarding concern they would report it to the registered manager and if they felt it had not been addressed, they would report it to the local authority safeguarding team.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people using the home. All staff spoken with said they felt there were enough staff on duty to keep people safe.
- People also confirmed they felt there were enough staff available. One person told us, "Staff come quickly when I press the buzzer and staff are very kind."
- Robust recruitment checks were carried out before staff began working at the home. This included checks

of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Using medicines safely

- People were supported to take their medicines safely.
- Medicine administration care plans provided information for staff on how people liked to take their medicines. In addition, they provided important information about the risks or side effects associated with their medicines.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. MAR charts were checked at the end of each shift to help ensure that no prescribed medicine had been omitted. This helped staff to quickly identify errors to allow timely action to be taken.
- People were provided with 'as required' (PRN) medicines when needed. People also told us that they could access pain relief when required. PRN plans included information for staff to understand when these medicines should be given, the expected outcome and the action to take if desired outcome was not achieved.
- There were systems in place to ensure that medicines were securely and safely stored and disposed of correctly.
- Medicines were administered by registered nurses or suitably trained staff, who had been assessed as competent to do so safely.
- Medicines that have additional legal controls, were appropriately managed.
- Topical medicines, such as creams and lotions were applied as prescribed. However, not all topical medicines stored in people's rooms had the name of the person they were prescribe for or a date of opening recorded. This meant that these could be applied beyond the safe to use by date, placing people at risk. This was discussed with the registered manager who agreed to address this issue. By day two of the inspection appropriate action had been taken and no concerns were noted.
- Auditing processes for medicines were in place, this helped to ensure medicines management remained safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the home and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had introduced reflective practice sessions with staff. For example, we looked at minutes from a session with senior staff where they had contributed to finding a solution following a medicine issue, to prevent a reoccurrence.
- The registered manager had a system for reviewing incidents and looking for patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the registered persons seek guidance from a reputable source to ensure the principles of the Mental Capacity Act 2005 are followed. At this inspection we found this action had been taken.

- Decisions had been made in people's best interests and in consultation with professionals and the persons family, when people had lacked the capacity to make a specific decision.
- Where people were being deprived of their liberty, applications had been made to the local authority and authorisations put in place.
- Staff received training in the MCA and had a good understanding of how to apply this in their job roles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A detailed assessment of people's needs was undertaken before people moved into the home.
- People's care and support needs were regularly reviewed, to ensure they were providing the right care and support in line with best practice and guidance.
- Care plans contained information about people's needs and it was evident that staff knew people well.

Staff support: induction, training, skills and experience

- Staff members received an induction when they started working at the service. One staff member said, "The induction was good and gave me everything I needed. I had training for a week and then I worked with experienced staff until I felt confident." Staff members also completed a nationally recognised qualification, which prepared them for their job role and duties.

- Staff members received training in areas such as moving and handling, safeguarding and health and safety and demonstrated a good understanding of these areas. We observed staff supporting people with tasks such as moving and handling and saw that staff were confident and competent in doing so. One person told us, "The staff are all well trained. They all appear to be very helpful."
- Staff had access to supervisions and appraisals which were used to support, and motivate, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives, as well as discuss their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives spoke positively about the meals provided, confirming they received enough to eat and drink. Comments included, "The food's alright", "Yes we get enough" and "[Relative] does eat well in the home." As well as the usual daily meals, snacks such as cake, biscuits and fruit were offered to people during the day. A relative told us that their family member was able to enjoy a glass of sherry most days.
- The lunchtime experience was positive. People were supported to distance appropriately in line with COVID-19 guidance. People were offered aprons to protect their clothing and hand wipes to support cleanliness. A choice of meal options was available, along with a further alternative.
- Where people required a modified diet, this was provided in line with guidance. Care plans detailed people needs, with kitchen and care staff having access to further information, which described the required texture of people's meals and drinks.
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff, who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in the lounge, or their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals. One person told us, "I was not feeling well so [staff] called the doctor out. I have medicine to use twice a day now." A relative said, "[Staff name] arranged for a [health appointment] for [person] and this has made a big difference to them."
- Records of visits from health professionals were recorded and used to update people's care plans and risk assessments. The registered manager showed us evidence that people were being supported by health professionals such as SALT's, physiotherapists and chiropodists.

Adapting service, design, decoration to meet people's needs

- People were encouraged to personalise their rooms and we saw that people's rooms contained their own furniture, pictures and other belongings.
- A lift was available to help people reach all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we identified the provider had failed to operate effective systems to assess, monitor and improve the service and to maintain accurate and contemporaneous records. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- There were clearly defined roles for staff and management. Staff had clear lines of responsibilities to manage all aspects of the service and understood how the provider expected them to deliver care and support.
- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable events and they discussed with people and staff what went wrong.
- Relatives told us the home had supported people to keep in contact with them during the COVID-19 pandemic. One relative said, "They keep us informed by email and social media sites. They have been amazing, entertaining them during lockdown, making special days and games afternoons. [Registered manager] thinks it's important that we can visit when we are allowed and makes it easy to book online. [Person] gets on well with the staff when we see them on facetime, window visits or behind the screen indoors depending on what we are allowed to do at the time."
- Relatives told us that they felt the management team were open and shared information with them. Relatives commented about how well the home had managed during the pandemic. One relative said, "I think the staff have been admirable throughout the pandemic."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives told us they were satisfied with the care and support their loved ones received. One relative when asked their views about the provider, registered manager and the home in general said, "They [staff team] are brilliant, I'm always amazed how well they [staff team] know everyone, [registered manager] knows all their staff but she runs a tight ship, they're on the ball, we had worries in other places so we know what to look for, but we have no worries at Langdale." Another relative said, "I think it's amazing, I had a lot of experience in the care sector, I was looking for a home from home, I knew instantly this was where I wanted [relative] to live, I can't say anything bad about the provider and registered manager. I'm in constant touch with them, I think they're amazing. [Relatives] care has been excellent, they get on well with

staff, allowed to do what he likes, his needs come first he's spotlessly clean, hair brushed, we're very happy."

- Staff feedback about the registered manager was positive, staff felt they were supportive and demonstrated leadership where needed. One staff member said, "I get very good support from my manager; I have had personal circumstances where they have been really understanding." Another staff member said, "I feel supported. We get regular supervision, but you can speak to anyone at any time."
- Staff were positive about the teamwork and the morale in the home, whilst acknowledging that recent times have been hard. One staff member said, "I think everyone gets on, and we help each other out. We definitely show teamwork, we make sure we work together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of significant events that happen. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- A family member told us their [relative] was encouraged to keep themselves busy and occupied. They said, "There are always things to do [relative] used to be a carpenter, so they ask if they would do bits of woodwork which they like to do. [Relative] made a model of 'Woody' from 'Toy Story' and some easels for other residents."
- Several relatives mentioned the online portal which allowed them to see in real time all the care received by their relative, people had consented to this arrangement. A relative told us, "It tells you when they get up, what they eat, when they are seen by staff." Those relatives who used the portal told us they found it extremely helpful and reassuring.
- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Due to the COVID-19 pandemic restrictions, relatives had not been able to attend regular meetings at the home, as they had done previously. However, relatives told us they were comfortable to talk with the registered manager about any worries they had. People also told us they could talk to the registered manager or staff easily. One person said, "The registered manager is really nice, kind and helpful."
- Although there had been a reduced number of visitors due to the COVID-19 pandemic and outbreak at the home, the registered manager had kept professionals and relatives informed about occurrences in the home. The registered manager and staff team had good relationships with other professionals and praised the support they had received during the pandemic.
- The provider had worked with other professionals to make sure care provided was in accordance with up to date best practice guidelines. They had followed government guidelines to make sure people stayed in touch with friends and family in a safe way.
- The registered manager held staff meetings to make sure staff felt supported and involved in changes happening at the home.
- In accordance with government guidelines, the staff team had welcomed visitors back to the home. Where people had particular needs, the registered manager had ensured they saw their essential carer on a regular basis.

Continuous learning and improving care

- The registered manager was committed to continual improvement of the service. For example, the

registered manager and staff were using technology to improve the way that information was recorded. They told us this was so it would be easier to identify trends and put support in place for people if needed.

- The registered manager kept clear records to show how the service had been improved based on audits and feedback from people and relatives.
- The management team and staff considered information about the service's performance and how it could be used to drive further improvements. Records showed there were discussions around how to improve people's care, following audits and surveys.