

Barchester Healthcare Homes Limited

Langdales

Inspection report

117-119 Hornby Road
Blackpool
Lancashire
FY1 4QP

Tel: 01253621079
Website: www.barchester.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At the last inspection we carried out an unannounced comprehensive inspection of this service on the 24 and 28 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We visited the service on 26 April and 4 May 2016 to complete an unannounced comprehensive inspection. We did this to check they had followed their plan and to confirm they now met legal requirements. We found the registered provider and registered manager addressed the breaches and taken action to comply with the requirements of those regulations. However further improvements were required, to ensure sufficient staff were appropriately deployed to make sure people who lived at the home were kept safe.

Langdales is a care home that provides 24-hour residential care. In addition, the service is able to provide short-term respite breaks. Langdales is a detached building located in central Blackpool. The home was registered to accommodate up to 26 older people who required assistance with personal care. Accommodation was arranged around the ground and first floor with office accommodation on the second floor. There was a small garden area to the rear of the building. There was a passenger lift for ease of access and the home was wheelchair accessible. At the time of the inspection there were 18 people who lived at the home.

A registered manager was in place. 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.

During our inspection undertaken on 12 April 2016 we found no breaches of legal requirements.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care.

Staff had received training and were knowledgeable about their roles and responsibilities. They had skills, knowledge and experience required to support people with their care and social needs.

There were mixed responses to the question about staffing levels and time spent with people who lived at the home. For example a comment from a person who lived at the home included, "Sometimes they're short staffed." We recommended the registered manager review staffing levels at the home to ensure people were safe with sufficient staff deployed to meet people's needs.

We found recruitment checks were carried out to ensure suitable people were employed to work at the home. This was confirmed by talking with staff members and looking at records of staff recruitment.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided

Medicines were dispensed in a safe manner and people received their medicines on time. Staff had received related training to ensure medicines were administered correctly by knowledgeable staff. Controlled drugs were administered at the time of the inspection visit. We found correct documentation was recorded to ensure accurate administration of controlled drugs.

The registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. We observed the lunch time meal which was well organised. People who required support to eat their meals were supported by staff who were caring and patient. The cook had information about people's dietary needs and these were met. One person who lived at the home said about the quality of food, "I'm very happy with the food thank you."

We found people had access to healthcare professionals and their healthcare needs were met. On the day of our inspection visit we saw one person was supported by a staff member to attend a hospital appointment. This ensured the service had up to date information about the outcome of the person's appointment.

We observed staff treated people with respect, patience and dignity. People we spoke with told us staff were caring and respectful.

The service had appointed 'activity co-ordinators' to ensure people were provided with social events and activities that met their individual and collective needs. A staff member said, "We will be getting out and about in the bus a lot more now."

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

The management team used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that had taken place. This ensured the service continued to be monitored and improvements made when they were identified.

People who lived at the home and relatives had opportunities to feed back to the management team. This was about the quality of their care through surveys and meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staffing levels were not always sufficient and deployed appropriately to ensure people were continuously monitored and kept safe.

Staff had been recruited in-line with national guidelines.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Is the service effective?

Good 

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The registered manager and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Is the service well-led?

Good ●

The service was well-led.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks were regularly undertaken and identified issues were acted upon.

The views of people living at the home and relatives were sought by a variety of methods.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an 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 with caring for older people

Prior to our unannounced inspection on 26 April and second visit on 04 May 2016 we reviewed the information we held about Langdales. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. There were no incidents or safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the area manager for Barchester Homes (the provider), registered manager, seven staff members, nine people who lived at the home and four relatives. We also contacted Blackpool Commissioning Department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We spent time observing staff interactions with people who lived at the home and looked at documentation relating to the running of Langdales. We checked care records of two people who lived at the home. We also reviewed records about staff training and recruitment of staff. In addition we looked at records related to the management and safety of the home.

Is the service safe?

Our findings

The people who lived at the home told us they felt safe living at Langdales. We asked people who lived at the home what made them feel safe and comments included, "The security on the door and the locks on the gates." Also, "Just the atmosphere, you're well looked after." A relative we spoke with said, "I think it is. The staff are the people that make it a safe place to be."

We had a walk around the premises and found call bells in peoples bedrooms were positioned in rooms close to hand. This was so people were able to summon help when they needed to. People told us staff responded quickly when they summoned help. We found from our observations during the day staff answered call bells in a timely manner.

The registered manager had a policy on safeguarding adults and a procedure to follow. Staff we spoke with were knowledgeable about the process to follow should they witness abusive practices. Training for 'safeguarding adults' was mandatory for staff and this was confirmed by talking with staff members. One staff member said, "We have completed a lot of training around safeguarding issues." Any concerns in relation to the safety and welfare of people were reported to the registered manager. The registered manager would report them to the local authority's safeguarding team as required.

Care records of people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care to manage risk. For example risks covered the premises and personal care. Records were personalised and covered what actions the registered manager would take to manage risk.

We checked a sample of water temperatures in bedrooms. We found two rooms had difficulty in delivering water freely for people to wash themselves. This meant the flow of hot water was restricted. The registered manager was aware of the issues and this was being addressed. We saw evidence in documentation of this. Records were produced for us and we saw certificates confirming electrical appliances facilities complied with statutory requirements. This meant they were safe for use. There were no gas facilities on the premises. During a tour of the building we found windows were restricted to ensure the safety of people who lived at the home.

We looked at how the registered manager staffed the service to keep people safe. We spoke with people about staffing levels and observed staffing arrangements during our visit. There were mixed responses to the question about staffing levels. For example comments included from people who lived at the home. "Sometimes they're short staffed." And, "At weekends you have to wait longer to get to the toilet." Also, "There's enough for me, they're always there when I want them." Two relatives said 'yes' there was enough staff in their view.

We observed at times during our visit staff were rushed and attending to other duties. This meant less time was spent with people who lived at the home. For example a number of people who lived at the home were sat in the lounge from 2.30pm – 2.45pm. We observed no staff members checked to see if people required

attention or spent time with them. One person wanted the toilet but had to wait a while. We spoke with staff members who commented, "Sometimes we are really pushed." Also, "The new activities person should free up more time."

We spoke with the area manager and registered manager about staffing levels and deployment of staff. They told us they would look into staffing arrangements and ensure staff were deployed safely to keep people safe and provide more time for staff to spend with people who lived at the home.

We recommend the provider seeks advice and guidance about staffing levels and appropriate deployment of staff. This is to ensure people are kept safe and continuously monitored in all areas of the home.

We looked at recruitment processes the service had in place. We found checks were in place that were required. They included information about any criminal convictions recorded, an application form that required a full employment history, references and a 'disclosure and barring check' (DBS). This is a check that helped ensure suitable people were employed. We looked at two staff recruitment files who had been employed in the last 12 months. We found required checks were completed. We noted previous employment references were obtained. This demonstrated safe recruitment checks were carried out. Staff we spoke with told us recruitment procedures had been followed prior to them working at Langdales.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken following events that had happened. For example one person recently had a fall with no injuries found. The findings documented what action was taken by staff and what support was put in place to reduce the risk of falling.

The medication procedures at the service had been improved since the last inspection to ensure people received their medication safely. We found Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at two medication administration records. Records confirmed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

We observed a senior staff member administering medication at breakfast and lunch time. We found they stayed with the person until they had taken their tablets. We noticed they sat with the person and gently talked to them to encourage taking their medication safely.

There were controlled drugs being dispensed at the time of our visit. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed. The correct dosage of remaining tablets was accurate to the medication record of one person we checked.

We found medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The people we spoke with told us they were in agreement their medicines were managed for them. They confirmed they received their medicines when they needed them.

Is the service effective?

Our findings

We found people who lived at the home received effective care because they were supported by a staff team that received training to support them. We also found by observing interactions with staff and people who lived at the home, staff had a good understanding of people's needs. Many staff who worked at the home had been there for many years. This ensured consistency of care and helped people get to know one another better. Comments from staff and people who lived at the home supported this. They included from a person who lived at the home, "They know me well." Another said, "It is nice to see familiar faces all the time we get to know one another."

We looked at the training programme for all staff and spoke with them about their training schedules. All staff we spoke with told us access to training courses was good. Comments about training events and access to training courses were all positive and included, "Training is very good always banging on to update our knowledge through training sessions." Also, "The manager is good at providing training for everyone."

The management team had developed individual training programmes for staff and had a programme of mandatory training courses. For example they included, fire safety, moving and handling and infection control. This demonstrated the commitment to ensure staff had the necessary skills to support people in their care.

Some members had achieved national care qualifications and had been encouraged by the management team to complete a professional qualification. One staff member told us they were supported by the registered manager to complete a National Vocational Qualification (NVQ) level 3. This was confirmed by talking with the staff member. This showed the service were committed to develop staff skills so that people received quality care by trained staff.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the management team to gain their understanding of their responsibilities regarding making appropriate applications. From our discussions it was clear they understood the processes in place. Applications had been requested and in place at the time of our inspection. The registered manager told us they were aware of the processes in place and would ensure these were followed effectively every time. We did not see any restrictive practices during our inspection visit.

At lunch time we carried out our observations in the dining room. We found lunch was a relaxed and social experience with all staff available to support people to make it a pleasant occasion. We noticed people talking amongst each other whilst eating their meal. We saw different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively.

We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. Cleaning schedules were checked and were up to date. The cooks worked alone in the kitchen and were responsible for cooking, cleaning and preparation for food provision.

The choice at lunchtime was cottage pie or liver and onions. Also one person preferred to have an alternative which was not a problem for the cook. One staff member said, "we have a rotating menu but they can have what they like." Comments about the quality of food from people who lived at the home included, "I'm very happy with the food thank you". A relative said, "[Relative] always told me she likes the food and there's plenty of it."

Nutritional risk assessments were completed and monitoring of people's weight took place. This was to ensure any issues or concerns would be highlighted and action taken to ensure people's health was maintained.

The service had improved systems from the last inspection visit to ensure health professionals were consulted in a timely manner when people required support and treatment. For example where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs. Care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

People who lived at the home and relatives told us staff were caring towards them. We asked people what the staff were like. Comments included, "Very nice, I don't see many of them but they are very pleasant". Another said, "I think they're lovely." A relative said, "They're absolutely first class, I can't fault them on anything. If anything's not right I tell them and it's put right."

The inspection visit was unannounced and we visited the home at breakfast time. Initial observation found staff attentive towards people who required support with their breakfast. For example staff were around in the dining area to support people if they required assistance.

Throughout the inspection visit we saw people who lived at the home were able to make decisions for themselves. We observed routines were arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. At times people were sat in the lounges for a while on their own before staff checked to see if people were comfortable or required anything. For example one person who lived at the home said, "Staff are very nice, I don't see many of them but they are very pleasant." A staff member said, "We do enjoy spending time with people but at times are busy."

From our observations at times staff did not have time to sit and talk with people for long due to other duties. We raised this with the management team who would look into ensuring more time was spent with individuals on a social basis.

We looked at care records of two people who lived at the home. We found evidence they had been involved with and were at the centre of developing their care plans. Three people we spoke with about their care told us they were encouraged to express their views about how their care and support was provided to them. One person said, "We do go through things with the manager and [relative] to check everything is to my liking."

Care records contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described daily support people received and any appointments or events that had taken place. The records were informative and enabled us to identify how staff supported people with their daily routines. One staff member said, "You cannot fault the care documents they give us a lot of information. We keep them up to date so people know where they are." People's care plans were reviewed with them and updated monthly. This ensured staff had up to date information about people's needs and any changes that might have occurred.

We saw evidence people who lived at the home had their preferences and wishes taken into account. For example one person wanted to be known by a certain name and this was documented on their care plan. We spoke with the person who said, "I like to be known as [name] and the staff respect that."

Staff maintained people's privacy and dignity throughout the day of our visit. For example, we saw staff

knocked on people's bedroom doors before entering. We observed staff and management team spoke with people in a respectful way. One person who lived at the home said, "They are respectful and do appreciate how people should be treated."

Relatives and friends visited the home during the day of our visit. They told us they were welcomed at any time and had no restrictions for visiting. Comments included, "Visitors are allowed at any time." Also a relative said, "I have always come when it suited me. That has not been a problem here they are very welcoming when I do come and offer me a brew."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority.

Is the service responsive?

Our findings

People who lived at the home were supported by staff who were experienced and responsive to their needs. Staff also had an understanding of people's individual health and social care needs. For example the registered manager encouraged people and their families to be fully involved in their care. One relative said, "They seem to know all about [relative] ailments and when she is not well." Also, "The staff appear clued up to me about the people who live here."

The registered manager told us care plans had been improved to include personal histories and more personal information about each individual. A staff member said, "It helps now peoples likes and social dislikes so we can relate better to residents." We looked at care records of two people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support they required and how it would be delivered. Care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs.

The service had employed an 'activities co- coordinator' to provide stimulation for people. Also so people could follow their chosen interests. Comments from people who lived at the home about how they spent their day were mixed. Comments included, "I don't do much I get bored" Another said, "The staff are busy and don't get much time." However positive comments included, "Things have got better since we have an activities person." Also, "The entertainers are good." The registered manager told us events and social outings have improved since the introduction of extra staff for activities. Also they now have the use of a minibus and staff had just completed training to enable them to carry 'residents' on outings. One staff member said, "We will be getting out and about in the bus a lot more now."

We found people had choices to join in with events going on or freely sit in other areas of the home. One person who lived at the home said, "I might listen to the entertainer now and then or go to another room. " A staff member said, "People are free to wander where they want to or join in with anything that is going on. It is their choice."

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed on the notice board in the reception of the home. Staff told us if they received any complaints and people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

At the time of the inspection we were informed no formal complaints had been made. The registered manager and senior carer told us they encouraged people who lived at the home and relatives to raise any concerns with them. This was so they could address the issues before it became a complaint. The registered manager informed us this helped ensure any problems were addressed quickly and action taken. One staff member said, "We always ask people if they have any issues or complaints so we can deal with them straight

away." We talk to relatives and residents all the time about little grumbles or problems they may have so we can sort them out".

We asked people who lived at the home if they were aware of how to make a complaint. Also if they knew who to speak with. Comments included, "I'd go to the manager." Also, "I'd tell the carer who came to talk to me, or my daughter." A relative told us they knew the process but they had never needed to make a complaint.

Is the service well-led?

Our findings

Comments received from, relatives and people who lived at the home were mainly positive about the registered manager's leadership and organisation. For example one relative said, "I think it's well run". However one person who lived at the home said, "if you want to talk to her and she's busy, you have to wait."

The registered manager was part of the staff team and supported people with their care and support needs. One relative said, "[Registered manager] is around and helping staff a lot." Two relatives we spoke with about the availability of the registered manager told us they knew who it was and she was approachable.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and was approachable. One staff member said, "Yes [registered manager] does lead from the front."

Staff and resident meetings were held on a regular basis. People who lived at the home had attended these meetings and we looked at minutes of minutes to confirm this. One person who lived at the home said, "I know we have had meetings and I went to one." However another person said, "They have them but I don't bother with them." Evidence of action taken from suggestions put forward by people who lived at the home from the meetings were found. For example from the resident meeting held on January 16 a suggestion of meal changes were put forward. On the day of the inspection we found the meal what people wanted was highlighted for that day on the menu board. One person who lived at the home said, "Sometimes things change."

A staff member we spoke with said, "Meetings are held to discuss the residents and how the home is performing. They are very useful to put suggestions forward." Staff had wanted snacks and drinks to be served on trays in the lounge for people. This had now been implemented. One staff member said, "It is what most residents want. We are here to meet there needs so we did that."

The staff had daily handover meetings to discuss the day's events. These meetings discussed up to date peoples care and information was shared to staff coming on duty. The meetings kept people informed of any issues and enabled staff to discuss 'residents' to ensure they were up to date with information. Staff told us these meetings were useful and kept staff up to date with information concerning people. This helped provide the best care for people.

The registered manager had addressed issues from the previous inspection when we found audits identified issues that were not addressed in a timely manner. At this inspection we found there was a range of audits and systems put in place by the registered manager and results had been acted upon. For example an audit of care plans identified a person had changed their eating habits and were not eating regularly. The registered manager notified the dietician and an action plan to address the problem was now in place. The person had been put on a special diet and had responded well. Further audits were carried out by the area manager of the organisation who told us audits were an essential part of the running of the home. This was

to ensure the service continued to develop and be monitored.

Survey had been completed for 2015 by people who lived at the home and relatives to pass on their opinions of Langdales. We looked at the results and found no registered manager informed us any issues or concerns would be addressed to ensure people were happy with the way Langdales operated.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.