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# Langdale View

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 19 October 2016.

Langdale View provides nursing and personal care for up to 36 older people. Some of the people using the service are living with dementia. The service is located in Leicester and accommodation is provided over three floors with a lift for access. At the time of our inspection there were 35 people using the service.

The service had a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service and relatives told us staff knew how to keep people safe. Staff understood how to protect people from harm and what to do if they had concerns about their well-being.

Staff were aware of when people were at risk and took action to minimise the likelihood of them coming to harm. They encouraged people to use mobility aids and other adaptations to reduce the risk of fall and other accidents. Staff were vigilant and quick to intervene to help ensure people remained safe at all times.

There were enough staff on duty to meet people's needs, talk with people, and support them to take part in activities. Records showed staff were safely recruited and suitable to work with people who use care services. People told us they received their medicines safely and on time.

The staff were knowledgeable and skilled and knew how to support people effectively. They had been trained in how to meet people's general and specific needs. They sought medical and other advice for people where necessary, and worked closely with visiting healthcare professionals to ensure all people's needs were met.

People told us they were happy with the food served and had plenty of choice as to what they ate. More staff had been made available at lunchtime to help ensure people could enjoy their meals in a calm and unhurried atmosphere. Drinks and snacks were available throughout the day and staff brought a well-stocked tea trolley round at intervals so people could choose what they wanted.

People made many positive comments about how kind and caring the staff were. We observed that although staff were busy and worked hard, they always found the time to talk with the people they supported. Staff encouraged people to take part in the service's programme of group and one-to-one activities.

People said they thought the service was friendly and personalised and the managers and staff approachable and helpful. They told us they would feel comfortable raising concerns about the service if

they needed to. Staff said they liked working at the service. They were supportive of each other and got on well with the people using the service, relatives and colleagues.

The registered manager and care manager worked closely together to ensure the service ran smoothly. They ensured people had opportunities to comment on the service and listened to them when they did. They carried out a system of audits and used the results of these to bring about ongoing improvements to the quality of the care and support provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered in the way people wanted them.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in

decisions about their care.

### **Is the service responsive?**

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

**Good** ●

### **Is the service well-led?**

The service was well led.

The service had an open and friendly culture.

The management welcomed feedback on the service and made improvements where necessary.

The provider used audits to check on the quality of the service.

**Good** ●

# Langdale View

## **Detailed findings**

### **Background to this inspection**

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

This inspection took place on 19 October 2016 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and nursing.

An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection visit we looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods during our inspection visit. We spoke with seven people using the service and two relatives. We also spoke with the registered manager, care manager, a nurse, three care workers, an activity organiser, and the cook.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at six people's care records.

## Is the service safe?

### Our findings

All the people we spoke with said they safe using the service. One person told us, "This place is good and I feel safe here. My room is nice and I am looked after." Another person commented, "I'm OK. I've been here a while. I like it here and I feel safe."

Relatives also said they thought their family members were safe. One relative told us, "The staff do everything they can do to keep the residents safe." Another relative commented, "[My family member] is safe here. The girls [staff] are all very good. They are off to a good routine."

The staff we spoke with understood their safeguarding (protecting people who use care services from abuse) responsibilities. They were aware of the signs of abuse and who to report these to. Staff were trained in safeguarding. Records showed they followed the provider's policies and procedures and contacted appropriate agencies if they had concerns about the welfare of any of the people they supported.

If people were at risk in areas of their lives staff had the information they needed to help keep them safe. We looked at people's risk assessments. These covered people's physical and mental health needs and had been regularly reviewed and updated.

One person had a history of falls. Staff had assessed this person and taken action to reduce risk by encouraging them to use a walking aid to mobilise. This had led to a reduction in the number of falls they had. We met this person and saw they had their walking aid next to them which staff prompted them to use when they got up. This was an example of staff taking action to keep a person safe.

However there was some confusion about this person regarding the use of bedrails. Daily records and a letter from a specialist nurse indicated staff were using these when the person went to bed. But there was no bedrails risk assessment or care plan in the person's file. The care manager said the person had bedrails fitted to their bed as standard, but staff were not supposed to be using them. She said she would investigate this further and take action to ensure the person was safe and that risk assessments and care plans were in place where appropriate.

We saw that one person had bruising on their face and looked into how this had happened. Records showed they were at high risk of falls and staff had put a number of measures in place to reduce the risk, including lowering the person's bed and placing a full-length 'crash mat' (a purpose designed mat used to cushion a fall) beside it. This meant that when the person did unfortunately fall out of bed their injuries were minimised and they just needed to be checked by their GP with no hospital admission necessary. This was an example of staff taking action to reduce risk.

The staff we spoke with were knowledgeable about the people using the service and how to keep them safe. One staff member told us, "We read the care plans and risk assessments and the manager tells us or we get told at handover meetings if anything's changed. Also, we know our residents well and what they can and can't do, so we are able to make sure they are safe."

During our inspection visit there were enough staff on duty to meet people's needs, talk with people, and support them to take part in activities. One person told us, "There are enough staff here." A relative said, "There appears to be enough staff. There are always staff around when I visit." We observed that people who needed assistance did not have to wait long for a staff member to support them.

The registered manager told us staffing hours were based on the needs of the people using the service and reviewed monthly or more often if people's needs changed. Some people had one-to-one support at certain times and records showed this was being provided. A qualified nurse was on duty day and night working alongside the care staff. This meant that people's care and nursing needs could be met at all times.

The providers' recruitment procedure was being followed and records showed that the required employment checks were carried out when new staff were employed. This helped to ensure the staff employed were suitable to work with people who use care services. Staff files had a checklist at the front so it was easy to see that all the required documentation was in place.

People told us they received their medicines safely and on time. One person said, "I don't do my own medication. They do my medication and they do it right." Another person commented, "They bring my medication regularly."

The service's contract pharmacist supplied people's medicines and provided staff with advice and guidance as required. They also audited the service's medicines management systems to ensure they were safe. The registered manager told us that at the last audit the service scored 98% compliance with only minor improvements needed.

We inspected the service's medicines and treatment room which was secure, tidy and clean. Medicines were kept safely at the recommended temperatures. We observed a medicines administration round. The nurse in charge carried this out safely ensuring that people had their medicines at the correct time and that she signed records to confirm this.

We looked at people's medicines records. These showed that staff followed the provider's medicines policies and procedures and made clear, accurate entries. We noted a few areas where improvements could be made to improve practice. These were: using rotation charts when people were prescribed medicines in patch form; using protocols for all 'as required' medicines; recording the precise time when Parkinson's medicines were given; and asking a GP to prescribe a particular medicine in a strength to make it easier for staff to administer it. We discussed these with the registered manager and care manager who said they would make the improvements.



## Is the service effective?

### Our findings

People told us they thought the staff were knowledgeable and skilled. One person said, "I think the staff are very well-trained." Another person commented, "The staff are good. They do their job." A relative told us, "The staff all seem to be well-trained." Another relative said they found it reassuring that a nurse was always on duty at the service day and night.

The staff we spoke with understood how best to meet people's needs. They assisted people to mobilise safely, socialise, and make choices about meals and activities. We saw one staff member comfort a person who was distressed by talking with them and reminding them that a family member was due to visit. These were examples of staff providing people with effective, personalised care.

Records showed staff had a comprehensive induction and on-going training. They completed a wide range of courses in general care and support, health and safety, and those specific to the service, for example dementia care. These were recorded on the service's training matrix and updated as necessary. The service's training programme helped to ensure staff had the skills and confidence they needed to carry out their roles and responsibilities effectively.

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 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 were being met. We found that they were and related assessments and decisions had been properly taken and kept under review.

Records showed that on admission people were assessed with regard to their ability to consent to their care and to make informed decisions about their daily lives. They were also re-assessed if their needs changed. All staff had had training in the MCA and DoLS and understood the importance of people consenting to their care. This was evident throughout the service's care plans and risk assessments and demonstrated that staff were working in line with the MCA.

People told us they were happy with the food served. One person said, "I like the food that they get for me. I eat what I like. They come every morning and ask me what I would like to eat. We get plenty to drink." Another person told us, "I get my choice [of food]. I get what I want. Sometimes what I want isn't on the menu but I can have it anyway. The food is good and there's enough of it."

One person told us they were on a special diet. They said the cook was made aware of this and came to talk with them about what they could and couldn't have and their likes and dislikes. They told us, "It's difficult for a big place like this to cook things just for me but they do it."

Staff told us recent changes had been made to the lunchtime routine in order to give staff more time to assist people with their meals and socialise with them. Medicines were no longer given out at lunchtime which meant nursing staff were able to work alongside care staff to support people with their meals. During our inspection visit the registered manager, care manager, and activities co-ordinator were also in the dining room lending a hand. This meant more staff were available at lunchtime to enable people to enjoy their lunch in a calm and unhurried atmosphere.

People told us drinks and snacks were available throughout the day. One person said, "I don't need to ask for extra snacks or drinks because they bring them all of the time." In the morning we saw the morning tea trolley taken round to people. This was stocked with hot and cold drinks, including milkshakes, tea and coffee, hot chocolate, and fruit juices, and snacks including apple pies, yoghurts, biscuits, crisps, and fresh fruit. We saw staff encouraging people to have drinks and snacks to help ensure their nutritional needs were met.

People had eating and drinking care plans which included a list of their likes and dislikes, weight charts, and risk assessments concerning their nutrition and hydration. Food and fluid charts were in place for people who needed their intake monitored. When specialist advice was needed staff referred people to the relevant professionals. One person's record showed staff were concerned about them losing weight and referred them to a dietician who prescribed dietary supplements and fortified meals. As a result the person gained weight and their health improved. This was an example of staff supporting a person to eat and drink enough and maintain a balanced diet.

People told us staff met their healthcare needs. One person said, "They've given me a right going over since I've been here – every bit of me has been checked. They want to get me sorted so I can go home." Another person commented, "When I got poorly they called out the doctor straight away. I didn't have to wait." A relative told us, "[My family member] has access to GP who is good and they came out recently due to [my family member] having a chesty cough."

People's healthcare needs were documented in their care records. Care and nursing staff worked closely with a range of healthcare professionals including GPs, district nurses, physiotherapists, and dementia specialists. Specialist assessments and care plans from these healthcare professionals were on file and in use which showed staff were following expert advice. The care manager and registered manager told us GPs from a local practice did a weekly round at the service so people's healthcare needs could be addressed and monitored without people needing to go out to a GP's surgery unless they wanted to.

Staff advocated for people to ensure their healthcare needs were met. For example, records showed that one person had begun to appear distressed and restless. Staff monitored their behaviour and, having tried a number of interventions themselves, referred the person to a specialist mental health team with expertise in supporting people with dementia. Staff also ensured another person attended regular eye tests and chiropody appointments as an essential part of their healthcare support. These were example of staff taking action if there were concerns about people's health or if their health needed ongoing monitoring.

The service has three 'healthcare champions' amongst the staff team. These are care workers who have had extra training and support to enable them to promote good healthcare. The registered manager and care manager told us the healthcare champions worked closely with the nurses to help ensure people's

healthcare needs were met.

## Is the service caring?

### Our findings

People made many positive comments about how kind and caring the staff were. One person said, "The staff, both day and night, are good. I'm happy." Another person told us, "I was upset and the nurse sat with me for 30 minutes to find out what was wrong. She was so kind and I was able to tell her what the problem was. She then went and sorted it out for me." A relative said, "The staff are really kind, I feel [my family member] is safe and well looked after. I wouldn't leave [my family member] here otherwise."

Two relatives who said their family members had communication difficulties told us how staff did their best to overcome these. One relative said the staff spoke to their family member in their first language which made communication easier for the person. The other relative said that their family member was 'non-verbal' but staff had gone out of their way to get to know and understand them.

We saw one person sitting in the service's courtyard with staff members who were on their break. The staff made sure the person was included in their conversations and the person appeared comfortable and happy. They told us, "I like to sit and talk to the staff." Another person said their main carer was 'very caring'. They told us, "He is brilliant. He encourages me to walk. If you ask him to do something he does it."

Visitors were given a warm welcome when they came to the service and offered refreshments. One person told us, "It is easy for me to have visitors. They can come at any time." A relative also said they could visit whenever they wanted to which made them feel welcome.

We observed that although the staff were busy and worked hard they always found the time to talk with the people they supported. One person told us, "They always have a kind word for me, even if they're in the middle of something else." We saw one staff member sitting with a person and assisting them to eat a snack. The staff member talked with the person throughout, making the interaction enjoyable. Another staff member noticed a person's glasses had slipped. They approached them smiling and asked if they could assist and having done so talked with the person to put them at ease. These were examples of staff having a caring approach.

People were encouraged to express their views and be actively involved in making decisions about their care, treatment and support. People's care plans provided evidence of this. They emphasised the importance of people using the service being given choice. One person told us, "I go to bed when I want – the staff just tell me to let them know when I'm ready so they can help me."

We saw staff encouraging people to make choices. People were asked where they wanted to sit, what food and drinks they wanted, and whether or not they would like to take part in activities. Staff always asked for people's permission before providing them with care and support. This approach helped to ensure that people maintained their independence and had a say in how and when their care and support was provided.

People told us staff respected and promoted their privacy and dignity. One person said, "We have privacy in

our rooms. They [the staff] always knock the door before they come in. I'm looked after." Another person commented, "My privacy is respected."

We met a person who resided in one of the service's shared rooms. We saw there was a privacy curtain to protect each occupant's dignity if they were receiving personal care. The person told us they had asked to be in a shared room because didn't want to be on her own, so they were satisfied with the arrangement. The registered manager and care manager told us people only shared rooms at the service if they chose to.

## Is the service responsive?

### Our findings

People told us they were satisfied with the care and support they received. They said staff assisted them with their individual routines. One person said, "I like to do my own thing and the staff know this but if I need them they are always there and they know what to do for me." Another person told us, "I use my wheelchair to get around and the staff help me."

Staff told us they learnt about people's needs from their care plans and by talking with them. One staff member said, "The residents all have care plans which we can read. I also talk to residents to find out their likes and dislikes." Staff told us they were informed of any changes to people's needs during a 'handover' meeting in the morning and each time there was a new shift. This meant they had the up-to-date information they needed to provide people with responsive care and support.

Records showed that senior staff assessed people's needs prior to them coming to the service. This meant staff could provide responsive care as soon as people moved in. The assessment was used to put care plans and risk assessments in place which were written in conjunction with people and their relatives and representatives. Where appropriate staff used specialised care planning tools to determine the best way to support people. For example, if people were living with dementia staff used a specialised dementia planning tool to help ensure their needs were met in an appropriate and personalised way.

The care plans we looked at contained the information staff needed to provide responsive care. They began with an 'all about me section' to help staff get to know the person they were supporting. This included details about the person's life history and family which helped staff to have conversations with people and get to know them. It was followed by care plans for each individual need a person might have, including physical and mental health, communication, and social needs. Care plans included clear instructions to staff on how best to communicate with and support people. For example, one person's stated, 'I need staff to approach me in a calm manner and explain what I need to do and give me time to digest what has been said.' This type of guidance helps to ensure that staff are able to provide personalised and responsive care and support.

Records showed people's care plans were reviewed and updated in line with their changing needs. For example one person's care plan for personal care had been updated on a number of occasions to include different and more effective ways of working with the person. This was an example of care and support being adapted to meet's a person's needs as staff got to know them better.

People told us they were able to take part in activities at the service. One person said, "I join in with some of the activities and I enjoy it." Another person commented, "I join in with some of the activities. I play games." A relative told us, "My [family member] has a few activities that they can do and they appear to enjoy them."

During our inspection visit the activities co-ordinator did a range of different activities with people on a one-to-one basis, and organised a group painting activity for other people. Activities were planned and a programme produced so people knew what was on each day, although the displayed programme was out

of date when we visited which we brought to the attention of staff.

The activities organiser kept a record to show who had taken part in activities and what had proved popular. The service also had a hairdressing salon which doubled up as a sensory room meaning people had somewhere they could go to relax and unwind. Staff had purchased sensory items (tactile objects designed to stimulate the senses) and games for the service and these were available for people if they wanted something to do.

People and relatives said they would feel comfortable raising concerns about the service if they needed to. One person told us, "If there was something that I wasn't happy with I could speak to the manager. I could talk to any of them [the staff]." Another person commented, "If I had a complaint I would speak to the manager. I would ask to speak to her and she would come to see me. She would sort it out." And a relative said, "If I had a complaint I would tell the manager."

One person told us they had raised a concern because they were being kept awake at night by another person using the service. They said that staff listened to them and took action and the problem was resolved. They told us, "It's alright now as we've had a change around with the bedrooms. I can sleep in peace." Another person said, "The other week the food was cold and so the manager went and sorted that out." There were examples of staff listening to people and taking action to resolve their concerns.

The provider's complaints procedure was in their statement of purpose and also displayed in the entrance hall. People were also given the opportunity to raise formal or information concerns and complaints on a one-to-one basis or at meetings. Staff kept a complaints log which included details of the action taken to resolve the issues raised. This showed that staff listened and learnt from people's experiences, concerns and complaints.

## Is the service well-led?

### Our findings

People said they thought the service was friendly and personalised. One person told us, "This place is good. They come round to find my likes and dislikes." A relative commented, "We are always being asked if there is more that can be done for [our family member]." Another relative said, "They do a marvellous job – nothing's too much trouble." They added that if they did have any significant concerns they would tell the care manager. They told us, "She's great and does a fantastic job."

All the people we spoke with said the care manager, who was responsible for the day to day running of the service, was friendly and approachable. One person told us, "The [care] manager makes an effort to come to talk to me. If there was something that I wasn't happy with I could speak to the [care] manager." Another person commented, "If there is anything that I want I speak to the [care] manager. She is very nice."

Staff told us they liked working at the service and felt well-supported by the registered manager and care manager. We observed that the staff worked well together as a team. They were supportive of each other and appeared to get on well with the people using the service, relatives and colleagues.

One staff member said, "I really like working here. The residents are well cared for." Another staff member told us the registered manager and care manager were approachable and they would be happy to speak with either of them if they had a concern." One staff member said they would like the opportunity to attend more staff meetings. We passed this comment onto the registered manager and care manager so they could consider it.

People and relatives told us they liked the premises which thought were homely. One person said, "All the lounges and bedrooms are well-decorated. My family think the staff have done a great job making it nice for us." Another person commented, "The building is well maintained. It's nice and clean. If anything drops onto the floor they [the staff] always tidy it up straight away." A relative told us their family member had been encouraged to personalise their room and patio area. They said this had made their family member feel at home.

The premises had been adapted to make them suitable for people, including those living with dementia. All communal areas were accessible to people with limited mobility. There was a choice of lounges and other places to sit. The premises were decorated with a range of murals, pictures, photos, and signs designed to act as points of interest and orientation. This showed that the provider and staff had taken action to ensure the environment met people's needs.

Quality assurance surveys had been sent out to relatives and professionals in 2016. Thirty-one relatives and eight professionals had responded. The results showed a high level of satisfaction with all aspects of the service. Comments from relatives included: 'I can sleep well knowing that you are doing the best you can for [my family member]'; and '[The staff] all work very hard to look after the residents, sometimes in challenging situations, and are always helpful and friendly.' Comments from professionals included, '[Staff] very helpful. Know the patient. Very empathetic and caring in their communication with patient and professional with



doctors'; and 'Patient care and medications are safely and effectively managed.'

Where respondents had raised concerns these had been addressed. For example, one respondent had mentioned that the radiator in a person's bedroom was not working. Staff met with the respondent and to explain that the boiler was faulty and in the process of being mended. Another respondent said, 'Sometimes food arrives quite cold'. Staff apologised for this and advised the respondent that the provider was considering getting a heated trolley to help ensure food did not get cold. These were examples of a well-led service where action was taken in response to people's comments and suggestions.

The registered manager and care manager told us they held monthly 'surgeries' which people and relatives were invited to. This gave them the opportunity to discuss any concerns or suggestions for improvement they might have. People and relatives were also asked for feedback on an informal ad hoc basis, and at care review meetings. This meant people and relatives had a range of opportunities to share their experiences of the service with staff and managers.

The service had been quality assured by both the local authority's health and safety team, and their contracting and commissioning team in 2016. Both found the service to be 'compliant' in that they met the teams' current standards for care and nursing homes. The teams had made some suggestions for improvement and these had been addressed by staff at the service with changes made. For example, health and safety had been added to staff supervision agendas as a standing item, and the service's statement of purpose had been updated to include new contact details for social services. Representatives of the NHS's clinical commissioning also quality assured the service in 2016 and made suggestion for improvements to record keeping and staff training. The managers said these had been addressed.

The registered manager and care manager told us they worked closely together to ensure the service was well-led. The registered manager, who was also the provider's operations manager, visited other services run by the provider, so was not always at Langdale View. She told us that despite this she was in daily contact with the care manager and contactable at all times.

The provider had an internal audit system designed to ensure all aspects of the service were running effectively. The registered manager told us these audits, which covered care and nursing, records, staffing, and the premises and equipment, were used to review practices and bring about service improvement. The provider had also arranged for an independent person to carry out a mock inspection of the service. As a result of this changes were made at mealtimes to ensure there were enough staff available to meet people's needs. This was an example of the provider using an audit to bring about improvements to the service.