

Langdale House Residential Home

Langdale Court Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Langdale Court is a residential care home providing personal and nursing care for up to seven people. On the day of our inspection there were five people living at the service.

The service was not developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service did not fully reflected the principles and values for the following reasons, there was a lack of support focused on people having as many opportunities as possible for them to gain new skills and become more independent.

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

People were not always safe as infection control procedures were not followed, and this put people at risk of infection. The environment was not always clean and well maintained.

The service was not always well led. The provider did not have robust quality assurance procedures to monitor and improve care.

Risks to people's safety were assessed but actions to mitigate against risk were not always clear.

People were supported by enough staff, who knew them well. The training was not always effective. Staff received training to support people, however this was not always followed. People were not always treated with respect.

People received medicines appropriately, peoples nutritional and healthcare needs were managed. Staff supported people to maintain their privacy and dignity. Peoples end of life wishes were explored. Complaints were dealt with in an appropriate way.

Staff told us they felt supported by the management team.

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

This service was registered with us under this provider on 10 October 2018 and this is the first inspection under their current registration.

The last rating for this service was Good (published 24 October 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous findings to inform our planning and decisions

about the rating at this inspection.

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

Why we inspected

This was a planned inspection

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to protecting people from the spread of infection and good governance.

Please see the action we have told the provider to take at the end of this report.

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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Langdale Court Residential 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Langdale Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, deputy manager, and a care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at all seven 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 reported our concerns to the local authority, commissioners, infection control, and fire and rescue service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The environment was not always clean. Infection control policies and procedures were not being followed.
- Staff assisted people with personal care including some who experienced difficulty with continence. Personal Protective Equipment (PPE) such as gloves and aprons were not available in people's rooms or communal areas and the provider did not have any red disposable washing bags for soiled or infected linen at the service. We found that the only PPE available to staff at all were gloves which were stored in a locked downstairs cupboard, within a second locked cupboard.
- The laundry was based in an outbuilding accessed via the kitchen. This meant that soiled linen had to be transferred, throughout the building including through the kitchen food preparation area to access the washing machine.
- Adequate, safe hand-washing facilities were not always available at the service in all toilets and bathroom. For example, soap and hand towels were not always provided. We noted there was kitchen roll available for people to dry their hands on in some toilets, however at the time of the inspection each roll was unopened. There was a communal towel found in the bathroom and a wet used flannel. In one person's room there was no soap or towel, another person had soap but no towel in their room.
- Light pull chords were visibly soiled, some walls were dirty with smeared food and other substances and floors in people's rooms and communal areas were not clean.
- We did not see evidence of a formal rota for cleaning and we could not see when deep cleaning took place. There was a book with daily jobs and staff told us they were allocated cleaning tasks by senior staff each day. Cleaning audits to monitor if the environment was clean were not carried out and the provider had no method of ensuring tasks allocated had been completed. We found mops stored in dirty water.
- There was no infection control audit to monitor if staff were following procedures. One member of staff was designated as the lead person for infection control, but they had not received any extra training for this role and we could not see any impact they had made.

People were not protected against the risk of infection as a result of poor adherence to infection control procedures. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed, identified and reviewed, however information was not always up to date, and did not always reflect their current needs. Information to help staff to mitigate these risks needed to be clearer. For example, one person had out of date information regarding their

mobility needs.

- People had personal evacuation plans to help them out of the building in an emergency, however these needed to be simplified, so the information was clearer. Staff had received fire training.
- There was no evidence of environmental checks such as a health and safety audit or an environmental audit to pick up problems on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Langdale Court, "I feel safe here, it's like home."
- Staff had received training in the safeguarding of people and were knowledgeable about how to recognise types of abuse to protect people from harm. However, staff had not identified there were issues with infection control practice which could put people at risk of harm.
- The management team understood their responsibilities to keep people safe from harm and reported concerns to the local safeguarding team and to CQC.

Staffing and recruitment

- People were supported by adequate numbers of staff.
- Safe recruitment practices were in place to ensure staff were safe to support people.
- Staff told us there were always enough staff as they were a small team that worked well together and covered each other if necessary.

Using medicines safely

- People received their medicines in a safe way. Medicines were stored in a secure room. There were policies and procedures to support staff administering medicines.
- Staff who administered medicines had received appropriate training and ongoing support by the management team.

Learning lessons when things go wrong

- It was not clear if lessons were being learnt, as there was a lack of robust audits at the service. For example, there was no environmental audit and we identified potential hazards that should have been identified. There was no audit of documentation, and record keeping was poor, this could have been identified through audit.
- Staff told us they knew how to report and record incidents, and we saw evidence incidents and accidents had been recorded, however we could not see how lessons were learnt as very little was recorded and we could not see where this had been discussed at team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed when they arrived at the service. However, reviews of care package were not always carried out regularly. Some updates were recorded in a confusing manner by handwriting over printed assessments meaning it was not always clear which was the most recent and relevant information. As a result, some people's care planning was out of date and did not always reflect their current needs.
- We saw recognised assessment tools were used, however we found some forms for recording assessments had also been written over in pen to add further information. Which again made identifying the most relevant and recent information difficult. We discussed this with the provider who began updating the forms during our inspection.
- People were involved in their care planning and were supported to make choices about the care they received. Where people had refused to take part in a review the provider had recorded this.

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

- The environment did not always meet people's needs and signage around the building was poor. Accommodation in the building was based over three storeys, all the bedrooms were on the first and second floor. One person with mobility problems had to contact staff from their bedroom, via a 2-way radio to let them know if they needed assistance. The deputy manager told us there was no space downstairs for a bedroom and they were unable to fit a stair lift, so they could not make reasonable adjustments, to meet the needs of this person should their mobility decrease. We observed this person, experience difficulty in accessing the upper floors in a safe way due to the layout of the stairs and their limited mobility. The provider told us they had raised this with an external health professional. However, we did not find evidence of this during our inspection or in discussion with health professionals following the inspection. We have asked the deputy manager to follow this up.
- The environment was not well maintained, and the provider did not have appropriate systems to monitor the ongoing maintenance of the service.
- We noted that a toilet cistern was unstable and a sink in a person's room was not secured to the wall.
- There was limited space in communal areas, if people wanted to spend time alone. The communal area consisted of a shared lounge area and a dining room which was also used as an office space for staff. There was an outside uncovered smoking area, one bathroom upstairs and one toilet downstairs for six people plus care staff to share.

Staff support: induction, training, skills and experience

- Staff received training, however they did not follow the training they received, and this was not monitored

by the management team. Staff told us they felt the training was good and they received supervision and appraisals and support from the management team. The deputy manager told us they did unannounced spot checks on staff if concerns were raised. However, training, supervision, and spot checks had not identified issues such as poor infection control practice and poor documentation that we found.

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

- People's nutritional needs were supported. People's care records included nutritional assessment, allergies and cultural needs, and people were weighed on a regular basis.
- The deputy manager told us they were still waiting for their food hygiene rating assessment to be done. We raised concerns with the deputy manager regarding food storage. The deputy manager told us they would take action in response to our concerns. Following our inspection, we contacted the local authority food safety team who carried out an inspection and awarded a four (of a possible five) star rating.
- People were able to help themselves to drinks during the day. Staff told us some people were able to make themselves snacks and light meals. One person preferred to eat in their room and we saw them taking their food away.
- People we spoke with told us the food was very good and we could see that people had requested certain items on the menu from the minutes of meetings and other options were available if people asked.

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

- Staff worked with other agencies to provide timely care. We could see people accessed different health care professionals and services. Appointments were recorded in a diary and we saw an extra member of staff had been booked to take a person to an appointment during the inspection.
- People had a sheet of information in their care plans to pass on to emergency services in the event of an urgent admission to hospital.
- There was very good assessment of people's oral health with follow up action and clear plans and information for people and staff on how to maintain oral health. People had spare toothbrushes and toothpaste in their rooms.

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.

- People's consent was recorded in their care plans. There was no one at the service under a DoLS.
- Staff had an understanding of the MCA, and staff had assessed people's capacity on admission.
- The service had invited advocacy services in to talk to people to identify if they needed support. Advocacy services speak up for people who cannot speak up for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always treat people with dignity and respect. There was an inappropriate notice on the toilet door accusing people who lived at the service of 'wickedness' for blocking the toilet. We pointed this out to the deputy manager, who removed the sign. This showed that the staff did not always understand the needs of and care required by people who lived at the service.
- People's privacy was maintained, staff knocked on doors before entering rooms. However, rooms were not personalised for people and one person had possessions stored in bin bags on the floor of their room rather than in cupboards.
- People's confidential information was stored in a locked office, this meant only people authorised to view records could look at them.
- Staff told us people's independence was promoted. People were free to leave the building and do what they wanted. One person managed their own finances, others visited local shops or walked around the neighbourhood. People had keys to their rooms and could lock them when they left. People were supported to perform household and gardening tasks, clean their rooms and prepare drinks.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff did not always respect equality and diversity due to the inappropriate sign on the toilet door. However, people told us staff were kind. We observed staff speaking in a friendly way and saw positive interactions between staff and people. One person told us, "There are lots of staff and they are all really nice."
- We observed staff being compassionate when one person who had been out all morning arrived home and appeared unhappy. Staff recognised that the person was probably hungry and immediately got them their lunch, which resolved the situation.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and support plan. One relative said they felt involved, "They always call me if [Name] is unwell or there are any issues."
- Care records showed that people had the opportunity to take part in reviews of their care.
- Staff told us they encouraged people to make choices and decisions on a daily basis around activities, personal care and what clothes they wore.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery..

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained personalised information for their care and support. However, some care plans contained contradictory information and current needs were not always reflected.
- It was not clear that all staff had read people's care plans, however staff knew people well.
- There was some use of technology to meet people's needs. For example, a 2-way radio was used by one person to contact staff from their room as the service did not have a call bell system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had limited access to accessible information, such as easy-read documents.
- One person had a sight problem and staff had obtained an electronic magnifying glass to help them. Staff recognised that it was important to ensure this sensory impairment did not lead to discrimination and social isolation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were independent and were able to leave the home and choose what they wanted to do, one person like to go shopping another went to the cinema. The service organised some external trips each year. There were limited meaningful activities in the home. For example, we were told people liked to read the paper, watch television and sing.

Improving care quality in response to complaints or concerns

- There was a complaints policy displayed and we could see that complaints were dealt with and actioned appropriately.
- Staff and people told us they were happy raising concerns with the management team.

End of life care and support

- There was no one at end of life at the time of the inspection.
- Care plans contained good evidence of end of life planning with evidence of ongoing review of people's wishes and personal circumstances. It was also clear from one person's care plan that they did not wish to discuss the issue which was recorded and respected by staff.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not always well led. There was a lack of audit to monitor the quality of the service. There were no audits for; the environment, health and safety, infection control, or documentation. Medicines audit were very basic and did not identify issues we identified regarding stock levels of medicines dispensed in boxes rather than the dosette blister pack system. This meant that the service was not effectively monitoring and improving the quality of the service which would expose people to the risk of receiving unsafe or inappropriate care. For example, the lack of infection control audit and monitoring had contributed to the lack of adequate hand-washing facilities, cleaning schedules and had raised the risk of people acquiring infection.

Due to a lack of audits to monitor the quality of the service and safety of the environment, this is a breach of Regulation 17 good governance of the Health and Social Welfare Act 2008 (Regulated Activities) Regulations 2014

- There was a registered manager and deputy manager on duty at the time of the inspection. However, roles were not clear, and the management team decided who did what tasks on a daily basis.
- Staff spoke positively about the management team being very supportive, however staff needed more development and guidance in lead roles and responsibilities to drive forward improvements.
- The management team understood their responsibilities about what events they must report to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service did not always achieve good outcomes for people. It was not clear how people were being supported to develop their independence to progress to less supportive living arrangements.
- We did not see any evidence that the registered manager engaged with people in a positive way, we saw very little interaction between them and people living in the home.
- The management team understood the need to inform people when something goes wrong however they could not provide us with any evidence of this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was very little community engagement, however people were able to access local facilities themselves.
- People were supported to express their views. The provider did an annual survey of people and acted on any issues raised. Relatives views were sought at meetings with them. Staff had regular meetings to discuss issues.
- There were regular meetings for people and we could see that people's requests such as special food items, had been actioned.

Continuous learning and improving care; Working in partnership with others

- The deputy manager had attended a manager's forum and told us about improvement they had made as a result, for example, staff meetings had become more regular. As a result of this we could see that the agenda for meetings had improved, and items were regularly discussed, such as fire procedures.
- The management team recognised that there were areas for improvement and were keen to improve.
- The management team worked in partnership with healthcare professionals to ensure people received the care and support they required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risk of infection as a result of poor adherence to infection control procedures. This is a breach of Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Due to a lack of audits to monitor the quality of the service and safety of the environment, this is a breach of Regulation 17