

# Durham Aged Mineworkers' Homes Association Langley House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 22 June 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with 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.

Langley House was last inspected on 9 and 10 April 2015 and was rated Good overall and rated Required Improvement in the area of Effective. We informed the provider that further work was required to ensure the service was working within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). During this inspection we found that the provider had ensured improvements were made in this area.

At this inspection we found the service remained Good.

Langley House is run by a charity, Durham Aged Mineworkers' Homes Association (DAMHA) and provides care and accommodation for up to 26 older people, including people living with dementia. Langley House is a purpose-built, single storey care home situated on Sunderland Road in the centre of Horden, County Durham which is on a bus route and close to local amenities. Langley House comprised of 26 bedrooms, all of which were en-suite.

Facilities included a lounge/bar, a smoking lounge, a dining room, communal bathrooms, shower rooms and toilets, a hairdressing room and an enclosed, communal, sensory garden. The general reception was large and spacious with comfortable seated areas.

We saw that entry to the premises was controlled by key-pad entry and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

People who used the service and their relatives were complimentary about the standard of care at Langley House. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met. All the care records we looked at contained evidence of consent.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The service had good links with the local community.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were personalised and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered. People who used the service had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and people who used the service, their relatives and visitors were aware of how to make a complaint.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training. Staff received regular supervision and appraisal.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People had access to healthcare services and received ongoing healthcare support.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Langley House

## 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 22 June 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of service.

Before we visited the home we checked the information we held about this location and the provider, for example we looked at the inspection history, safeguarding notifications and complaints.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with six people who used the service and six relatives. We spoke with the registered manager, a director and an operations manager from Resolve Care Consultancy Ltd, three care staff, the administrator and a domestic.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

We spoke with the registered manager about what was good about their service and any improvements they

intended to make.

## Is the service safe?

### Our findings

People who used the service and their relatives told us they felt safe, for example, "Yes, I feel very safe living here because there is always plenty of people around to help you", "I've been here about a year and I feel very safe", "Yes, it feels safe because the staff are always there for you" "Yes, I do feel safe, there are plenty of people about and we all get on very well together", "My mam has been here for seven years and there have been no safety issues", "The staff are really good and I feel my mam is very safe here" and "My gran feels safe here".

We saw that entry to Langley House was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff or bank staff. We saw there were four members of care staff on a day shift and two care staff on duty at night. People who used the service and their relatives told us, "Yes, there is enough staff, they are busy but they are very nice", "Just a few more staff during the day when it's busy, but it has got better since the new manager has arrived" and "More staff on a weekend in my opinion but we can't really fault the service". We observed sufficient numbers of staff on duty.

We looked at the selection and recruitment policy and the staff records for three members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Each record contained a staff photograph and proof of identity was obtained from each member of staff, including copies of birth certificates, driving licences and marriage certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We saw a copy of the provider's safeguarding adult's policy which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults. This meant that people were protected from the risk of abuse.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Call

bells were placed near to people's beds or chairs and were responded to in a timely manner. People who used the service told us, "The staff normally get there pretty quick", "Normally yes, they see to you very quickly" and "They are very attentive".

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing, legionella, gas safety and electrical installation. All of these were up to date.

We looked at the fire emergency plan which included a plan of the building. We saw a fire risk assessment was in place and regular fire drills were undertaken. We also saw the checks or tests for fire fighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the provider's business continuity plan. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person's name and room number, impairment or disability and any assistive equipment required. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends and made referrals to professionals when required, for example, to the falls team.

We saw the provider had medicine policies in place. Staff told us that the medicines system in the home was easy to use. Staff were able to explain how the system worked and were knowledgeable about people's medicines. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. We saw that medicine audits were up to date and included action plans for any identified issues.

People who used the service told us, "Staff supervise me when I take my medication", "The staff bring it to me when I have to take it" and "I only take two paracetamol before I go to bed which the staff give to me to help me sleep". Relatives told us, "The staff supervise the medication for my mam when she needs it", "The staff bring my mam's tablets to her and make sure she takes them" and "They [staff] give my mother in law her drugs and ensure she takes them, we have had no problems".

We looked at the medicines administration charts (MAR) for three people and found there were no omissions. Photographic identification for each person was in place and allergies were recorded. Medicine administration was observed to be appropriate. Medicines were stored appropriately and treatment rooms displayed a good standard of housekeeping. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. We saw that temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within safe limits. Staff who administered medicines was trained and were required to undertake

an annual competence assessment. This meant that the provider stored, administered, managed and disposed of medicines safely.

We looked at the provider's infection control policy which provided staff with guidance on the principles, sources, prevention and control of infection. The en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. All contained easy to clean flooring. We saw infection control audits and cleaning schedules were up to date. Staff had completed infection control training and were observed to wash their hands before and after all aspects of personal care. Gloves and aprons were readily available to staff and were used as necessary.

People who used the service and their relatives told us, "Staff always wear gloves and aprons", "The girls wear plastic aprons and plastic gloves", "I used to work in a care home and the staff here are always appropriately dressed when providing personal care" and "When the staff are dealing with my mam they wear gloves and plastic bibs". This meant people were protected from the risk of acquired infection.

## Is the service effective?

### Our findings

People who lived at Langley House received care and support from appropriately trained and supported staff. People and their relatives told us, "Staff seem to know what they are doing by the way they do their jobs", "Very much, yeah they seem to be well trained" and "They [staff] definitely seem to know what they are doing".

We looked at staff training records which showed that mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely. The mandatory training included moving and handling, fire safety, first aid, health and safety, control of substances that are hazardous to health (COSHH), equality and diversity and dementia awareness. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care. In addition staff had completed more specialised training in for example, undernutrition, challenging behaviour, end of life care and diabetes. Staff files contained a record of when training was completed and when renewals were due. Staff told us that training was important to them.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. A member of staff told us, "I feel very included in the running of the home and have never felt so supported by a manager." This meant that staff were properly supported to provide care to people who used the service.

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).

At the previous inspection it was identified that further work was required to ensure everyone who required DoLS had an authorisation. At this inspection 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 looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. Staff were provided with guidance regarding the Mental Capacity Act 2005 and the DoLS procedures. We found the provider was following the requirements in the DoLS.

Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and consent to care and treatment was documented in the care plan documents. There was evidence that people and their relatives were aware of and involved in the care planning and review process.

People who used the service and their relatives told us, "I talk with staff all the time about what I need", "I leave all that to my son", "Yes, I speak to the staff on a regular basis", "I'm lucky, I'm quite healthy, so I don't need much care", "We have a care plan in place for my mam" and "My brother and his wife see to that sort of thing".

We saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw a daily menu displayed on a notice board opposite the dining room which detailed the meals available throughout the day. We observed staff chatting with people and giving them a choice of food and drink. People who used the service and their relatives told us, "My mam has gained weight since she came here because the food and her diet is good", "There is always an alternative if you don't like the food on the menu", "Yes, I do like the food because I really like my sweets", "The food I have is very good", "It's champion, it's really good and I thoroughly enjoyed my salad today", "Oh yes, I am a good eater, you can ask for anything not on the menu and you get it", "The Sunday dinners are really nice" and "The food is really good here".

The care records we looked at demonstrated people's weight and nutrition was closely monitored. From the staff records we looked at, all of them had completed training in food safety and identifying undernutrition in care homes. Staff also had access to the provider's policies on nutrition care and food safety.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP's, district nurse, speech and language therapist, dietician, nurse practitioner, dentist, warfarin nurse and optician. People who used the service and their relatives told us, "Yes, if you need medical help the staff arrange it", "Doctors attended the home to see my mam about a water infection and came out straight away", "I have been out to see a doctor with the staff" and "A doctor has been in to see my mother who is now bedridden". This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We discussed the design of the home with the registered manager. She told us about the improvements she had made since our last visit, for example, the large patterned carpet in the main area which would be challenging to walk on for people with dementia type conditions had been replaced and communal bathrooms had been refurbished and personalised. She also told us about her plans for making the service more dementia friendly which included creating a coffee shop, personalising walls with pictures of mining communities and the royal family, displaying dementia friendly stencils and creating a traditional red telephone box.

## Is the service caring?

### Our findings

People who used the service and their relatives were complimentary about the standard of care at Langley House. People who used the service and their relatives told us, "The staff are really good, they look after me very well", "The attitude of the staff is always good, they are very friendly", "The girls really look after me, they are all very friendly", "I get all the care that I need" and "The staff are extremely caring towards my gran".

People we saw were well presented and looked comfortable. Staff knew people's names and spoke with people in a kind and caring manner. Staff interacted with people at every opportunity and were polite and respectful. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. People who used the service told us that staff sought permission to help them. For example, "Staff always ask permission before they do anything", "Yes, they always ask every time if they need to help you", "They always do ask you first", "Yes, they ask if I need to go to the toilet", "Yes, the staff usually ask before doing anything" and "The staff are very considerate, they ask me if I need anything doing all the time".

We saw staff assisting people in wheelchairs to access the lounges, bedrooms and dining rooms. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. People told us, "They [staff] are so helpful and seem happy", "All the time I am treated really well", "If I go to the toilet, the door is always shut and they knock before they come in", "If I am getting changed in my room they always close the door" and "I'm quite happy with the service I get". Relatives told us, "When my mam is receiving personal care the door is always closed and we have had no problems" and "The staff treat my mam really well and we have no complaints". This meant that staff treated people with dignity and respect.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. For example, a person who used the service became very agitated and the person was not able to articulate themselves very well. The staff member knew what this person was referring to and we saw the person was supported and reassured by the staff member. People told us, "I have been here for three years and have had no problems" and "Staff here are great". A relative told us, "The manager and another female member of staff give her kisses and they are all very good". This meant that staff were working closely with individuals to find out what they actually wanted.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a caring manner and supporting people to maintain their independence. People who used the service told us, "I go into the garden on my own when the weather is good", "I go to the garden with my son", "They [staff] encourage me to get out in the garden when it's fine" and "I go to the TV lounge, the dining room and the garden using my walking aide".

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms.

We saw Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw end of life care plans, in place for people, as appropriate and 'service user profile' documents also explored people's wishes and feelings in relation to end of life planning. Staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We saw people were provided with information about the service in the 'statement of purpose' and in a 'service user guide' which contained information about staff, care planning and access to records, facilities and services, social activities, resident's rights and choices, dignity, independence, equality and diversity, fire safety, safeguarding, advocacy and complaints. Information about health and local services was also prominently displayed throughout the home.

## Is the service responsive?

### Our findings

We looked at care records for three people who used the service. We saw people had had their needs assessed and their care plans demonstrated a good understanding of their individual needs. There was evidence of regular review, update and evaluation. A relative told us, "When my mam first came here we sat down and discussed what room and what care she needed. She got a good room because she likes to people watch".

Care plans had been developed from a person-centred perspective. This was evidenced across a range of care plans examined that included: personal care, sleeping, diet, mobility, continence, medication, communication, mental health and memory loss.

Care plans contained people's photographs and their allergy status was recorded. Each care plan included a service user profile. This detailed their personal information and provided insight into each person including their social history, their likes and dislikes. This was a valuable resource in supporting an individualised approach and gave staff more detail in helping to communicate with some people who had limited communication.

We found risk assessments had been completed with guidance for staff on how to mitigate risk included in care plans. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition, pressure assessments were in place for people at risk of developing a pressure ulcer and body maps were used where they had been deemed necessary to record physical injury. This meant risks were identified and minimised to keep people safe.

The service employed an activities co-ordinator. We saw planned activities were displayed on notice board and included cards, quizzes, music/film afternoons, bingo, exercises, playing dominoes, pie and peas night, outside games, sing a longs and entertainers. The service also organised themed events including a Father's Day celebration, Pantomime at Christmas and a Summer Fete planned for 29 July 2017. The registered manager also told us how the service was exploring transport options for outings including actively fundraising to purchase a mini-bus and sourcing regular transport providers for day trips.

During our visit we observed activities taking place including chair exercises, listening to music and bingo. People told us, "The activity worker Becky, organises pool, bowls, sing a-longs and bingo on a daily basis", "There's plenty going on like bingo, sing a-longs and we had 100 guests for my birthday party at the home", "There's lots to do but I like the sing a-longs the best", "We play bingo and have sing a-longs which I enjoy because I was a singer, we can also go outside into the garden", "I play bingo and go to other organised activities", "The activities are really very good", "Very good, there's plenty going on for us to do", "They are very good, the girl who runs it is great" and "There is always plenty of things going on for you to join in".

People were encouraged and supported to maintain their relationships with their friends and relatives. All

the people we spoke with told us they could have visitors whenever they wished. People told us, "Anytime is good for visitors to come", "I go to the Black Bull pub in Old Shotton with my son on a Sunday", "My two daughters and three sons visit anytime they like", "My son visits at different times", "My family visit anytime they can and there's no problems", "I go out to the Half Moon pub in Easington with my friends for lunch, they call us the Golden Girls" and "I get plenty of visitors at any times, the staff know the names of all my visitors". A relative told us, "The staff or I take my mam out in her wheelchair regularly". This meant people were protected from social isolation.

All the people we spoke with told us they could make choices about how they wanted to receive the care they needed at Langley House. Some people held the key to their own bedroom doors and all the people we spoke to told us that they choose whether their room door was left open or closed and that these preferences were respected.

We saw a copy of the complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local authority, the local government ombudsman and CQC, if the complainant was unhappy with the outcome. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken.

People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. For example, "They (staff) are brilliant, I've no complaints at all", "I would go to Chris, the manager but I have got no complaints", "I would talk to the manager", "The manager, I would go and see her about it", "I would go the manager straightaway but I do not have any complaints", "yeah, the manager who is fairly new but very good" and "The service is tip top in here and I've no complaints at all". This meant that comments and complaints were listened to and acted on effectively.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 26 May 2015. CQC registration certificates were prominently displayed.

The registered manager told us she operated an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibilities. They told us they were supported in their role and felt able to approach the registered manager or to report concerns. A member of staff told us, "I enjoy working here and I love my job". People who used the service and their relatives told us, "The manager is called Christine", "Her name is Christine, she is great", "She is really friendly", "Christine always speaks if she goes past", "She usually helps serve lunch, she was in today helping out", "Christine is always walking around and she always speaks to me" and "She often pops in to see my mam who is bedridden".

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We found the provider had employed Resolve Care Consultancy Ltd to manage Langley House and when there had been changes of manager the company had continued to provide continuity of the service including carrying out service audits. We looked at the provider's audit file, which included audits of care plan documentation, health and safety and the kitchen. We also saw evidence of home visits and quality audits completed by the provider and Resolve Care Consultancy Ltd. All of these were up to date and included action plans for any identified issues.

The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 22 August 2016 and were rated as 7.8 out of 10 by the care home.co.uk scheme which was based on the reviews of two people who used services, relatives and friends. For example, 'Since my husband became a resident last year I have to say I'm really pleased with the care he receives. Yes, the home could be better with more staff but that's all homes. He is clean well fed and his room is always clean. The staff are friendly and go the extra mile' and 'I myself find Langley House a very lovely home my grandma has made lots of friends in here and I am happy with how she is looked after in here to the point with her falling nearly every day the staff are trying their utmost to keep my grandma safe. I enjoy visiting the home there are some lovely residents and I also speak to a lot of them as well. The staff are lovely and polite I can go to any of them if I have any problems or questions I would speak to any of them'.

People who used the service and their relatives told us they felt confident they could go to the registered manager with any suggestion, concern or complaint and they felt their views were listened to and acted upon and that this helped to drive improvement. A relative told us, "It's good, it's better than it used to be. I've been frustrated at times as my mam's clothing was being worn by other residents. The new manager has sorted the problem out".

We looked at the minutes of the committee meeting held on 18 May 2017. The committee was set up to enable people, relatives and staff to discuss fund raising ideas to enable the service to purchase their own

mini bus for outings and to organise transport for residents to go on day trips. The registered manager told us about the great support they had received from local businesses with the venture.

We saw the results of the 2016 'family and friends survey'. Themes included choice, direct care, environment, activities, laundry, meals and dining, noise, staff and administration. The service scored 100% overall satisfaction with all responses rated as 60% very satisfied and 40% satisfied.

Staff meetings were held regularly. We looked at the minutes of a meeting held on 6 March 2017. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included care plan documentation, activities, holidays and home improvements. We also saw positive responses from the results of the 2016 'employee satisfaction survey'.

We observed a suggestion box available in the main entrance for people to post comments, complaints or compliments. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The registered manager told us about the service's close links with the local community. People who used the service regularly visited the local café, enjoyed drinks in the nearby Labour Club, went for walks in the Welfare Park, enjoyed visits from the Churches Together choir, went shopping in Peterlee and regularly visited Minerva House which is an innovative resource providing Memory Lane Cafes for people living with dementia and their carers.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition policy referred to guidance from BAPEN a charitable association that raise awareness of nutrition. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

Records were maintained and used in accordance with the Data Protection Act. The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.