

Mr & Mrs B H & J L Koomar

# Langlea House Care Home

## Inspection report

Langlea Terrace  
Denholmegate Road, Hipperholme  
Halifax  
West Yorkshire  
HX3 8LG

Tel: 01422205795

Date of inspection visit:  
07 April 2021

Date of publication:  
28 April 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Langlea House is a residential care home providing accommodation and personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

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

People felt safe. One person said, "Yes, I feel safe because I know I'm not on my own."

Systems were in place to safeguard people from the risk of abuse. People received their medication as prescribed by staff who had been appropriately trained. Risks to people were effectively managed through person centred risk assessments and care planning.

We have recommended the provider reviews the whistleblowing procedure to include details of agencies external to the service for whistleblowing purposes.

Safe infection prevention and control (IPC) practices were in place to minimise the risk of spread of infection.

Systems in place to monitor the service were effective in identifying and addressing areas that required improvement. There was a positive culture at the service. People were happy with the support they received. People's opinions about the service were sought and people were kept up to date about any changes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 1 February 2020).

Why we inspected

This inspection was prompted through our intelligence monitoring system. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains as requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langlea

House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Langlea House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

The site visit to the care home was unannounced. Inspection activity started on 31 March 2021 and finished on 14 April 2021. We visited the care home on 7 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

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

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, a care worker and the cook. Discussions with people who used the service and relatives were via telephone calls.

We reviewed a range of records. This included three people's care records and a sample of medication records. We looked at two staff recruitment files. A variety of records relating to the management of the service, including some policies and procedures, were reviewed.

After the inspection

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Medicines were stored and managed safely.
- Medicines were kept in a locked trolley and daily checks of storage temperatures were recorded.
- Information sheets including a photograph of the person and how they liked to take their medicines were available alongside the person's medication administration record (MAR) sheet.
- Topical medicine administration records (TMARs) with body maps were in place for prescribed creams to ensure staff knew how, where and when to apply them.
- Protocols for 'as required' medicines were in place.
- The effectiveness of people's medicine regimes was discussed during 'Medicines meetings'. Where discussions suggested a review of prescribed medicines was required, this was organised.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and actions to be taken to minimise the risk recorded. This included risks in relation to nutrition and hydration, falls and risks associated with the COVID-19 pandemic.
- Accidents and incidents were recorded and analysed to identify any common themes such as times and locations of accidents.
- Personal emergency evacuation procedures (PEEPs) were in place and were person centred. However, we discussed the need for some review of these documents to make sure time was not wasted in the event of an emergency.
- People felt they, or their relatives were safe. Comments included: "Oh yes, I feel safe. It's because everyone here is reliable and very kind." And "(relative is) safe, without question. I trust them implicitly. It's so important to feel your loved one is being looked after properly."

### Learning lessons when things go wrong

- The Registered Manager used events in the service as learning opportunities. Examples of this were a member of staff making a mistake in completing important paperwork and staff dealing with a new situation.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place and safeguarding events were analysed to help identify any common themes.
  - Staff received training and updates in safeguarding people.
  - A whistleblowing procedure was in place which helped staff understand the importance of reporting issues. However, the procedure only informed staff about who to report to within the service.
- We recommend the provider reviews the whistleblowing procedure to include details of agencies external to the service for whistleblowing purposes.

#### Staffing and recruitment

- Most people and relatives we spoke with raised no concerns about staffing levels. However, one person said, "Staff are incredibly busy, and they are constantly training new staff".
- The provider had a system in place to calculate safe staffing levels and rotas reflected that staffing was organised in accordance with this calculation.
- Staff had time to spend with people and were supported by the Registered Manager who worked in addition to the calculated staffing hours.
- Recruitment processes were safe with all required checks completed before new staff started employment.

#### Preventing and controlling infection

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



# Is the service well-led?

## Our findings

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

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

At the last inspection we found the quality assurance systems in place were not sufficiently robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The service promoted a person-centred culture. People were involved in their care planning and in making decisions about their care.
- Most people we spoke with felt the care was person centred, one said "I think staff know (relative) as well as they ever will. I know staff sit and talk to (relative) because staff know things about (relative) that only (relative) could have told them." Only one person felt that not all staff knew their relative well
- People were offered a choice and were supported to make decisions to enhance their quality of life. One person said, "Within reason you can do what you want."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were effective governance systems in place to audit the quality of the service.
- The registered manager completed regular audits to monitor and improve the quality of service delivery. Action plans were completed following audits, the registered manager maintained good oversight of progress and outcomes.
- Staff received regular training to ensure they had the appropriate skills to support people.

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

- Most people we spoke with felt able to approach the registered manager with any concerns. One person said "I think the management's brilliant. I think (registered manager) is experienced, very capable, very practical and very compassionate. She deals with things." Only one person felt management needed improvement.
- People said they had been kept informed about their relative's wellbeing and "They have sent a regular review on policies they will be implementing, as recommended by the government."
- People were encouraged to give feedback and make suggestions. The service used satisfaction surveys for

gaining the views of people and their relatives. Results of the surveys and any actions planned as a result of feedback were shared with all involved. One relative said "I get a survey once every 6-8 weeks by email. We had a questionnaire about the (visiting) pod, asking for our views."

- There were regular staff meetings and supervision sessions for staff.
- The service worked with other agencies to ensure 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

- Appropriate notifications were submitted to CQC and the local authority