Isand Limited

Langdale 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

The inspection took place on 8 March 2016 and was unannounced. The previous inspection was carried out in December 2013 and the service was compliant with the regulations at that time.

Langdale House is registered to provide accommodation for up to 8 people with learning disabilities. There were 8 people living at the home at the time of our inspection.

Accommodation at the home is provided over two floors, which can be accessed by stairs.

Prior to our inspection we reviewed information from notifications.

At the time of our inspection there was no registered manager, however there was a new manager in post who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Risk assessments were clear and staff understood individual risks to people. Staff engaged in safe practice and supported people to maintain their own safety. Staff understood procedures to follow where there may be concerns about people's safety.

Accidents and incidents were clearly recorded and analysed to ensure people's safety was being maintained.

Staffing levels were appropriate to meet people's needs and we saw people received one to one support according to their care plans.

Staff demonstrated a clear understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) legislation and how this impacted upon people's care.

Teamwork was evident and staff said they felt supported to carry out their role. There were regular opportunities for training and development, meetings and individual supervision.

People's health needs were monitored and referrals to other professionals were made where necessary.

People were cared for by staff who engaged respectfully with them; people's privacy and dignity was promoted and people were consulted and included within all aspects of their care and support.

Care records were person centred although some information within personal care plans was not always dated to show how current the information was or whether it had been reviewed.

Activities were based upon people's individual needs and preferences. Where people needed structure and routine, staff supported them to ensure this was consistently in place.

People felt supported to complain if they were unhappy about any aspect of their care and there was clear evidence people's concerns had been taken seriously and acted upon.

The new manager was visible in the service and outlined clear priorities for running the home. Quality assurance systems were in place and audits were regularly carried out.

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.

Staff understood policies and procedures to follow so people's safety was maintained.

Risk assessments were clear and understood by staff.

Procedures for administering medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

There was regular support for staff through relevant training, development and supervision.

People were supported to maintain healthy lifestyles.

Is the service caring?

Good

The service was caring.

Staff interaction with people was kind, caring and respectful.

There was a friendly atmosphere and people were happy and content

People's privacy, dignity and independence were promoted well.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and individualised.

People's concerns were taken seriously and promptly responded to.

Is the service well-led?

Good

The service was well led.

The manager was visible in the service and identified clear priorities for improvement.

Staff had a clear understanding of their roles and responsibilities. Teamwork and close communication between staff was evident.

Systems and processes were in place to monitor and evaluate the quality of the service.

Langdale 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 8 March 2016 and was unannounced.

The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed information from notifications. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We spoke with three people who used the service. We spoke with the manager, deputy manager, three staff and the clinical services manager. Following the inspection we spoke with two relatives and two associated professionals by telephone. We observed how people were cared for, inspected the premises and reviewed care records for three people. We also reviewed documentation to show how the service was run.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said: "I do feel safe, yes. Sometimes I feel anxious but that's not because of here, it's because of my condition". Another person said: "I feel safe, I do feel safe here. I like the staff". Another person said: "Yes, I do [feel safe]". The relatives we spoke with said they felt their family members were safe.

When we arrived to carry out the inspection, care staff and one person who answered the door asked to verify our identification.

We saw staff spoke with people about staying safe within the routine. For example, staff reminded people about taking care with hot drinks and making sure they got their balance when standing up from sitting. Staff spoke with one person about the need to remain with their supporting staff for their own safety when out and about in the community.

Staff demonstrated good knowledge of the individual risks for each person and they understood how to maintain people's safety accordingly. Staff knew the signs of possible abuse and what to do if they had any concerns about a person's safety or well-being. Staff confidently described the safeguarding procedures and said they would not hesitate to use the whistleblowing procedure if they though a person was at risk of harm. We saw the safeguarding and whistleblowing policies and procedures and these were clearly documented with details of who staff should contact in the event of a concern or allegation. The organisation was in the process of launching a new whistleblowing hotline which all staff had 24 hour access to, in order to enable them to report any concerns at any time.

Where people's behaviours may challenge the service or others staff described clear strategies they used to de-escalate situations that may be potentially harmful. We saw there were individual 'traffic light' behaviour management plans in place. Relatives we spoke with told us there were clear boundaries for people's behaviour to keep everyone safe.

There were clearly documented incidents with appropriate referrals to the local safeguarding authority when necessary. The manager described the procedure staff followed when a person may go missing and the steps they would take to ensure the person's safety. The manager told us they had subscribed to a safeguarding initiative managed by West Yorkshire Police with regard to vulnerable people who may go missing, and explained how they worked with other relevant agencies to ensure people's safety.

Staff we spoke with told us they had a walkie talkie system to contact one another if they were not in immediate sight or hearing. However, staff said this was not working at the time of our inspection. We spoke with the manager who told us this was in the process of being repaired and had only just been taken out of use, but would soon be working. Staff told us they felt safe with this system and they had good support from colleagues in the event of a situation requiring extra staffing.

Accidents and incidents records were detailed and analysed to establish where trends or patterns may

occur. Individual incident report files detailed the event and the action taken. We saw the communications book and staff meeting minutes highlighted incidents and appropriate action to take to ensure people's safety should similar incidents occur.

Staff understood emergency evacuation plans, such as for fire, and discussed these where appropriate with people who lived at the home. People who wished to smoke understood there were designated smoking areas outdoors and staff ensured people used these areas for the safety of everyone. We saw easy-read fire notices were prominently displayed to support people's knowledge of how to stay safe. Each person had individual personal emergency evacuation plans (PEEPs) in their files with details of how they would need to be supported.

We looked at premises, including communal areas and people's bedrooms with permission.
We saw appropriate attention to fire safety, such as clear exits and fire-fighting equipment. Upstairs windows had opening restrictors in place to prevent the risk of falling. Floor coverings were appropriate to the environment with no evidence of trip hazards. We reviewed maintenance documentation for the premises and we saw the member of maintenance staff was active throughout the day to attend to routine premises issues.

We found some areas within the home showed signs of wear and tear. For example, one person's bedroom was in a poor state of repair where damage to the wall and door had occurred. In one lounge there was a damaged sofa. The kitchen area was in need of refurbishment and the décor generally lacked a homely feel. The manager told us the refurbishment of the home was a priority for improvement and we heard them discuss this with maintenance staff.

We looked at people's medicine administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines. Each person's record had a photograph to identify them, along with details of the medicines they required. We found records were complete and people had received the medicines they had been prescribed. People's medicines were available at the home to administer when they needed them. We asked the team leader about the safe handling of medicines to ensure people received the correct medicines and they were very knowledgeable about the procedures.

We looked at information available for staff when people were prescribed medicines for PRN (when required) administration. Clear protocols existed to guide staff as to when PRN medicines should be given to individual people. Where homely remedies were given, we saw a letter had been obtained for each person's GP for this.

We were told that no people independently self-medicated and we saw this was reflected in their care plans. Where medicines required specialist training to be administered, such as for epilepsy, staff told us, and records showed, that training had been undertaken.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained and medicines stored safely in line with current legislation. Medicines were stored securely within locked cabinets and the keys were securely controlled to prevent unauthorised access. We noted that the date of opening was recorded on all medicines and safe temperatures were recorded of all medication storage.

We looked at two staff files and found safe recruitment practices had been followed. For example, two references had been obtained, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the

risk of unsuitable individual working with vulnerable people.

Staffing levels were appropriate for the needs of people. Where people required one to one care and support we saw this was managed well, with staff involving the person as much as possible in their individual activities of daily living. Some staff we spoke with said they worked long shifts, although they said if this became a concern they were able to discuss with management. The manager told us they were mindful to enable staff to achieve an appropriate work life balance and to ensure they were not too tired to carry out their work safely.

Good

Is the service effective?

Our findings

People told us staff were good at their work. One person said: "I like it here, the best thing is the staff, they're good, they do a good job. I like them". Another person told us staff supported them to go out, such as to the shops. They said: "They know what I want, what I need".

Staff we spoke with said they felt supported in their work and had many opportunities to complete relevant training. One member of staff said they had received a thorough induction and had opportunities to shadow more experienced staff and get to know people before they worked unsupervised.

The training matrix showed which staff had undertaken training and highlighted training that was due to be refreshed. Staff had completed training in mandatory areas, such as safeguarding and first aid as well as additional relevant topics, such as MAPA (Management of Actual or Potential Aggression).

The staff supervision matrix showed staff had regular supervision meetings. Staff we spoke with confirmed these took place and said in addition to these, managers were available and approachable to discuss any concerns. We saw staff readily approached managers to pass on information or raise any queries throughout the day. The manager told us there was an open door policy and staff were encouraged to discuss any aspect of their work at any time they felt this was necessary. The manager said they monitored staff ongoing suitability through observation and had more formal mechanisms in place for ensuring staff ongoing suitability was managed.

We listened in to a staff handover, which the manager joined in with the staff teams. We heard a detailed, professional exchange of information for staff to understand people's needs and provide continuity of care. The manager was supportive and encouraging of staff and recognised their achievements within the group and individually. We saw the communication book contained key information about people's care and notes from managers included praise for staff as well as direction and updates on practice.

We found consent was sought and was appropriately used to deliver care. Where people who used the service were able to express their views, staff encouraged them to make decisions about their care and support. When people were not able to verbally communicate effectively we saw staff accurately interpreted non-verbal cues to ensure people's best interests were being met. Staff were skilled at understanding and responding to people's individual communication. For example, where one person's speech was not clear, staff who knew the person very well listened attentively and repeated back to the person what they had said to clarify they had understood properly.

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 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.

The deputy manager told us six out of the eight people living in the home were subject to an authorised DoLS. We looked at three care plans and saw people's mental capacity was subject to regular review to ensure their best interests were being considered. We spoke with the manager who demonstrated their understanding of current legislation regarding the Mental Capacity Act 2005.

Staff told us they had undertaken MAPA training to provide them with positive strategies for dealing with difficult situations. We were told staff had been trained in using emergency holding procedures in specific circumstances related to extreme risk or acute behavioural disturbance. People's care plans recorded signs they may show when becoming agitated and the appropriate de-escalation techniques to be used. Staff we spoke with demonstrated knowledge of how to use positive techniques for helping people to feel calm and preventing situations from escalating.

We observed lunchtime. We saw some people independently accessed the kitchen and were supported by staff to prepare their meals. Staff told us mealtimes were based upon people's individual needs and preferences, but that the dining table was available for those who wished to eat together. We saw some people chose to eat at the same time and staff sat and ate with them. We observed lunch time to be a sociable occasion with conversation between staff and people who lived in the home. People spoke about their favourite foods and said they enjoyed the meals.
One person told us: "Sandwiches are my favourite" and we saw this was what they had chosen for their lunch.

One person had been to the shop with a member of staff and returned with a milk drink and some crisps. Staff discussed the benefits of healthy eating and the person recounted a time when they had attended a healthy eating class, saying they would like to do this again. Staff said they would make some enquiries about this to support the person to learn more about healthy eating. We later heard the member of staff raise this query with the deputy manager, who said they would make arrangements for this to happen. One relative told us staff encouraged their family member to consume more healthy foods and limit their intake of things that may harm their health, such as too much sugar.

We saw staff involved people in putting away the groceries following a trip to the shop. We saw there was a plentiful supply of fresh foods and people told us they were not ever hungry; if they needed something to eat or drink staff supported them with this. Relatives we spoke with said they considered the meals were good and they told us they had been made welcome to share meals, such as Sunday lunch, with their family members. They told us food was varied and people could choose what they wanted, when they wanted. One relative said if they brought any special items of favourite food requested by their family members, staff ensured these were stored safely and available to the person when they wanted it.

We saw there were referrals to other professionals where necessary to support people's health. Relatives we spoke with confirmed their family members' health appointments, both routine and unexpected, were managed well by staff in the home.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said: "I'm happy here". Another person said: "[the staff] care about me and they want me to be alright. I think I'm alright here". One person told us they were not happy and staff did not like them. Staff offered reassurance to the person and said everyone was liked in the home. The person later told us they did like the staff and were happy living at Langdale House. Staff told us, and we saw from the person's care records, they had discussed and explored their feelings with staff when they had negative thoughts.

Relatives we spoke with told us their family members were well cared for. One relative said staff were 'very caring indeed' and took time to ensure their family member's well-being. They gave an example of when staff 'went the extra mile' by visiting their family member when they had been taken to the hospital. The relative said: "They didn't have to do this, they went after their shift. They made the effort to care". Relatives told us the staff celebrated people's birthday with parties and made sure everyone was equally included. One relative told us staff were always 'happy, smiling and cheerful' which helped to create a happy atmosphere for people living there.

Relatives said when their family members' spent time with them away from Langdale House, they were always keen and willing to return. One relative said their family member referred to Langdale House as 'home', which showed they felt a sense of belonging. Another relative said their family member was full of 'high fives and smiles' upon their return to the home.

Staff supported people according to their individual needs and preferences and staff knew what mattered most to people to support their well-being. We saw schedules and timetables to give the necessary structure and visual cues to people with Autistic Spectrum Disorder (ASD). For example, one person had their personal care routine itemised and staff we spoke with were mindful this was essential for the person's wellbeing. We noted from staff meeting minutes this strategy had been discussed prior to its implementation.

People engaged with staff within the routine and staff used these opportunities to chat with people about things that mattered to them, such as what they had been doing.

Staff ensured people were all included equally in what took place within the home. Staff spoke with people in a respectful way and used friendly facial expressions and gestures to accompany words and reinforce communication. For people with limited verbal communication, staff paid close attention to their body language and facial expressions and mirrored these to confirm their understanding. We saw staff challenged unkind comments when one person said something about another person. Staff reminded the person who made the comments about the need to treat others in a kind way and say more appropriate things.

People's own bedrooms offered privacy and were personalised with their own possessions, photographs and personal mementos. This helped to make each room personal and homely for the person concerned. Staff were mindful of people's need for privacy and they knocked on bedroom doors before entering. Relatives told us people's rooms contained their own preferred items and were 'clean and comfortable'.

Another relative said staff had considered their family member's individual needs with regard to their bedroom. For example, where the person found it difficult to open and close curtains, staff put blinds in place.

Good

Is the service responsive?

Our findings

People we spoke with said the care provided was responsive to their individual needs. One person told us: "I go out with staff and they support me to do that." Another person said that going to the local shops was important to them and they liked staff to be available when they wanted to do this. Another person told us they wanted to listen to their music CD and staff were going to help them with this. One person told us what they liked best about Langdale House was 'the staff and the coffee'.

Relatives we spoke with said staff supported their family members in individual ways according to their needs. One relative told us their family member 'should have shares in the local shop' because they enjoyed going with staff several times a day. The relative said staff were patient in meeting their family member's frequent requests to do this. Another relative said staff 'deserve a pat on the back' for doing their jobs so well.

We spoke with two visiting professionals who told us staff were responsive to people's needs and worked well with them to ensure people's care was consistent. Both told us communication was good between the staff at Langdale House and themselves, and they were professional in their approach. One professional told us they attended staff meetings to discuss joint strategies for working together to meet people's needs and that staff at Langdale House were proactive in implementing shared ideas.

We saw there were details of people's preferred activities within their individual files. Some people had pictorial timetables of what they liked to do. Where people had difficulty communicating verbally we saw picture books were used to assist. Some people had identified a goal to achieve, such as going on a holiday or a trip, and individual files showed when this had been achieved.

People spoke with us about the holidays they had been on with staff and how much they had enjoyed these. Staff chatted with people about where they might like to go another time. It was clear from staff interaction with people they knew each person well. For example, staff commented how one person enjoyed dancing and the person spontaneously began to show off their dance moves.

Care plans recorded what each person could do independently and identified areas where the person required support. When people moved into the home detailed assessments took place which ensured people's independence was maintained.

We looked at three care records for people using the service. These were divided into files depending on the information within. Each care plan was individual to each person's needs and recorded their personal preferences regarding their care. The care plans evidenced how people liked to spend their time and how they liked to be supported, although it was not always clear when information had been updated as there were no dates on some of the records. The plans also illustrated what may trigger people's anxieties and inappropriate behaviours, with strategies for staff. Relatives we spoke with said they were regularly invited to review their family member's progress and see their care records in order to be as involved as possible where relevant.

People we spoke with said they knew how to complain if they were unhappy about the service. We saw there was an easy read complaints procedure available in the service to assist people. Staff we spoke with said they would ensure people's views were heard and people would be fully supported to follow the procedure if they wished to make a complaint. Complaints and compliments were recorded in detail and it was very clear where people had expressed any dissatisfaction this was taken seriously and acted upon. Relatives told us they knew how to make a complaint. One relative said: "If I've got a problem I sort it with the manager then and there". They added: "I am 120% satisfied; I would have a job on to find a fault". Another relative told us where there had been minor issues, these were quickly resolved.

Good

Is the service well-led?

Our findings

The service had a manager who was in the process of being registered with the Care Quality Commission, but this process was not complete at the time of our inspection. The manager was new in post and was supported well by the deputy manager and the clinical services manager, both of whom were present during the inspection.

We found there was an open and transparent culture in the home, with emphasis on communication throughout the staff team. There was a poster displayed with the values and vision of the service. Staff we spoke with told us they felt confident in their roles and lines of responsibly were clear, from care staff through team leaders and then the management team. Staff told us they were encouraged to approach managers about any matters should they need to. Staff told us they felt supported in their work and felt the home was run well.

Visiting professionals we spoke with said they felt the service was run well and there was an effective partnership between the services available to support people. The relatives we spoke with said they knew who the manager was and felt they were visible in the service. One relative said the manager had contacted them soon after coming into post to introduce themselves, invite relatives to a meeting and explain their ideas for the service. Another relative said that although they had not been informed by the organisation about the change to the manager, the manager themselves had been forthcoming and made sure they were introduced.

Relatives told us the manager valued their views and they felt comfortable raising any issues for discussion, either informally or more formally through quality assurance surveys. Relatives said they were encouraged to be involved as partners in their family members' care. They told us events, such as coffee mornings, were useful ways to connect with the staff and managers in the home.

We saw there were measures in place for assessing and monitoring the quality of the service provision. For example, there were weekly audits of medicine administration, storage and disposal. Where necessary improvements were highlighted through external audits, action was quickly taken. For example, the day before our inspection the local authority contracts team had visited and suggested some improvements. We saw when we arrived for our inspection the management team was in the process of discussing and addressing the issues raised. Maintenance records for the premises, vehicles and equipment were organised appropriately and available for inspection.

Senior managers within the organisation had oversight of the quality assurance systems in place.

Policies and procedures were clearly documented and regularly reviewed. Staff we spoke with told us they knew about these and one member of staff said these had been referred to in their induction.