

Methodist Homes Langholme

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Langholme provides accommodation with personal care for up to 39 people. There were 39 predominantly older people using the service at the time of our inspection.

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

When people's needs changed this was not always reflected in their care plan. Care plans were regularly reviewed; however, some information was disjointed, not always up to date and not easy for staff to find.

Risk assessments provided staff with guidance and direction. However, some care plans and assessments did not contain accurate guidance and direction for staff to take account of recent changes in some people's needs.

We observed kind and caring interactions between staff and people. Some staff chatted with people as they moved around the service. Other staff only interacted with people during a required task.

Meal time experiences were varied between the two floors. Downstairs staff chatted with people during lunch, while music played. Upstairs, people in the dining room ate in silence, with staff gathered in the kitchen. Visual assistance was not provided to people to help them make a meal choice.

Care files were not held securely. People's care plans were stored in their bedrooms in boxes on the wall. These boxes had locks which did not always work. Many care plans were not held securely. This was addressed at the inspection and they were moved to be stored elsewhere until the locks on the boxes could be repaired.

Audits were carried out regularly to monitor many aspects of the service provided. However, these audits did not identify the issues found with some records held at the service.

Medicine systems and processes were in place. People received their medicines as prescribed.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them. However, one person's weight had changed and although the mattress was set for their current needs the care plan did not contain this information.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive

option and were proportionate and necessary.

People told us, "Care is good and they know what they are doing" and one relative told us "Mum says the girls are very nice, I find the place generally very good".

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records.

Staff had received appropriate training and support to enable them to carry out their role safely.

There were activities provided for people. External entertainers visited the service. Robotic animals, a portable magic table and a wireless speaker provided a variety of activities for people. One relative commented, "I am particularly delighted [Person's name] is encouraged to take part in craft activities. This has reawakened her artistic talents, and they have been 'reunited' with her skill as a wonderful knitter, which she hadn't done for many years"

Complaints were recorded, and responses were seen. The registered manager told us there were no on-going complaints at the time of this inspection.

People and their families were given opportunities to share their views and experiences. Compliments were received about the service provided at Langholme. Comments included, "From her first day, she was given care that took into account her every need. All the staff show true compassion towards her and other residents" and "My mother was treated with the utmost dignity and care."

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Visiting healthcare professionals told us, "We have no concerns about this home, it is good," "The staff know people well and are knowledgeable about them" and "The staff work hard to ensure people's needs are met. Any changes and they are on to us straight away. I have no concerns about the support provided to people at Langholme."

Rating at last inspection:

At the last inspection the service was rated as good (report published 10 April 2017))

Why we inspected: This was a planned inspection based on the previous rating

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We found a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) 2014.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the well-led section of this full report.

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

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 effective?

Good ●

The service was effective
Details are in our effective findings below

Is the service caring?

Good ●

The service was caring
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led
Details are in our well-led findings below

Langholme

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector, a specialist nurse advisor and member of the medicines team 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:

Langholme 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. The registered manager 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 the inspection:

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 reviewed information we had received about the service since the last inspection. We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

On the first day of this inspection we spoke with five people who used the service, three relatives, eight staff members, the administrator, the deputy manager, the registered manager and two visiting healthcare professionals. We reviewed the care records of four people. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Langholme. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

On the second day a member of the medicines team reviewed medicines administration and management.

After the inspection we looked at staff training, supervision and appraisal data sent to us.

We continued to seek clarification from the deputy manager and 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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

- Risks were identified, assessed monitored and regularly reviewed. These assessments contained some guidance for staff on how to protect people from known risks, such as behaviour that challenged and falls. However, this information was not always sufficiently detailed and reviews of risk assessments had not always taken place in a timely manner to take account of changes in people's needs. Staff knew people well and were providing appropriate safe care. There was no evidence of impact on people as a result of the lack of review of the records. Visiting healthcare professionals confirmed care was being appropriately provided. However, people's changing needs were not always clearly recorded in a timely manner.

We recommend the service reviews the process in place to help ensure all sections of care plans and risk assessments are updated when changes in people's needs are identified.

- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

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

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.
- People told us they felt safe at Langholme.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Staffing and recruitment

At the last inspection we made a recommendation that the provider regularly reviews staffing levels to take account of any changes to people's needs. At this inspection we found that the provider had taken action to help ensure there were sufficient staff on shift to meet people's needs. Dependency assessments were in place and there were enough staff on duty at the time of the inspection.

- The service had been through a period of shortages of staff. Recent recruitment had been successful in appointing new care workers. Staff helped people with tasks, going out into the local community and supporting them to attend health appointments.

- Two new care workers had recently commenced working at the service. A further four staff had been offered posts and were awaiting reference checks. Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- Comments from people and relatives referred to the recent staff shortages, they included, "At times there isn't enough staff, but they are kind and caring" and "There seems to be a shortage of staff, but some staff are amazing. Mum has settled well and I am made to feel welcome, it's a good home".
- Volunteers were used to support people at the service. Staff and people valued the support provided by the volunteers.
- People had access to call bells to summon assistance when needed. We heard call bells ring throughout the inspection, these were responded to. One person told us, "Staff are quick to respond to the call button, but I appreciate they are busy and rushed at times under staffed in my opinion" and "Staff are kind and considerate, they introduce themselves when they come into my room. I have no problem getting attention".
- The call bell system was regularly audited by the management team. This helped ensure people were responded to in good time.

Using medicines safely

- Medicine systems and processes were in place. People received their medicines safely and on time. Staff were trained in medicines management and had competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- Medicines audits were carried out regularly by the management team. This helped ensure any errors would be identified in a timely manner.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service. All medicines were counted at each medicine round to help ensure an accurate balance was held.

Preventing and controlling infection

- The service was clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- The registered manager told us of some challenges experienced when using a staffing agency out of the county. The result was that staff did not always arrive in time for shifts and sometimes did not arrive at all as promised due to the distances of travel incurred. This had been addressed by using a local agency when required. No agency staff were being used at the time of this inspection.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Action taken to help reduce re-occurrence was seen.
- Issues raised by people or their families had been listened to and addressed appropriately.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We observed lunch provision on the first day of our inspection. Menus showed two meat options were available. No vegetarian option was shown. Upstairs some people required additional assistance to make a meal choice. Staff gave verbal descriptions of the meal but did not provide an opportunity for one person to actually see the meals available to them, to help them make a choice. Staff made the choice for the person.
- Upstairs a few people ate their lunch in silence in the dining area, whilst other people had their meals in their rooms. Staff were together in the kitchen. Downstairs, staff provided a more sociable experience for people, with music playing and lots of chatter. We raised this with the management team and we were told this difference may have been due to several people needing to eat in their rooms due to being unwell.
- Staff recorded some people's food and drink intake, where concerns had been identified. However, the recorded desired amount to be taken each day was no longer reflective of one person's current requirements. This was addressed at the time of the inspection.
- People's weight was regularly checked, and any weight loss reported in a timely manner. The person's GP was contacted, and advice sought.
- People were offered a choice of food and drink. People's preferences were recorded in care plans. People told us they enjoyed the food provided and that it was 'hot and tasty'.

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

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been assessed and planned for. There was guidance and direction provided for staff on how to meet those needs.
- Care plans provided details of people's oral health needs.
- Care plans contained records of people having been seen by visiting health and social care professionals.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Staff were provided with training on how to provide oral care.
- People and relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided. One person told us, "Care is good and they know what they are doing".
- Staff were given opportunities to discuss their individual work and development needs. Staff told us, "We

do a lot of training" and "We go the extra mile here for people."

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard.

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

- People were encouraged to attend regular health checks. Staff supported people to attend appointments where necessary.
- People were supported to care for their teeth by staff who had been provided with appropriate training.
- Two visiting healthcare professionals told us, "We have no concerns about this home, it is good," "The staff know people well and are knowledgeable about them" and "The staff work hard to ensure people's needs are met. Any changes and they are on to us straight away. I have no concerns about the support provided to people at Langholme."

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

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People had their names and individual pictures displayed on their door to help them identify their own rooms. There was some pictorial signage on the toilets/bathrooms. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some staff did not always explain to people what they were about to do, before they began to support them. We discussed this with the registered and deputy managers. They told us they were aware that some staff were inclined to be task orientated and they were working hard to address this.
- Capacity assessments were completed to assess people who were not able to make specific decisions independently.
- There were processes for managing MCA and DoLS information and there were accurate records held detailing which people had DoLS applications or authorisations in place.
- There was one application that had been recently assessed, and the service was awaiting the necessary confirmation of an authorisation at the time of this inspection.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPAs). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

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.

At the last inspection this key question was rated as good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a relaxed atmosphere in the service and staff provided friendly and caring support. We observed people were confident requesting help from staff.
- We observed some interactions between people and some staff only took place when a task was being performed.

We recommend the service take advice and guidance from a reputable source to address task orientated behaviour observed by some staff.

- One relative told us "Mum says the girls are very nice, I find the place generally very good".
- Staff had been provided with training to help ensure people's rights were protected at the service.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the registered or deputy manager.
- Meetings were held to provide people with the opportunity to express their views and experiences. Plans to raise funds to improve the resources available to people had been initiated by a quality group, made up of staff, external volunteers and people living at the service.
- People and families had been sent a survey to seek their views. The responses to this were largely positive. Actions points raised were in the process of being addressed. For example, the purchase of a large garden building to house outside activity resources.
- An external care home review website scored the service as 9.8 from public reviews. The website held many positive comments from people and families. For example, "From her first day, she was given care that took into account her every need. All the staff show true compassion towards her and other residents" and "My mother was treated with the utmost dignity and care."
- Some care plans indicated that people, and if appropriate, their families, had been involved in their own care plan reviews. The registered manager provided care and support to people at the service regularly and spoke with people to discuss any changes they wished to make to their care and support.

Respecting and promoting people's privacy, dignity and independence

- We observed care workers hold relevant conversations with people in the communal areas of the service.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress.

- Staff respected people's right to make choices for themselves. For example, when people wanted to enjoy alcohol or cigarettes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Some people spent their time in their rooms, either by choice or due to their healthcare needs. We noted some people remained in the same seat for long periods of time. We saw staff visit people in their rooms and respond to call bells. The care records did not evidence that these people were being regularly checked by staff. We were assured by the deputy manager that staff were regularly checking on these people and that monitoring records would be more robustly implemented.
- The care plans described people's individual needs, preferences and routines. Care plans were reviewed and updated regularly. However, some care plans provided information which was disjointed and did not accurately reflect recent changes in some people's needs. This issue was addressed by the end of the inspection. We judged there was no impact on people as a result of this concern, and that it was a recording issue.
- When a person was living with a condition such as diabetes, dementia or weakness following a stroke, there was not a specific care plan section that was related to the care and support needed. Guidance was provided for staff on how to meet people's needs. However, it was not easy for staff find relevant information necessary.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them. However, the care records did not always state the correct setting for staff, as recent weight changes had not always been updated in all sections of the care plan.
- One person had become isolated and unhappy due to not being able to safely go outside easily. The service sought the advice of an occupational therapist to obtain a specific piece of equipment which enabled the person to go out regularly and safely. We were told, "They have a big smile on their face whenever they come back from being out and about."
- One person preferred to lock their room door at all times. They were provided with a key for this purpose. Recently surgery had reduced their ability to get up quickly to answer the door to staff. A key safe had been provided on the wall outside their room so that staff could enter after their knock has been responded to.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or

hearing loss and instruction for staff about how to help people communicate effectively. However, a change in one person's ability to communicate had not been reviewed effectively and there was not sufficient guidance provided staff on how to communicate with this person. This was addressed at the time of the inspection.

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

- Activities were provided for people. External entertainers visited the service. Robot animals, a portable magic table and a wi-fi speaker enabled people to access a variety of activities. A bee hive had been bought in to the garden by a local neighbour to start a new colony of bees.
- The service had applied to join a pilot project about 'Singing for the brain.' A project to encourage people living with dementia to sing.
- The local toddler group held their meetings at the service regularly. People living at the service enjoyed seeing young children.
- People were able to access the internet via wi-fi throughout the service. A large tablet device was available to people to access information and keep in touch with family and friends.
- People were supported to spend time outside. One person told us, "Staff sit and talk to you. I have my hair done, and I like to sit in the garden, look at my tan." One person had been supported to go on a holiday on a dementia friendly boat. Staff had picked the apples from outside of one person's room to make them an individual apple crumble for them.
- Visitors were encouraged at any time.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service. We were told there were no formal complaints in process. One person told us, "I definitely think I could talk to staff about anything I'm unhappy with".
- Many compliments had been received by the service. For example, "I am particularly delighted [Person's name] is encouraged to take part in craft activities. This has reawakened her artistic talents, and she has been 'reunited' with her skill as a wonderful knitter, which she hadn't done for many years" and "My mother is prone to confusion, and it is difficult sometimes to tell fact from fiction, but the staff are all aware of this and respond sensitively."

End of life care and support

- We were told specific end of life care plans replaced the full previous care plan once people were receiving this care. However, we identified that both the full care plan and the end of life care plan were both present for one person. This presented conflicting information for staff. The end of life care plan did not provide enough detailed direction and guidance for staff to meet the person's specific needs and wishes. We were assured appropriate care was being provided, but not always recorded. This care plan was reviewed before the end of the first day of the inspection visit.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.
- The staff were supported by the community nursing team to provide good quality end of life care to people.

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 good. At this inspection this key question has now changed to 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.

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

- The registered manager had been on sick leave for a few weeks prior to this inspection. Whilst they were available on the phone and visited occasionally, the day to day running of the service was being carried out by the deputy manager with support from the provider. The registered manager attended the service during part of this inspection.
- The registered manager and deputy manager were open and transparent and accepted our concerns and had addressed some of the issues before the end of the first day of this inspection. The provider confirmed, following the inspection, that the care plans identified had been fully reviewed and updated.
- Residents, family and volunteers met regularly to share information and seek the views and experiences of the service provided. Such discussions had led to decisions made about further improving the resources available to people living at Langholme.
- Staff were positive about working at the service. There were regular opportunities for staff to discuss working practices. They felt well supported, able to speak up when necessary and felt they would be heard.

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 registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.

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

- Care plans were held in lockable boxes in people's rooms. Many of these boxes did not lock effectively and were unlocked throughout the inspection. This meant people's confidential information was not always held securely. The provider confirmed, following the inspection, that care files had been moved to a secure location until the locks on all the boxes were repaired.

The failure to ensure people's records were always stored securely contributed to the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits of many aspects of the service were taking place including care plans and medicines administration. However, the issues identified at this inspection had not been identified by these audits.
- As detailed in this report care records did not always provide an accurate reflection of the care and support provided, or of people's current care and support needs. Guidance and direction provided for staff was not always sufficiently detailed and accurate. Changes in people's needs did not always trigger a full care plan review. Not all staff worked in a positive and empowering way when supporting people.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to ensure effective oversight of the records held at the service at all times. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by the deputy manager and the provider. There were senior care workers who had responsibility for supervision of staff and care plan reviews.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- The registered manager and deputy manager were very familiar with people's needs and preferences and worked alongside the care staff regularly on both day and night shifts.
- The ratings and report from our previous inspection were displayed in the entrance.

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

- Regular meetings took place with people who used the service. Issues raised by these meetings, were in the process of being actioned. For example, the purchase of a large garden building for additional outside activities and resources.
- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was good. Families confirmed they were contacted in a timely manner when necessary.
- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them.
- Some life histories were documented.

Continuous learning and improving care

- Regular management meetings were held to support shared learning and share information about the organisation.
- Staff teams, such as housekeeping and kitchen staff had specific meetings with management as well as whole service staff meetings. Staff reported they felt able to raise any concerns.

Working in partnership with others

- The service communicated with commissioners and DoLS teams appropriately about people's care
- Care records held details of external healthcare professionals visiting people living at the service as needed. One person told us, "My legs need dressing and the district nurse has just been to do that. the staff here are excellent, they prompt and support me to take my tablets".
- Visiting healthcare professionals were positive about the care and support provided at Langholme.
- The community nurses visited people at the service regularly to support any nursing needs. They had no

concerns about the service provided

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that robust system and processes were in place to ensure care records were always complete, accurate, up to date and held securely.</p>