Langdale House Residential Home

Langdale House Residential Home

Inspection report

Langdale House
Grove Avenue
Nottingham
NG7 4BP

Tel: 01159783822

Date of inspection visit:
30 December 2019

Date of publication:
15 January 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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
Langdale House Residential Home can accommodate 12 people with mental health needs in one adapted building. Accommodation is provided on two floors; a passenger lift is available. At the time of our inspection, seven people were living at the service permanently and one person was receiving respite care.

People's experience of using this service and what we found
Some improvements were required in how people were supported to remain safe. This included written guidance for staff and clear recording of when care and support was provided. Infection prevention and control, including cleaning of the environment was not sufficiently robust. Fire safety needed further consideration to ensure people's safety. The systems used to monitor health and safety and how the service developed and improved required reviewing.

We have made a recommendation about the management of infection control practice.

There were sufficient staff employed at the service and staffing levels considered people's dependency needs. No new staff had commenced at the service since it had reregistered, and the management team were aware of the safe recruitment checks and standards they were expected to complete for new staff.

People received their prescribed medicines safely and medicines were administered and managed following best practice guidance. People were protected from abuse and avoidable harm; staff had received training and understood their role and safeguarding information was available and discussed with people. There was a positive approach to learning to reduce the risk of incidents reoccurring.

Staff received ongoing training and support. People were supported with their physical, mental and welfare needs. Staff worked with external health and social care professionals to support people to achieve good outcomes and remain well and safe.

People received enough to eat and drink and they were involved in the development of the menu.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were involved in their care and support and were positive about the approach of staff who knew them well. People had information about advocacy services.

Some improvement was required to ensure there was a person centred approach in encouraging independence. People's diverse needs and lifestyle choices were known, understood and supported by staff. In house games were available and people enjoyed summer day trips and accessed the community as they wished.

People were supported to raise any concerns or complaints and any made were investigated and resolved. People's communication needs had been assessed and planned for. People's end of life wishes had been discussed with them.

Staff were positive about their role and the support and leadership of the service. The registered manager had met their registration regulatory requirements. Positive links had been developed with external professionals and the registered manager had up to date policies and procedures and used best practice guidance to support their practice.

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

Rating at last inspection
The last rating for this service was requires improvement (published 25 April 2018). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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?

Requires Improvement

The service was not always 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.

Langdale House Residential Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of two inspectors.

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

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

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about 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. We also asked commissioners for their feedback about the service.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant. We used all of this information to plan our inspection.

During the inspection
As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people.

We spoke with four people who used the service and a visiting health care professional and asked them about the quality of the care provided. We also spoke with the registered manager, home manager and one care worker.

We reviewed a range of records. This included four people's care records. We looked at two staff files. We reviewed a variety of records relating to the management of the service, including accidents and incidents, numerous medicine records, policies, audits, staff training and checks on health and safety.

After the inspection
We continued to seek clarification from the provider to validate evidence found in relation to staff and resident meetings. We also contacted the GP and invited them to provide feedback about the service. We also spoke with three care staff.

Requires Improvement

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

● Risks associated with people's health, welfare and safety needs had been assessed. Information and guidance for staff in how to manage these care needs was variable. For example, detailed guidance for staff was available in the support people required with health conditions, such as managing diabetes safely. Some people chose to smoke. Risk assessments had been completed and a designated smoking room provided. However, staff told us, and we saw evidence that two people sometimes smoked in their bedrooms. It was not clear what additional precautions had been taken to reduce this risk, such as the use of fire-retardant bedding.

● One person's last three weight records showed they had lost weight. The management team told us they had discussed this with the person and a health appointment had been made. However, the person had not attended their GP appointment. We were concerned that no other action had been taken such as monitoring food and fluid intake. No follow up discussion or support had been offered to the person or discussed with external healthcare professionals involved in their care. However, two other people who had been identified as being at risk of malnutrition had been prescribed food supplements by the GP and were being supported with these.

● Records used to confirm what care and support had been provided to people, did not consistently show care interventions followed guidance in risk assessments. For example, two people's care plans stated the frequency staff were required to observe them to monitor their health and safety. Daily records used by staff to record when care and support was provided, showed gaps in the frequency checks were completed. However, we found staff were knowledgeable and clear about the support people required. People also told us staff regularly checked on their welfare. We therefore concluded this was a recording issue. We discussed this with the management team who agreed to make improvements in record keeping.

● Risks associated with fire and legionella were assessed and monitored. However, we were not assured shower head descaling was being completed. This is important in the prevention of the risks associated with legionella a water bacterium that can cause severe illness. There was no evidence fire drills were happening. Personal emergency evacuation plans (PEEP) that provided staff with guidance of the support people required, in the event they needed to vacate the building were not up to date. Information included a person who was no longer at the service and a person receiving respite care did not have a PEEP.

Preventing and controlling infection

● The prevention and control of infection and cross contamination procedures were not sufficiently robust or fully adhered to best practice guidance. Some areas of the service had not been deep cleaned.

● Cleaning schedules lacked detail and guidance of the tasks required to maintain good hygiene and cleanliness. Monitoring of bed mattresses and pillows were not completed and one person's mattress was

found to need replacing. Paper towels were not consistently available for people.
● Staff had access and were seen to use personal protective equipment such as aprons and gloves when necessary. Consideration and action had been taken in managing infected laundry.
● The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

We recommend that the service consider the code of practice on the prevention and control of infections and related guidance and take action to update their practice accordingly. We also asked the local clinical commissioning infection control team, to provide the management team with guidance and support. The management team welcomed this.

Staffing and recruitment
● Since the service had reregistered with CCQ, no new staff had been appointed. We were aware, historically safe recruitment checks had not always been completed. We discussed this with the management team who were aware of recruitment requirements and standards, they assured us these would be followed in the future.
● People told us staff were available to meet their needs. The management team told us staffing levels were increased if required such as supporting people with activities and appointments. Whilst staff were required to provide care and complete cleaning and laundry tasks, they felt they had sufficient time to do this.
● We observed the management team and care worker on duty, all had time to spend with people, the atmosphere was relaxed, and staff were unrushed. All staff employed at the service had worked in excess of two years and the management team told us they were all experienced and competent. We found staff spoken with were knowledgeable about people's individual care needs.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the service. Staff told us in the main, people got on well and any disagreements between people were easily managed. A staff member said, "They get on well with each other, sometimes there can be a misunderstanding and they can argue, but that's all."
● Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and had access to the provider's safeguarding policy and procedure. The registered manager was aware of the multi-agency safeguarding procedures and their responsibilities to report any safeguarding concerns to the local authority and CQC. Information about how to report any safeguarding concerns was on display for people, visitors and staff.

Using medicines safely
● Medicines systems were safely organised, and people were receiving their medicines when they should. Staff followed safe protocols for the receipt, storage, administration and disposal of medicines. People told us they received their prescribed medicines at regular times. We observed a staff member administering a person's medicines and they did this safely.
● Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance.
● The local clinical commissioning group had completed an audit on the management of medicines in April 2019, where the service scored 98 percent compliance.

Learning lessons when things go wrong

● The management team monitored and reviewed incidents. They shared any learning with the staff team.
● Incidents were minimal, and records confirmed action was taken to reduce the likelihood of further reoccurrence. An example of this was how the management team had worked with the local clinical commissioning medicines management team, in adding aspirin to the 'homely remedies' to ensure this was easily available if required.
● Staff confirmed they had regular staff meetings and supervision sessions with the management team where they discussed and learnt from incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in their assessment and ongoing review of their care needs in relation to their physical, mental health and welfare needs. People's lifestyle choices and diverse needs, including religious and cultural wishes and preferences, were understood and respected by staff. One person told us how they sometimes liked to attend a place of religious worship, their care records detailed this information. Another person told us of their culturally diverse diet preferences and how this was met. A staff member told us how they supported a person with their faith; they often liked to say prayers and staff respected and supported them to do this.
- Staff had access to up to date policies and procedures that reflected national best practice guidance and current legislation to support them. Recognised assessment tools were used in the care and management of people's needs; such as nutrition and oral health care.
- Assessments considered the protected characteristics under the Equality Act 2010 and were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This supported people not to experience discrimination. Staff had completed training in equality and diversity.

Staff support: induction, training, skills and experience

- People were supported by staff who were experienced, competent and understood their needs. People were positive about the staff team, including the management team who they described as being, "Very supportive and helpful."
- Staff had gained a recognised qualification in health and social care and received annual refresher training to keep their knowledge and skills up to date with best practice guidance. A staff member said, "The home arranges yearly training, it's really helpful and it's good in keeping up to date with any changes." Staff training information confirmed staff had received training the provider had identified as required and this was up to date. The registered manager told us they were a qualified psychiatric nurse and had provided staff with mental health awareness training. Staff confirmed this to be correct and told us this training was informative and supportive.
- Staff received regular opportunities to discuss their work, development and training needs. This included face to face meetings with the registered manager, staff meetings and daily formal and informal exchange of information. Staff were positive about the support they received. A staff member said, "The registered manager is really nice, very supportive and knowledgeable."

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

- People told us how they were involved in the development of the menu, they were happy with the choice

and availability of food and drinks. A person said, "We have breakfast, dinner, tea and supper and can have snacks, we just have to ask, and staff will make you something." This was confirmed by our observation of the home manager cooking two people pancakes because they said they were hungry.

● A four-week rolling menu was used and this was developed from feedback received from people. Resident meetings also confirmed the menu was discussed with people. Food stocks, storage and management were in line with best practice guidance.

● People's nutritional needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for. Staff were knowledgeable about people's individual preferences and needs associated with weight loss. For example, one person followed a particular diet in accordance with their religion and staff told us how they supported this. Some people required their meals to be fortified due to concerns about weight loss.

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

● There was a multi-agency approach in meeting people's individual needs. Positive links had been made with community health professionals such as GPs, specialist community nurses and psychiatry services.

● The service participated in the 'red bag scheme.' This is an NHS innovative approach in how information is shared for people between care homes, ambulance staff and hospitals. This supports people to receive continuity in care.

● People told us how they were supported to attend health appointments and records confirmed people had access to health care services such as an optician and dentist. Oral health care assessments and care plans were in place and staff had access to a oral health care policy and procedure, to guide their practice. We also saw how people had attended specialist hospital outpatient appointments to support their long term health conditions.

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

● People told us they had what they needed in their bedrooms. A smoking room was available, and people had access to a garden and a communal lounge and dining room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● At the time of our inspection, no person had an authorisation to restrict them of their freedom and liberty.

● People had been assessed as having mental capacity to consent to their care and support. Some people's lifestyle choices meant their ability to consent to their care may at times be impaired. Whilst this was recorded, we spoke with the management team about providing staff with clear guidance of when and how best interest decisions may need to be made on behalf of people. The management team agreed they would review this.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People were supported by staff who understood and respected their individual needs, preferences, routines and what was important to them. People were positive about living at Langdale House Residential Home and about the caring approach of staff. One person said, "I like all the staff, they are caring and supportive." Positive comments included how well the registered manager was at supporting people. A person said, "The manager is really helpful."
- We saw by the staff's interactions with people and by talking with staff, they knew people well and positive relationships had been developed. There was a relaxed atmosphere and we saw jovial exchanges, and staff being attentive and responsive with people. The approach of staff with people was one of equal respect.
- Staff were very positive about their role, there was an established staff team who clearly knew people well and showed great respect and a caring approach towards the people living at the service. A staff member said, "We are like a one big family, the manager is very kind and compassionate towards people living here and supportive to the staff."

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

- People were fully involved in discussions and decisions about their care and support. People told us they were aware of their care plans and these were discussed with them. People told us they were asked to sign their care plans to confirm they agreed with their care and support. Care records confirmed what we were told, care plans were reviewed and discussed with people monthly.
- People also received opportunities to express their views about the service provided during resident meetings and an annual quality assurance survey. People told us they felt fully involved and consulted about their care.
- Staff gave examples of how they involved people in day to day choices and decisions and gave examples of how they had supported people. An example of this was respecting and supporting a person to attend college as they understood the importance of this to them.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. This available support was also discussed in resident meetings.

Respecting and promoting people's privacy, dignity and independence

- We identified staff did not consistently have a person-centred approach to care. For example, staff told us how people could lack motivation or had low self-esteem with their personal presentation and relied on staff to support them with facial shaving. Whilst people had their own shavers these were kept together in a cupboard in the dining room. We discussed this with the management team who agreed to review this

practice.

● People told us they relied on staff to complete daily living tasks such as cleaning their bedrooms, doing their laundry and cooking their meals and making drinks. Staff confirmed this to be correct and explained how people could be reluctant or had low motivation to do these things. We were however, informed how some people had developed skills in independence and had successfully moved on into supported living accommodation.

● People told us staff respected their privacy and they felt listened to and valued. People told us how they had independence in making decisions about how they spent their time, their lifestyle choices, activities they participated in and how they accessed their local community.

● Staff understood the importance of respecting people's privacy. They told us how they knocked on people's bedroom doors and waited to be invited in. Staff told us how they respected people's life style choices and how they supported people to consider alternative choices.

Good

Is the service responsive?

Our findings

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

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

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

● People told us they felt fully involved in their care and support, this included being in control and having their choices respected. Feedback from a visiting professional was positive about how staff supported and were responsive to a person's individual needs. Comments included, "What ever we suggest the home get it in place for [person using the service]. It is very hard for them, but I feel this is the best place for them to be, they support them well."

● People were fully involved in their pre-assessment and ongoing reviews of their care and support. Care plans provided staff with guidance about important information about people's history, preferences, routines and the care and support they required with their mental and physical health. Information included and respected people's diverse needs and lifestyle choices, and their religious and cultural needs and preferences.

● Staff told us they found the guidance provided in care plans to be sufficiently detailed, supportive and up to date. By speaking with staff and observing their interactions with people, it was clear they knew people well.

Meeting people's communication needs

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

● People's communication needs had been assessed and staff had guidance of the support required. For example, one person was unable to read and required all information read to them.

● Whilst written information was provided for people such as the complaints procedure, advocacy and safeguarding, staff regularly discussed these topics with people in resident meetings. This supported people's understanding and gave them opportunities to raise any concerns or questions.

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

● People told us they had maintained contact with friends and family and there were no restrictions on visitors.

● People also told us they participated in day trips in the summer and how they enjoyed these. Photographs of day trips were on display and showed people relaxed, smiling and enjoying themselves.

● Staff told us how they tried to encourage people with any interests and hobbies. Examples of people taking part in activities important to them included a person attending the local college. A person had been

attending a gym but had recently decided not to continue with this. A person told us they went shopping each week and how they enjoyed this and how it was important to them.
● A variety of indoor games were available for people to use, a person told us how they liked to play chess and dominoes and we saw these were available.

Improving care quality in response to complaints or concerns
● Information about how to make a complaint was available for people and discussed in resident meetings.
● Complaints and concerns reported were recorded and acted upon. There were no recorded complaints during 2019 and three during 2018 which had been investigated and resolved in line with the provider's complaint policy and procedure.

End of life care and support
● At the time of our inspection, no person was receiving end of life care. People's wishes with regard to their funeral plans had been discussed and recorded to ensure staff knew what people had requested.

Requires Improvement

Is the service well-led?

Our findings

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

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

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

- The systems and processes in place to review the health and safety of the service and to drive forward improvements needed developing. Audits and checks of the environment, including infection control and cleanliness were not sufficiently robust. The environment needed redecoration in places due to chipped paintwork. Some of the furnishings were worn and needed replacing, this included a person's bed mattress.
- A monthly audit of the service was completed by a registered manager from another of the provider's services. Records gave examples of shortfalls identified during these audit visits and action taken. However, there was no ongoing development plan for the service that showed what improvements were planned and how these would be achieved and within what timescale.
- The provider had up to date operational care policies and safety procedures that reflected current legislation, best practice guidance and set out what was expected of staff when supporting people. Staff confirmed they had access to this information.
- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle-blowers are employees, who are employees and are protected by law to raise concerns about illegal, unethical activity; wrongdoing or misconduct within a service or organisation, either private or public.

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

- People were positive about living at Langdale House Residential Home and told us the staff including the management team, supported them well. People felt involved in their care.
- Positive feedback was received from a visiting health care professional about how staff supported a person to achieve a good outcome, of keeping safe and well.
- There was a stable and experienced staff team who understood people's needs, preferences and respected and supported their lifestyle choices whilst promoting safety.

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 management team was open to changes and learnt when things went wrong.
- The provider had met their registration regulatory requirements of notifying CQC of certain events that happened at the service.

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

● People received opportunities to share their views about the service they received. People told us they had individual monthly meetings to discuss their care, resident meetings were arranged, and a suggestion box was available for people to use. An annual quality assurance survey was also sent to people inviting them to give feedback about the service they received.

● The management team as well as care staff, were actively involved in people's care. They ensured people were involved in their care as fully as possible and their protected characteristics were known and understood by staff.

● Staff were very positive about their role and felt well supported and trained to provide people with a good level of care and support. Staff received regular opportunities to discuss their role in supervision and staff meetings.

Continuous learning and improving care; Working in partnership with others

● The management team used best practice guidance and CQC information alerts and information from the local authority and external health care professionals to support their care practice.

● Positive feedback from a visiting health care professional was received about how well staff followed any recommendations made to support people with their mental health needs.