

Diamond Care Homes Langdales Ltd

Langdales

Inspection report

117-119 Hornby Road
Blackpool
Lancashire
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09 February 2023
21 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Langdales is a residential care home providing personal care to up to 25 people. The service provides support to older people who may be living with dementia. Accommodation is set over two floors with a lift to the first floor. At the time of our inspection there were 17 people using the service.

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

People told us they felt safe and they were supported by staff who helped them quickly if they needed this. Checks were completed to help ensure prospective staff were suitable to work with vulnerable people. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed. Medicines were managed safely.

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.

Audits and checks were in place to help drive improvement and identify success. However, these had not been fully implemented at the time of the inspection. The manager had started to implement and document the audits carried out and was supported by the management team to do this. Staff told us morale was high and the service had improved. They were confident the improvements would continue and spoke about how good teamwork would help them achieve this. People told us they could speak with the manager and the home was well organised.

Rating at last inspection and update: The last rating for this service was requires improvement (14 February 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 14 February 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from

Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langdales on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Langdales

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Langdales is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of the inspection there was no registered manager in post, a new manager had been in post for four months and was in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service. This included information we had received from the public and notifications sent to us by the provider. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 7 people who used the service about their experience of the care provided and 2 relatives. We spoke with 7 members of staff including the nominated individual, manager, care workers, domestic staff and the laundry person. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with an external fire safety consultant and an external health professional.

We reviewed 2 staff recruitment records and 6 care records. We sampled different sections of these care records. We also reviewed documentation relevant to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff completed and reviewed risk assessments to help ensure risks were mitigated. These included assessments of nutrition, skin integrity and mobility. We noted one care plan had not been updated after a person's needs had changed. This was addressed before the inspection concluded.
- We observed staff used safe moving and handling practice when supporting people to mobilise. This minimised the risk of avoidable harm.
- The provider ensured environmental risk assessments were completed and reviewed. For example, on the day of the inspection, an external consultant was reviewing the fire risk assessment for the service. In addition, we saw a risk assessment for the use of personal protective equipment to minimise the risk and spread of infection, was in place.
- Equipment was serviced and checked to help ensure it remained safe to use.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- The provider had ensured staff had access to information and training on safeguarding matters. Staff we spoke with could explain the reasons for and the action they would take if they felt people were at risk of harm and abuse.
- People we spoke with told us they felt safe. One person said, "Absolutely I do, I've no reason not to." A further person said, "Yes, I do feel safe." A relative commented, "I'm confident in staff, they're invested in people."

Using medicines safely

- Medicines were managed and stored safely. Staff had received training in medicines management and

checks on their competency before they administered medicines. Storage was restricted to staff who had received training and records viewed showed they were completed when medicines were administered.

- We reviewed the documentation relating to 'as required' medicines. This did not always instruct if one or two of a prescribed medicine should be administered and could result in a person not receiving the correct amount of medicine. We discussed this with the manager who said they would work collaboratively with prescribing health professionals to address this.

Staffing and recruitment

- The provider followed recruitment procedures to help ensure people employed were suitable to work with people who may be vulnerable. This included the completion of Disclosure and Barring Service checks before employees started work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider monitored the number of staff required through the use of a dependency tool. They told us occupancy increased they would increase the number of care and ancillary staff as required. Staff told us they had no concerns with the staffing provision at the service.

- People we spoke with raised no concerns regarding the availability of staff to support them. Comments we received included, "There's enough [staff] here." And, "I don't have to wait for [staff] to come." A relative told us, "If [family member] needs anything, they're very attentive."

- The provider ensured staff had access to training. We noted two staff who had recently joined the service had not completed their mandatory training. The provider and manager told us direction, support and information was shared with new employees as part of their induction process and mandatory training was monitored to ensure staff completed this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- The provider was following the relevant recommended government guidance and visitors were able to visit their relatives.

Learning lessons when things go wrong

- The manager reviewed incidents and accidents to identify if improvements could be made. Equipment such as alert mats were used, if this was appropriate, to minimise the risk of falls. A staff member told us they met weekly with the manager to discuss if lessons learned had been identified.

- The manager was supported by a group auditor and also a registered manager from another of the providers homes. The provider told us this was introduced so information could be shared across the providers other services. We noted evidence of this on inspection. Documentation in relation to the catering provision was being reviewed after professional feedback to another of the provider's services.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure records relating the service were consistently good quality. We also found audits did not drive improvement. This was a breach of regulation 17(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had strengthened the management team by appointing a group auditor. They visited the service and carried out an audit to support the manager. We viewed the last audit and saw this had identified areas of improvement and these had been actioned by the manager.
- The management team had formal and informal audit systems and checks to help identify areas of improvement and celebrate success. We found not all formal audits had been fully introduced by the current manager but there was a timetable to ensure these were completed.
- Records were reviewed regularly and contained good quality information to guide and inform staff.
- The service did not have a registered manager. The provider had recruited a manager who was in the process of registering with the Care Quality Commission.

Working in partnership with others

- The provider had worked with representatives from the Blackpool Local Authority to improve the service provided.
- Care records reviewed showed people were referred to health professionals when this was required. The manager shared they had identified two occasions when referrals had not been recorded, they had addressed this with staff.
- Staff we spoke with were knowledgeable of the health and support people required to maintain their safety and wellbeing.
- We spoke with one external health professional who raised no concerns about the service the home provided.

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 manager had informed us of significant events as required. Records showed relatives had been informed if incidents involved their family members. This was confirmed by speaking with relatives who commented they were, "kept up to date."

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

- People were invited to share their views on the service provided. The manager told us they welcomed all feedback and would approach relatives and people who used the service to gain their views. This was confirmed by speaking with people and relatives. A relative told us, "He's always got time for me." The manager explained they would be introducing group meetings with people and relatives as well as speaking with them on a one to one basis.
- Surveys were provided to people who lived at the home and staff as a way to give feedback.
- Staff said staff meetings took place and they found these useful. Staff could give examples of when changes had been made after discussion at a meeting.