

Langdale House Limited

Langdale House Ltd

Inspection report

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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

Langdale House Ltd is a residential care home providing accommodation for people who require personal and nursing care for up to 31 people. The service provides support to older people, some of whom are living with dementia, people with a physical disability, mental health needs, sensory impairment and younger adults. At the time of our inspection there were 30 people living at the service.

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

People received their prescribed medicines safely and as prescribed. Overall, best practice guidance was followed, where shortfalls were identified the provider took immediate action including lessons learnt.

Risks associated with people's individual care needs had been assessed and was regularly reviewed. Guidance for staff overall, of how to manage and mitigate risks were detailed. We identified some examples where guidance about how to support people at times of increased anxiety needed to be more detailed. However, staff were knowledgeable about people's individual care and support needs.

Health and safety risks in relation to fire protection, safe use of equipment and ensuring the environment was safe had been assessed, planned for and was regularly monitored.

There were sufficient staff available to meet people's individual care needs, and staff had been recruited safely. Staff were found to be well trained, knowledgeable and competent. People and relatives were consistently positive, and highly complimentary about the caring approach of staff.

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.

People were protected as far as possible from the risk of abuse and harm. Staff had completed safeguarding training and clearly understood their role and responsibility to protect people's safety. The provider had a robust procedure of analysing incidents and completed lessons learnt to reduce further reoccurrence and shared this with staff.

People lived in an environment which welcomed visitors and was well maintained. Infection prevention and control practice minimised the risk to people, staff and visitors.

People and relatives received opportunities to share their experience of the service they received. People reported they felt involved, listened to and respected.

Staff were positive about the support they received and complimentary about working for the provider. Staff were valued and received additional benefits as a recognition for their work.

The management team were responsive throughout the inspection and implemented some immediate changes in response to our feedback. The provider had robust systems in place that monitored quality and safety and had plans to further improve the quality of the service provided.

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 good (published 27 November 2018). The service remains good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langdale House Ltd 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.

Langdale House Ltd

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 team consisted of 1 inspector, a specialist advisor who was a registered nurse, a regulatory coordinator 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

Langdale House Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Langdale House Ltd is a care home with 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 our inspection there was not a registered manager in post. However, there were 2 managers who were in the process of submitting their registered manager application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local integrated care board. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 7 relatives about their experiences of the care provided. We reviewed in part, 12 people's care records and multiple medicine records.

We spoke with 11 members of staff including care staff, nurse, domestic, maintenance person, clinical manager, manager, operations director, quality and compliance managers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two visiting external health professionals who visited the service to gather feedback on the care provided.

Following our visit we continued to seek further information related to people's care records, policies and procedures, staff training, quality monitoring and auditing processes as part of the inspection.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Best practice guidance and the provider's medicine policy and procedure had not always been followed. We found a person's medicines had been put into a pot and left in the medicines room. We also found a concern with the recording of open dates of a box in insulin and insulin pens. The provider took immediate action and no person had come to any harm. The provider completed a lesson learnt and shared this with the staff to reduce reoccurrence.
- Nursing staff had received ongoing training and competency assessments in the administration and management of medicines.
- Nursing staff had detailed and up to date information about how to safely administer people's medicines. The procedures for ordering, storing, administering, destroying and returning medicines were safe. Systems and processes were in place that monitored medicines management.
- People and relatives were confident medicines were managed safely and administered when required. A relative said, "I've seen the nurse administering medication and they are patient, and they arrange reviews with the GP, I have no concerns."

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from abuse and avoidable harm. Staff had received safeguarding training and understood their role and responsibilities to protect people. A staff member said, "New staff receive training. We talk about safeguarding and abuse, we speak about it in morning handovers and in supervisions and get asked questions to ensure staff are up to date."
- The provider followed the local multi-agency safeguarding policy, this included completing internal investigations, actions and learning to reduce further risks.
- People and relatives were positive about how staff provided safe and effective care. A person said, "I feel 100 percent safe." A relative said, "[Relation] is very safe, its home from home, I can't praise the staff enough, they have eyes everywhere."

Assessing risk, safety monitoring and management

- Risks associated with people's individual care and support needs had been assessed and planned for. Guidance for staff of how to meet people's care and support needs at times of heightened anxiety needed further detail. However, we found staff knowledgeable, and observations concluded staff provided effective and responsive care. This was therefore a recording issue that we discussed with the management team who agreed to review relevant guidance.
- Staff had guidance of how to safely meet people's health care needs. This included actions required of staff to support risks in relation to falls prevention, skin deterioration, diabetes and catheter care, nutritional needs including choke risks. Information was detailed and reflective of people's current needs.

- Procedures were in place to assess, monitor and review risks associated with the premises and environment. This included checks to ensure the maintenance and safety of equipment and effective fire safety arrangements. People's personal evacuation plans were available for staff, and these were detailed and supportive. Water testing was also completed to assess and control the risk of exposure to legionella bacteria, that can cause serious illness.
- People and relatives were positive about how risks were managed. A relative said, "30 other provider's had refused to accept [relation] due to their behaviours, but Langdale House welcomed them and provide excellent care, I know [relation] is settled and receives consistent good care. The staff are just excellent, amazing."

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were sufficient staff deployed to meet people's individual care and support needs and safety. The provider used a dependency tool to assess staffing requirements. Staff were positive about staffing levels and confirmed this was sufficient. The staff rota matched staff on duty and confirmed where people had commissioned one to one staff support, this was provided. A staff member said, "Usually there are no shortages, if someone is off, they [manager] will call someone else in, I feel supported as there are always enough staff. Including weekends and nights, still no shortages."
- Staff were sufficiently trained, experienced, skilled and competent. This was confirmed by staff records, speaking with staff, feedback from people and relatives and through observations of staff practice.
- The provider had safe staff recruitment policies and procedures. The provider carried out checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Checks were completed to ensure nursing staff were registered with the Nursing and Midwifery Council to provide safe practice.

Preventing and controlling infection

- Staff had received infection prevention and control training. This included having their competency assessed. Staff wore personal protective equipment to reduce the risk of being exposed to and spreading germs.
- Domestic staff were seen to be maintaining a clean and hygienic environment. Cleaning schedules confirmed what cleaning tasks were completed and these were reviewed and monitored by the management team, to ensure standards were met and maintained.
- Feedback from people and relatives were positive about the cleanliness of the service. A relative said,

"[Relations] bedroom is always clean, and the environment looks clean and hygienic, I've not noticed odours."

Visiting in care homes

- There were no restrictions on visiting. This was confirmed by people and relatives.

Learning lessons when things go wrong

- There were processes in place to record, investigate and monitor accidents and incidents. Themes and trends were identified, lessons were learnt when things went wrong, shared with staff and actions were taken to drive improvements.
- Examples of lessons learnt investigations and actions, demonstrated an open and transparent approach with a commitment in learning and reducing further risks.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received consistent care and support that respected their individual and diverse care and support needs, routines and preferences.
- Staff had guidance about important information about people's histories, pastimes and what was important to them. This was important in providing care to people living with dementia. This enabled staff to provide person centred care, and assisted staff to understand, recognise and respect people's routines and behaviours.
- People and relatives were highly complimentary about how well staff provided care and support that was individual, respectful and supported people to achieve positive outcomes. A relative said, "The staff are excellent, nothing is too much trouble, they really know and understand [relation], I would certainly recommend the service." Another relative said, "I like the staff, they are very polite and professional. Personal care is done well."

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 provider was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Meeting and training records demonstrated how staff had been supported to understand the importance of this requirement.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notification of incidents, events or changes that happen to the service within a required timescale. This assists us with monitoring services.
- The provider had a whistle blowing policy in place for staff to follow. Staff felt confident they could whistle blow both internally and externally and knew who to approach should they need to do so.
- We found the management team to be open, honest and responsive during the inspection, they showed a great commitment and enthusiasm to continually make improvements at the service.

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

- Staff were aware of their different roles, responsibilities and accountability. Staff worked well together, had good communication systems and were supportive of each other. We found this approach provided a calm, organised and effective atmosphere.

- Provider oversight and leadership was effective. The provider had robust systems and processes that assessed, monitored and reviewed quality and safety.
- Continuous daily, weekly and monthly checks and audits on quality and safety were completed. These were completed by the homes management team and additional audits completed by the provider's quality and compliance team and senior management.
- The provider was responsive to any areas identified for improvements. The quality and compliance team told us of the actions started, and improvements planned for the environment. This included some replacement furnishings and personalising people's bedrooms further.
- Staff received effective and ongoing training and support and their competency was regularly assessed. Staff were positive about the support they received from the manager and complimentary about the provider. A staff member said, "The managers are visible a lot and I feel comfortable to speak to them with any concerns." Another staff member said, "I Like working here, it has a family feel, I get on well with the management and other staff."
- The service had a positive approach to continuous learning and improving care. This was demonstrated by their continuous lessons learnt approach and actions taken to drive improvements. Staff meetings were used as an additional method to share information, upskill staff knowledge and to improve care and treatment. Meeting records were well documented and confirmed the provider's commitment to continuous learning and development.

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

- People and relatives received opportunities to share their experience of the service. This was via resident / relative meetings, feedback surveys and attending meetings to review the care and treatment they received.
- People and relatives were consistently positive about the care and support provided. A relative said, "I feel it is like one big family here, staff always have time for me, and [relation]. "The activity co-ordinator is great, they send me photos of what activities [relation] joins in with."
- Staff received opportunities to share their experience of working at the service. This was via an annual employment satisfaction survey, discussions in supervision and staff meetings.
- The management team respected and supported their staff team well. This included a cash Christmas bonus, employee of the month awards and access to an employee assistance programme.
- A professional visitor survey was used to gain feedback for any areas of improvement. Feedback received for 2022 and 2023 showed positive feedback regarding staff's approach to care and about the cleanliness of the service.
- We reviewed a high number of compliments received from family members thanking staff for their compassion and kindness.

Working in partnership with others

- Staff worked in partnership with external health and social care professionals to support people in their ongoing care and treatment.
- Care records confirmed recommendations made were implemented.
- Feedback from two visiting professionals were positive about how well people's needs were met.