

Cambridge Housing Society Limited

Langdon House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Langdon House is a residential care home providing accommodation and personal care to 48 people aged 65 and over some of whom live with dementia at the time of the inspection. The service is registered to support up to 52 people. However there are 51 single bedrooms, the registered manager stated that they would not accommodate more than 51 people. Accommodation is provided over two floors and there are communal areas including lounge areas, bathrooms and dining areas. All bedrooms are single rooms. There is a communal garden area for people and their guests to use.

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

The registered manager, management team and staff working in the service were all very dedicated to providing care and support to people in an individual and meaningful way. Staff knew people's needs in detail including, their likes and dislikes and what gave them comfort. Staff went the extra mile so that people felt well cared for and people received high quality and personalised care. The service demonstrated the remarkable achievements made to improve people's quality and experience of life. People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence.

People continued to feel safe living at the service. Risk assessments had been completed to ensure that action was taken to keep people safe. Staffing levels were appropriate to meet people's needs in a timely manner. People received their medicines as prescribed, where we identified any issues regarding medicines immediate action was taken to make the improvements needed. There were systems in place to record, monitor and learn from accidents and incidents.

People's needs were assessed before they commenced using the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. People were supported to maintain good health and were supported by or referred to the relevant healthcare professionals. 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.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing and reviewing these plans. People had access to a range of social and leisure activities including regular trips out of the service. Complaints procedures were in place. Information was provided in various formats to help make it accessible to people. End of life care plans were in place and the provider worked with other agencies to meet people's needs at the end of their lives.

The service was well managed. Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and

others.

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 (report published September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was exceptionally caring.

Outstanding ☆

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Langdon House

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

One Inspection manager, one Inspector and one Assistant Inspector carried out the inspection.

Service and service type

Langdon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, a representative of the provider, lead practitioner, care workers, housekeeping staff and a volunteer.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

As the registered manager was not available on the day of the inspection we spoke to them on their return and they provided information about improvements that had been made in 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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the provider's safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- All of the people we spoke with told us they felt safe living at Langdon House. One person told us, "I do feel safe, of course." Another person told us they, "Most definitely" felt safe.
- Information was available for people and for staff on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or participating in activities such as cooking or gardening. Staff reviewed the risk assessments regularly and put actions in place to reduce these risks.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported appropriately in the event of a fire.

Staffing and recruitment

- Staff were recruited safely, and enough staff were on duty during our visit to meet people's needs in a timely way. The registered manager stated in the PIR that 'people's needs were assessed at least monthly or as needs changed to ensure that the staffing levels were appropriate.'
- Staff told us their recruitment was thorough and the organisation had made checks before they could start working with people. Where agency staff were used, the same staff were usually booked to provide consistent care to people.

Using medicines safely

- Staff almost always supported people with medicines as prescribed and in line with good practice guidance. Our checks saw most medicines were managed safely. We found some improvements to medicines were needed to ensure that medicated patches were applied safely to ensure they did not irritate the skin. We also found that not all records of the medicines administered and the medicines in stock tallied. The registered manager sent us information after the inspection showing that action had been taken to ensure that medicines were managed and administered safely.
- Guidelines informed staff when 'as required' and time specific medicines needed to be given as prescribed.

Preventing and controlling infection

- The service was clean, tidy and free of unpleasant odours.
- Staff had completed training in how to reduce the risk of infection and followed good practice guidance. The domestic staff were very knowledgeable about the risk of spreading infections and what precautions they should take.
- There was a good supply of gloves and other protective equipment to reduce the risk of infection.

Learning lessons when things go wrong

- Staff followed the provider's procedures when any accidents or incidents occurred. This included completing forms that the registered manager reviewed following all accidents/incidents.
- The registered manager was analysing accidents and incidents to identify any trends. Detailed information was recorded to ensure that where possible, action was taken to prevent a recurrence of accidents and incidents.

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 now remained the same. 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

- Staff assessed and documented people's physical, mental and social needs and preferences in relation to their care and they planned care based on this.
- People's care and support was regularly reviewed to ensure they were provided with the right care and support in line with best practice and guidance. For example, staff were aware of the latest guidance regarding good oral care. This information was included in people's care plans.
- The provider held "Planning days" at least four times a year for teams across their services to meet together to discuss best practice, challenges, ideas and experience.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and support they required to carry out their roles effectively. There was a training plan in place for all staff which included mandatory training and extra training if they wanted to further their career.
- The PIR states, 'CHS ensure each member of staff has the right approach and values to achieve the desired outcomes. Our approach is that making a difference to service users is 'not just about what we do but the way we do it'. One member of staff told us, "We have had lots of training -manual handling and fire recently. Always a lot of training going on."
- Staff champions were also in place to share good practice with other staff members. One member of staff told us, "I'm a dementia champion. We pass on knowledge to other staff. We can speak to staff and give them advice about how they respond to people."

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

- People received the support they required with eating and drinking, and this was done at a pace that suited them. People were shown the choices by plating up the meals and taking them round so they could see and understand what was being offered.
- The registered manager stated that they and the staff team had put a lot of effort into making the mealtime an enjoyable experience for people and ensuring that it was the same throughout the service. Thought had even been given to kitchen utensils being plastic so that they didn't make loud noises when serving and whilst people were enjoying their meals.
- People's weight and BMI (Body Mass Index) were monitored and when needed their food and drink intake was recorded to identify if further support was needed. Fortified drinks were offered where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians, dieticians and hospital consultants. The service had a good working relationship with the local GP. One health care professional told us that they would recommend the service they stated, "Staff try everything out before making referrals. They always provide us with full information."

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

- Langford House is a purpose-built care service and the environment continued to meet people's needs. For example, signage helped people to orientate themselves around the building.
- A range of communal areas offered people a choice of where to spend their time alone or with families.

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

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.

- People's care records documented whether or not they had capacity to make specific decisions about their care. When people had been assessed as not having capacity, best interest decisions had taken place. Decisions made were clearly recorded which demonstrated how people's rights were upheld.
- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.

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 this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There continued to be a very caring and friendly atmosphere in the service between staff and people using the service. People were supported to celebrate special events with families and friends. One person told us, "I had a birthday the other day and my daughter arranged for us to borrow the conservatory and all my relatives came." One relative told us, "I think that this service is fantastic, from reception staff to the cleaners."
- People's families and health care professionals also continued to be very complimentary about staff working at Langdon House and the homely environment. One family had written a letter of thanks stating, 'Over the months we have been so impressed by your skill, kindness and dedication and count ourselves very lucky to have found Langdon House and wonderful people to look after [family member].' Another relative told us, "Staff here are absolutely brilliant." A healthcare professional told us, "I would recommend the service, it's very good."
- The registered manager and staff had gone the extra mile to make a 100th birthday celebrations very special for one person. The person had served in the RAF. The registered manager contacted the RAF benevolent fund and was able to organise four RAF personnel including a sergeant to attend the person's planned birthday celebration with their family at Langdon House. The registered manager stated, "It was a perfect outcome, well received and emotional for the resident, their family and the RAF personnel." The family had written to the service and stated, "[Name] had a wonderful birthday. It was really a special celebration and we are very grateful to Langdon House for providing such a lovely party. Thank you for arranging the visit of the RAF to see [name], it was very special for them and they loved meeting and talking with them. They were very emotional and so were the rest of us. Thank you also to the catering staff and for the lovely food."
- People living at Langdon House also benefited from the group of volunteers providing various support in the service. For example, one volunteer supported people with knitting and another spent time chatting with people. One volunteer told us, "I would recommend Langdon House -it's amazing here. They work so hard, the staff and the managers."

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

- Staff strived to involve people in making decisions about their care and how the service was run. For example, people were involved in the recruitment process. The recruitment process included the prospective staff member meeting people and carrying out an activity with them. If people did not think the person communicated well with them then they were not employed. Each person had a keyworker and they had regular meetings to see if they were happy with the service being provided and if they needed any extra

support. Because staff knew people so well, they knew what people's body language meant. For example, we saw one staff member asking a person if they wanted certain food and watching to see if they raised their eyebrows in response because that was how they gave a positive response.

- People and their families were invited to be as involved as they wished in the writing and reviewing of their care plans. The registered manager stated in the PIR, 'We hold formal relative meetings three times a year to keep families informed as well as communicating through email, notices, telephone calls and face to face. The management team have an open-door policy and invite families to come and discuss concerns at any time. More recently the manager has offered a trial of a planned drop in session for relatives and friends, as this was a great success a further drop in session has been offered in January and will continue during 2020.'
- The registered manager and staff team tried to give the people living at Langdon House and their relative's information about any changes. For example, the service had started using some pre prepared foods. So that people would know what to expect, taster sessions had been organised so that people and their families could try the meals.
- Staff went the extra mile to make a difference to people's lives. A wish tree had been placed in one of the lounges. People were asked to place wishes on the tree of things they would like to do. One person had said they enjoyed going ballroom dancing at Blackpool Tower. The staff told us that they were organising some ballroom dancers to come into the service to give a show for all to enjoy and for those that were able could take part.
- People were asked what trips out of the service they would like. One staff member told us about a recent trip out to a local pub including some of the people who were living with dementia. One person had got dressed up in a suit and really enjoyed their time out of the service. Staff said they had never seen them get dressed up and so excited to be going out and it was great to see how much the person enjoyed the experience. People's relatives were also invited to go along on trips out. This had meant that where a relative might not be able to go out on their own with their loved one. These trips enabled them to have a day out with the support of the staff from the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were good at promoting their privacy and dignity, particularly when supporting them with any personal care. Staff told us it was always important that they supported people with personal care in private.
- The PIR stated, 'All staff receive training in Customer Focus and Respect and Diversity to instil an understanding of the legislation and values of the organisation.' Staff also told us that they were aware of the providers values including respecting people's privacy and dignity and promoting their independence. Staff had made sure they lived up to these values. For example, two people had been refusing any help with personal care. Staff had worked with them and their families and they had agreed to move them into the area of the service for people who were living with dementia. This had meant that they were supported by staff who had a greater understanding and experience of people who were living with dementia. This had resulted in them accepting the support they needed with personal care.
- Equipment was being used to promote people's independence. When people were assessed as being at risk of falls but still wanted to mobilise independently equipment was being used to alert staff that they were moving and may need help. This meant that people did not have to be observed constantly to ensure they were safe. It had also helped to reduce the number of falls. For people that were blind, talking clocks had been provided to help orientate people to the day and time.

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 Outstanding. At this inspection this key question has now changed to Good.

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

- Staff were focused on providing person-centred care and support to people. People's support plans were mostly detailed and included what the person was able to do and how staff should support them. Some areas of care plans would benefit from more detail. For example, how staff should respond to a person when they were showing signs of distressed behaviour.
- Care staff were all given a hand-held electronic device which contained people's care plans and prompted staff if a particular care task was due, for example if a person was due for a drink or required repositioning to prevent pressure areas developing. This device also highlighted if any such task had been missed. This helped staff to meet people's needs as they were required. Care plans were subject to regular reviews, so they were able to reflect people's needs as they changed over time.

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.

- The registered manager was aware of the Accessible Information Standard (AIS).
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff communicated well with people during our visit. Care records detailed people's preferred methods of communication which helped staff engage with people to ensure they provided responsive care.
- Information was provided in a format people could understand such as large print to help people make informed choices. Where English was not someone's first language staff also involved people's family members to help talk about important issues. None verbal communication was also used. For example, there were door decals on bedroom doors on the dementia household and memory boxes to help orientate individuals to their rooms.

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

- Staff continued to provide a varied activity programme and regular trips out of the service. People were happy with the range of social activities and events available to occupy their time.
- People continued to be supported to maintain relationships with those that mattered to them in a variety of ways including talking to each other over the internet. People confirmed their visitors were welcome to visit them at any time.

Improving care quality in response to complaints or concerns

- People told us they had no complaints. They knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would act to address any concerns.
- Where the service had received a complaint, this had been investigated and responded to appropriately.

End of life care and support

- Peoples end of life wishes had been discussed and were documented if they had chosen to share the information. This included any cultural or religious beliefs, to ensure they were known and respected. No one was receiving end of life care at the time of our inspection.
- Staff supported people to stay at the service and ensured their needs and preferences were met. Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.
- Not all staff had completed end of life training however the providers representative stated that they were leading a project to ensure all staff had the skills to provide end of life care.

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 remained the same. 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, relatives and staff spoke positively about the leadership of the service. One member of staff told us, "Management - really helpful, no problem at all. They come on the floor to help."
- Our observations demonstrated the culture of the service was friendly and inclusive. The whole staff team shared a commitment to providing high quality, responsive care in line with the provider's values.

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 understood their responsibilities under Duty of Candour. Records confirmed lessons had been learnt and they had been open and transparent with people and their families when accidents and incidents occurred.

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

- The management team led by example and communicated a clear vision of how they expected people to be cared for. Good teamwork and information sharing ensured people received the care and support they needed. Daily meetings led by the registered manager took place. During the meetings the heads of departments within the service shared information about what was happening each day.
- Staff felt morale was high and confirmed they had opportunities to attend individual and group meetings to share ideas and reflect on their practice.
- The registered manager kept their knowledge of legislation and best practice up to date. For example, they had completed management training to help them be effective in their role and attended meetings with other managers in the local area to share good practice.

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

- Feedback from people and their relatives was welcomed and listened to. The provider sent monthly newsletters to people and staff to communicate any upcoming changes and to share a variety of 'good news' stories.

Continuous learning and improving care; Working in partnership with others

- The registered manager had clear oversight of the service and was committed to ensuring people received

good quality, safe care.

- The staff team worked in partnership with other organisations to improve outcomes for people.