Four Seasons (No 10) Limited

Lansdowne Care Home

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Lansdowne care home on the 9 June 2015. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting.

Before we visited the home we checked the information that we held about the service and the service provider. This included statutory notifications and safeguarding alerts. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 17 January 2014.

Lansdowne Care Home is a service for older people who are in need of nursing care. Lansdowne Care Home provides accommodation to a maximum of 92 people some of who may have dementia. The home has 92 beds split into three units. On the day we inspected there were 87 people living in the home.

The registered manager had been in place since April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People who used the service were supported by staff that were kind, caring and respectful of their privacy.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff spoke positively about the culture and management of the service. Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings and these were taken seriously and discussed.

The registered manager provided good leadership and people using the service, relatives and staff told us the manager promoted high standards of care.

There were safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and the staff listened to them and knew their needs well. The staff had the training and support they needed. Relatives of people living at the home were happy with the service. There was evidence that the staff and manager at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service. There were suitable arrangements for the safe storage, management and disposal of medicines.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

CQC monitors the operation of the Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act. These safeguards protect the rights of adults by ensuring that if

there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and referrals for a DoLS authorisation had been made so that people's rights would be protected.

Activities provided entertainment and stimulation for people living in the home including those unable to leave their rooms.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements.

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Summary of findings

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

Medicines were managed safely for people and records hadbeen completed correctly.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

Is the service effective?
The service was effective.

Good

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

Is the service caring?
The service was caring.

Good

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well.

Is the service responsive?
The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Good

Care was planned and delivered to meet the individual needs of people.

There were a range of suitable activities available during the day.

There was a robust complaints procedure in place

Summary of findings

Is the service well-led?

Good

The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service

Lansdowne Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 9 June 2015.

The inspection team consisted of two inspectors, a nurse advisor and two experts-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.

We spoke with 14 people who use the service and six relatives. We also spoke with the registered manager, the regional manager, two team leaders, two nursing staff, six care staff, two catering staff and the activities coordinator.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at nine people's care records, staff duty rosters, eight staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the accidents and incidents book and policies and procedures for the service

Good

Is the service safe?

Our findings

People were protected from abuse and harm at this care home because risks to people were assessed and there were sufficient staff that were recruited safely and trained to support them. One person said, "'The people are quite nice. I find them easy to live with." Another person stated, "Staff are always checking we are ok."

We saw the service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse. Care staff said they would report any initial safeguarding concerns to the unit manager and nurses told us they would report issues of concern to the manager. One told us, "I would never tolerate any level of abuse to our residents." Another said, "I regularly refresh my safeguarding training as e-learning. The manager reminds me of when it is due."

Training records confirmed that the manager and all staff had received training on safeguarding adults from abuse. Staff understood whistle blowing and how to escalate any concerns. They told us they would ultimately report to the Care Quality Commission if they felt their concerns were not dealt with by senior management. We saw how there was a notice prominently displayed in the entrance hall explaining what whistle blowing was and how to go about it.

There were effective recruitment and selection processes in place. Staff told us they underwent a robust recruitment process before they were employed. Records confirmed this and they included an application form, interview and written assessments. Staff also told us that the training they received during their induction was excellent and ensured they had the skills to work with people who used the service. Staff said they were supported to develop their skills so they could continue to meet people's needs including additional training and qualifications. Appropriate checks were undertaken before staff began work. Checks on people's criminal record, references, eligibility to work, health and qualifications were undertaken to ensure they were fit to work.

Staff told us there was usually enough staff around to meet people's needs. At the time of our inspection the manager told us the service was providing nursing care to 87 people. She told us that recruitment of staff was "my priority since I started and now we have a stable staff team." A care worker told us, "Staffing levels are good, even at the weekends. If someone is unexpectedly ill, then the rest of the team will cover if asked." A nurse told us that staff made it known if they could be called in at short notice to cover, "We do not use agency staff and prefer to use staff that the residents are familiar with." We were also told that additional staff would be booked when a person needed to be escorted to a hospital appointment, "No one ever misses an appointment due to shortages of staff." The manager told us that staffing levels were "dependency related" and were adjusted according to the needs of the people using the service. For example, if people's needs changed, additional staff cover was arranged.

The home had a call bell system. For those people who could not use the call bell, a nurse told us that staff carried out regular checks on them. We heard two call bells being rung and on both occasions, a member of staff attended within one minute. We subsequently saw a record of how these bells were tested every week by a maintenance man to ensure all bells were in good working order.

People were given their medicines in a safe way by nursing staff that had good knowledge of the medicines they were giving people and followed the provider's procedure for safely administering them. Staff asked consent from people before giving any medicines. They took plenty of time, offered drinks, and signed to indicate the medicines had been given as prescribed. Medicines that people required for their health and well-being were stored and managed safely. Up to date records were kept of all medicines that had been received at the home and when they had been disposed of. Medicine administration records (MARs) showed how people had received their medicines or why they had not been given. All controlled drugs were in a locked cupboard within a secure locked room and recorded in a relevant log. Evidence of GP reviews were seen and changes were clearly documented. One resident had spat out medication given and it was appropriately disposed of and documented as not had. A nurse stated that at times residents refused or spat out medication and she stated that, "If this happened I return after the drug round and with a little more time on my hands to spend to

Good

Is the service safe?

talk to the individual I am often able to give essential medication to the resident." One resident with a PEG feed (feeding by tube) had medication crushed and the PEG was flushed as recommended and documented.

There were arrangements in place to deal with foreseeable emergencies. We saw a "grab bag" at the nurse's station, which a nurse told us, would be used in the event of an emergency. Whilst we found no individual Personal Emergency Evacuation Plans on the files we looked at, the grab bag contained evacuation details of each person in the home, including their means of evacuation. For example, whether they needed a wheelchair, a frame or assistance from staff to evacuate the building. This bag also contained emergency numbers of senior members of staff and where people should be evacuated to.

People had risk assessments in place relating to, for example, moving and handling, choking, falls and their dietary needs. The risk assessments were kept under regular review although we noticed one where a recent serious incident, which necessitated a hospital admission, had not been included in the recently updated risk assessment. We drew this to the attention of the team leader, who acknowledged that this should have been the case and said it would be rectified the next day.

Checks were carried out on equipment at the service to protect people from risk. Checks were completed on bed rails, pressure mattress settings, hoists and wheelchairs and these were recorded in folders kept in the nurse's station in each unit. Whilst the home was without a dedicated maintenance man, the manager told us that the head of maintenance from the provider's central estates department visited on a weekly basis and carried out checks in relation to the general safety and maintenance of the premises. We saw records of regular checks in relation to gas and electrical safety, risks from hot water and hot surfaces. We saw that external maintenance checks were made on the lift, call bell system, fire equipment and hoists to ensure they were in working order.

Good

Is the service effective?

Our findings

One member of staff told us, “We work as a team, and that team includes everyone, cleaners, care assistants and nurse alike. This is how we get the work done, we pull together.”

We spoke with three members of staff about training, supervision and annual appraisals. They all told us they had completed an induction when they started work and they were up to date with the provider’s mandatory training. They received supervision from senior staff or the manager. One person told us, “I find my supervision very useful, it helps me to reflect on my work.” Another told us, “It is useful to identify strengths and weakness as a focus to work on. “A person who supervised staff told us, “I supervise staff regularly every two months. If I need to do it more often, then I will, as I want to support staff in whatever way I can.” We subsequently saw supervision records which reflected this. We saw no record of staff appraisals. The manager told us she was on the point of doing appraisals for all members of staff and a care worker told us she had an appointment booked with the manager for this.

Staff told us they did training, most of which was e-learning, which they regularly refreshed. We were sent the training matrix for all staff on the day following our inspection. This training included dementia awareness, safeguarding adults, health and safety, moving and handling, fire safety, emergency first aid, safe food handling and infection control. Some training had also been provided by outside community professionals. Examples given were the hospice nurse who came in to set up and provide training on syringe drivers; another was the dietician on the benefits of supplements and thickened fluids and how to fortify meals. Dementia training was provided by dementia services a team employed by Four Seasons company and all staff spoken to had a good knowledge of the needs of those with dementia and the different types of dementia and the impact on people.

Staff demonstrated a good understanding of capacity in line with the Mental Capacity Act (MCA). They understood about facilitating choice for people. One care worker told us, “Even if a person is confused, once you get to know them, you get to understand what they want.” And a person using the service told us, “I am involved in all decisions regarding my care. I wasn’t keen to leave home but now I am settled and much better off .” However, we saw on one person’s record where it was written in the most recent care plan review that their capacity to consent to treatment had changed. We asked a nurse how this was assessed and they told us the GP had informed them that this was the case. We could not find any evidence of how the GP had assessed this or in consultation with whom. We brought it to the attention of the unit leader who assured us that this would be rectified as soon as possible.

Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. We saw that the manager had completed mental capacity assessments and DoLS applications had been made for a number of people who use the service. This showed the provider was acting in line with current legislation to ensure that people’s rights were protected.

People were supported to maintain good health and had access to health care support. Where there were concerns, people were referred to appropriate health professionals. People also had access to a range of visiting health care professionals such as dentists, physiotherapists, dieticians, speech and language therapists, opticians and podiatrists. Appointments with health care professionals were recorded in the care files we looked at.

People told us they enjoyed the food in the home, comments included, ”The food’s very good,” “We don’t go hungry here; we had eggs and bacon for breakfast” And, “All food is good.”

People were provided with sufficient amounts of nutritious foods and drink to meet their needs. People’s care files included assessments of their dietary needs and preferences. These assessments indicated their diet type and their support needs. Where people required support with eating and drinking we saw that a SALT (speech and language therapist) had assessed their needs and advised staff how these people needed to be supported.

Some people were on fortified diets to help maintain their weight. Food allergies were clearly detailed in people’s care plans and kitchen staff had comprehensive records of people’s dietary needs, including texture of food, and whether there were any specific cultural requirements. All of this information was reflected on a large whiteboard prominently placed on a wall in the kitchen. The chef told us, “This ensures that we all know what the resident must

Good

Is the service effective?

have." We found the chef to be knowledgeable about people's health needs and how this related to their preferences. We were told, "This is their home, so I intend to provide what they request if it is not on the menu." They told us they visited each floor on a daily basis to ensure what was provided was what people wanted. We saw there was a four week menu cycle and were told this changed every six months. There was also a clipboard with the daily menu on it. Added to this were each day's additional preferences as expressed by people. For example, a person had requested a salad in addition for their dinner and another had requested pasta. We also saw a list of those on an 'energy dense diet' as devised recently in training with the SALT.

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Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. Comments included, "Every single member of staff are smiling, encouraging and reassuring, [my relative] needs this as he is a lot younger than some residents," and, "We find that she is always well cared for, mum now has a good friend here, they look out for one another. and "Mum looks happy in herself but then she is not a complainer." Another person told us, "I came straight here from hospital and when you walk into this place you feel `This is it, I'm going to be happy here', the carers are absolutely wonderful, I can tell them anything no matter how personal," and "They are all just lovely, I can't fault them".

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. It was noticed that staff demonstrated caring behaviour towards people for example one person had a button on her cardigan undone. A member of staff noticed this and did it up for her. On another occasion a care worker checked to see if one person wanted a drink. It was also seen that one person seemed very pleased to see a care worker when she went in to her room. The chat and banter between the two indicated a positive relationship.

We also observed a senior care worker on the middle floor showing a very caring, sensitive and kind approach to a person who was searching for an item. She listened carefully to her with sincere interest and gradually understood what she was looking for and wanted without the person being able to coherently say the item's name. She immediately went to get one of the items the person wanted and the anxiety and frustration was dispelled. The care worker restored contentment through patience and listening.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this. Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

The manager and staff told us people were generally able to make daily decisions about their own care and, during our observations; we saw that people chose how to spend their time.

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines. A care worker told us, "I know my client likes to wear make-up so I make sure I put it on for her every day," and another told us, "It's really important to get to know the people you are working with."

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. . People had access to a community advocacy project and this was advertised in the main reception of the home. This meant they had access to independent people to represent them if they had no family available

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and/or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff.

People told us they enjoyed the activities on offer. One person told us, "entertainment wise, I think we are looked after," and another person said, "I would like to go out more, but they do their best." We spoke to one of the activities coordinators who explained that their role was to provide meaningful activities, which ensured people were able to maintain their hobbies and interests. She told us, "We talk to people individually on a regular basis to see what they like to do." She told us activities were aimed to promote people's wellbeing by offering a lot of one to one time and provided examples of sitting and chatting with people, doing their nails, going for walks and spending time in the garden. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, film afternoons, group quizzes, hair dressing, massage and exercise, arts and crafts and singing. We saw that weekly activity schedules were displayed in various areas around the home. We also saw that individual sessions were arranged for people outside the home at their request for example there was one person who attended an exercise class at a local gym and another person who was accompanied to a betting shop. We were told that every two weeks a 'Therapy Dog' came round for people to pet. The activities coordinator told us that she worked closely with students of health and social care who worked as volunteers in the home to help out with activities. She told us, "The residents really enjoy working with young people." We also saw that feedback on activities was recorded by care staff who completed a 'my journal' for individual people with input from relatives when required.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw that a copy of the complaints procedure and a feedback form was available in people's rooms. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "when I had an issue she dealt with it immediately not put it on the back boiler".

We saw there had been one recent complaint made and there was a copy of how it had been investigated. Letters had been sent to the complainants detailing any action, demonstrating how changes had been made and how the provider had responded.

Good

Is the service well-led?

Our findings

The registered manager had been in post since April 2015. She told us that she had spent this time focusing on recruiting a full complement of staff as many of the staff had left the service at the same time as the previous manager. She told us she was keen on developing a strong and visible person centred culture in the service, "I want to promote a good standard of nursing care for everyone who lives here." During her time as manager she had made a number of improvements to the service, these included increasing the staff numbers and had also introduced a new improved support planning system and a number of monthly audits, including a system for night inspections. She told us, "I want the staff to feel like I am part of the team, so I walk the floor often." Our observations of, and discussion with staff found that they were fully supportive of the manager's vision for the service. Staff told us that the atmosphere and culture in the service had improved since the manager had been appointed. They said that the environment was much more vibrant, less institutionalised, and friendlier.

Staff told us that the management team were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. Staff described the manager as "very experienced." One care worker told us, "She has taught us a lot and things are much better here." Another told us, "She is a good teacher and always gives us support," and "If you have a problem you can go to her."

The registered manager confirmed that being 'on the floor' provided her with the opportunity to assess and monitor the culture of the service. People using the service also made positive comments about the manager, comments included, "There has definitely been an improvement since she came," and, "I like the manager very much because she always has a chat."

The registered manager had used a number of ways of ensuring that staff received the training and support they needed to deliver a high standard of care. She told us that through observation and supervision, she had identified staff that were competent in certain areas and had put them forward for promotion. For example the activities coordinator had previously worked as a care worker, this meant she was already familiar with many of the people and understood their likes and dislikes.

The management team and staff told us that the regional manager visited the service on a regular basis, providing management support and guidance. Staff told us that the directors were also very approachable and supportive. During our visit, the regional manager was present as she was carrying out a follow up visit following a recent internal audit.

We saw that regular audits were carried out by the provider's head office to monitor the quality of care. Audits were carried out in a number of areas using an I pad system. This system was also used for people to make complaints or provide feedback and we saw that a number of I pads were available for relatives and visiting professionals to use. There were regular audits on health and safety, medicines management, hospital admissions and a weight loss tracker. The manager told us if anything of concern came in she would get an e-mail straight away.

Staff spoke about the service being a good place to work. Comments included, "The team of staff are nice it's a good place to work," and "I really enjoy working here." Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The manager continually sought feedback about the service through formal meetings, such as individual service reviews with relatives and other professionals and joint 'resident and relative' meetings.

The registered manager was aware of her responsibilities as a registered manager and attended provider forums at the local authority and had attended a number of training courses that they had provided. She said they had been helpful in providing training and meeting other registered managers to share good practice.