Four Seasons (No 10) Limited

Lansdowne Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Lansdowne Care Home is a service for older people who need nursing care. Lansdowne Care Home provides accommodation to a maximum of ninety-two people some of whom may have dementia. The home is split into 3 units. On the day we inspected there were 90 people living in the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We carried out an unannounced comprehensive inspection of this service on 13 April 2017 where one breach of legal requirement was found. We found that the service was not managing medicines safely. At our focused inspection on 11 July 2017, we judged that the provider had made improvements and had now met legal requirements. Whilst improvements had been made we were unable to change the rating for safe and well-led because there were still issues with medicines management and the service was rated as Requires Improvement.

The service had a registered manager in post. 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 2008 and associated regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Relatives told us they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained information about how to provide support, what the person liked, disliked and their preferences and interests.

The staff 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.

Most staff told us that they enjoyed working in the home and most staff spoke positively about the management of the service. Staff had the training and support they needed.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of many health conditions.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Improvements had been made in medicines management and there was evidence of some good practice.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager understood their responsibilities and ensured people, relatives and most staff felt able to contribute to the development of the service

The provider's governance framework ensured quality performance, risks and regulatory requirements were understood and managed. There was good use of a number of monitoring tools in support of this. The service learnt and made improvements when things went wrong.

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

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

Sufficient numbers of suitably qualified staff were deployed to keep people safe.

Medicines were managed safely for people

Staff understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Is the service effective?

Good

The service was effective.

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?

Good

The service was caring.

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.

Staff knew people's background, interests and personal preferences well.

Is the service responsive?

Requires Improvement

The service was not always 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.

There was a lack of meaningful activities for some people who used the service.

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

There was a robust complaints procedure in place

Is the service well-led?

Requires Improvement

The service was not entirely well led.

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

The registered manager was involved in all aspects of the home

Some staff told us that they felt the registered manager was not always approachable because they were sometimes abrupt in the way they spoke to staff.

Staff were given all the support they needed.

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 21 September 2018.

The inspection team consisted of two inspectors, a specialist advisor who was a nurse 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received. This included notifications of incidents that the provider had sent us and how they had been managed.

We spoke with 19 people who use the service and ten relatives. We also spoke with the registered manager, the chef, the clinical services manager, the activities coordinator, five registered nurses and four care support staff.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at eight people's care records, three staff files, a range of audits, the complaints log, staff supervision and training records, and Medicine Administration Records (MARs) for 40 people using the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe whilst receiving their care and support. Comments included "She seem safe and happy enough here"," oh yes. I am confident with the staff around." And "I couldn't feel more contented or safe. [My relative] has been here since 2013 and there has never been a time that I have been anxious or uncomfortable."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen, and staff spoken with told us they had received safeguarding adults training. Staff members understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been one recent safeguarding concern raised with the local authority which was still being investigated. We discussed this with the registered manager and confirmed by reading records that the provider had acted appropriately and worked with the local authority and the person to resolve the issue.

Staff spoken with were all aware of the provider's whistleblowing policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the home if they felt that appropriate action was not being taken. One staff member told us," The safety of the resident and their wellbeing is my main priority. This is a good home, we try our best here."

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment files and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references being sought.

We looked around the home and found it was clean, tidy and well maintained. We saw that a refurbishment plan was also in place. The service employed staff for the cleaning of the premises who worked to cleaning schedules. Domestic audits were in place and we saw that regular checks to ensure cleaning schedules were completed. We observed staff made appropriate use of protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. This showed the provider had taken steps to ensure people who lived at the home and staff were protected against the risks of the spread of infection.

Fire equipment had been tested regularly and fire drills were also undertaken periodically to ensure staff and people were familiar with what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. There were detailed emergency planning and evacuation guidance for people who used the service.

We looked at how the service was staffed, to ensure people's needs could be met safely. Staff told us they felt there were always enough staff on duty. A care worker told us "There are always enough of us to keep

people safe." Comments from people included, "Its fine there are ample staff" and "there are enough, if they are busy they will tell me and come back to help me. Sometimes they have time for a chat."

We observed staffing levels to be sufficient on the day of our inspection and reviewed staffing rotas for the previous two months to our inspection. We found staffing levels to be sufficient to meet the needs of the people in the home. There were some agency staff used however we saw the organisation was actively recruiting permanent staff.

Each person's support plan contained individual risk assessments in which risks to their safety were identified. These included areas such as skin integrity, falls, mobility, diet, and the use of bed rails. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. This enabled staff to work effectively to keep people safe. Where people's needs changed, staff had updated risk assessments and changed how they appropriately supported people to make sure they were protected from harm. For example, where people were identified as at risk of falls, specialist equipment such as pressure mats by beds had been obtained.

Medicines were managed consistently and safely in line with national guidance. People told us they had confidence in the staff who supported them with their medicines. Medicines were only administered by the nurses who were trained and had their competency to administer medicines regularly assessed. Medicines Administration Records (MAR) were accurate and showed people received their medicines as prescribed. There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited on a regular basis and any errors were quickly corrected. The provider's medicines policy included safe administration of medicines and 'as required' (PRN) medicines. Where people were prescribed PRN medicines, for example, for pain relief or seizures, there was sufficient information for staff about the circumstances in which these medicines were to be used.

People received their medicines as prescribed with dedicated trained staff to manage stock control, ordering and safe storage of medicines. It was the responsibility of the home to order medicines on behalf of any resident unable to do so themselves. Controlled drugs were stored in a lockable cupboard. These were recorded in the register to ensure accurate administration
The service learnt lessons and made improvements when things went wrong. For example, the service had recently introduced a new system for dealing with people's valuable items following an incident when a person's valuable item had gone missing.

Accidents incidents and near misses were recorded and analysed for patterns and remedial action taken to prevent recurrence.

Good

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager could clearly explain and evidence the process. We found the provider was working in line with the key principles of MCA. This included the completion of mental capacity assessments for all people on admission to the home. Formal 'best interest' decisions were in place for people who did not have the capacity to make choices for themselves for issues such as covert medication, personal care and the use of restrictive practices such as bed rails being in place. DoLS applications had been made for people who had been assessed as needing them in a timely manner. The provider had a tracker for all DoLS referrals which included prompts for the manger to re-apply when required for renewal. The registered manager had initiated a new system which ensured all people who used the service were assessed for capacity when arriving at the home.

We discussed MCA and DoLS with staff. Staff understanding of MCA and DoLS was good and it was evident they knew the needs of the people they were caring for. We spoke with staff regarding consent issues, all were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People were always asked for their consent by staff. We heard staff using phrases like "what would you like to do?" and "would you like a drink now?" Staff then gave people the time they needed to decide. Staff knew people well and understood people's ways of communication. We saw in care plans that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended review meetings where appropriate where they had the opportunity to discuss the care their relatives received.

We found people were supported to have sufficient amounts to eat and drink. People told us they enjoyed the food. One person said, "The food is very nice", and a relative told us "[Our relative] likes sausages. I see they [do] try to bring them for him to eat."

The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. Staff understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their

diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. The chef told us that all new people coming into the home met with him to discuss their likes, dislikes and any allergies or intolerances. This meant that menus were designed with the participation of people and their family. This information was recorded and kept in the kitchen. This information was continually reviewed by the chef who had a system which ensured people received the food they wanted. People with specific needs were catered for. There were people at the home who needed soft or pureed diets, people with diabetes and one person who required a gluten free diet. People with specific religious needs around their food were also catered for.

People told us staff had the knowledge and skills needed to provide an effective service. The provider had an online system in place to record the training that care staff had completed and to identify when training needed to be repeated. Training the provider deemed mandatory included moving and handling, infection control and dementia awareness. However, on the day of our inspection the system was showing a low level of compliance in some areas including safeguarding. We discussed this with the registered manager who told us that there were technical issues with the online system and this had led to inaccurate percentages being displayed. Soon after our inspection the registered manager sent us evidence of these IT issues and that the matrix was now showing at least 80% compliance in all the areas of mandatory training. One member of staff told us, "I have been on a lot of training and feel my career is progressing." Some staff told us that the provider had provided training and support to enable them to be promoted to more senior roles. A relative told us "Staff know her well and are well trained."

We spoke with staff with regard to supervision. We accessed their records which showed most staff members received regular supervision However we noted that In one unit the front sheet which provided an overview of when supervisions took place did not reconcile with the detailed notes and we could not find supervision notes for some staff, so it was not clear if the supervision had taken place or not, or had not been written up .The registered manager acknowledged that they were only checking the overview sheet they told us that they would undertake regular spot checks of supervision records in the future. One staff member told us, "Supervision is regular and I get a chance to offload." We saw that staff received appropriate professional development and were supported to deliver treatment safely and to an appropriate standard.

Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. The provider worked effectively with associated health and social care professionals. We saw regular and appropriate referrals were made to health and social care professionals, such as chiropodists, social workers and district nurses.

Staff described the actions they had taken when they had concerns about people's health. For example, we saw in one person's records how the provider had identified pressure areas on a person. We saw how the provider referred to district nurses and informed the local authority. Pressure relieving equipment was put in place and the person kept safe from further harm.

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 "They're looking after me fantastically well. They're very, very helpful in many ways. They help me to get dressed." "They're very kind and polite. Very helpful all the time. They make me laugh. They ask how I want to be dressed [i.e.] trousers or shirt on first" and "All the staff are wonderful and go above and beyond. They keep in touch with me if [my relative] gets infections. He sometimes needs change of suprapubic catheter if it gets blocked. It is spotted and changed in time. They chat with him whilst they are giving him care."

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.

We saw staff were respectful when talking with people, calling them by their preferred names. We saw staff knocking on people's doors and waiting before entering. Staff also spoke 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 many 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.

We observed that people using the service were clean and well groomed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. One staff member told us "it's important to encourage independence, we approach people and give them time," and another told us "We always give people choices for example in choosing what to wear we give them two or three options of clothes."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief. People's plans also included information about how people preferred to be supported with their personal care. Staff we spoke with could tell us about people's preferences and routines. A staff member told us "we treat people with respect, the residents are close to my heart."

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 could visit at any time and were always made very welcome.

Requires Improvement

Is the service responsive?

Our findings

People's care records confirmed that an assessment of their needs had been undertaken by 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. Staff told us this information helped them to understand the person.

Daily progress sheets were completed for each person which detailed how the person had been during the day and the support that they had received. Activity records were also kept detailing the activities that the person had been participated in throughout the day. This ensured that care staff, at each change of shift, could read a clear account about the person to enable them to continue providing care that was responsive to the person's needs.

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. We saw a care plan for a person with Parkinson's. there was also a care plan for a peg tube with detailed information on posture, feeding regime and infection control.

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 were not always updated, but changes in need were reflected in review notes which was not always easy to see. The registered manager told us they would ensure care plans were updated as well as review notes when changes occurred.

Some people told us they enjoyed the activities on offer, however most people told us there were not enough activities available. One person told us, "We could do with a bit more entertainment. "and a relative told us "There's not a lot of stimulus for the people. The activities were brilliant but one of the girls left. Occasionally there's a singing group."

We spoke to the activities coordinator 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, pet therapy and exercise, arts and crafts and singing.

We saw that weekly activity schedules were displayed in various areas around the home. The activities coordinator told us that they did their best to engage in one to one activities with people who stayed in their rooms "but this was not always possible as this is a large home." We discussed this with the registered manager who told us they had requested funding for another activities coordinator and this was being looked at by the senior management team.

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. A relative told us, "We have only complained about little niggles."

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.

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded on their care plan This captured their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views.

Requires Improvement

Is the service well-led?

Our findings

A new registered manager had been in post since December 2017. It was clear from our discussions that they were highly motivated and passionate about their role. They had made many changes which included improvements in care records and introducing a new procedure to protect residents' valuables. They had also introduced a system to spot check each person's room on a regular basis. The registered manager had also introduced a series of practical workshops to compliment the training on offer, in areas such as washing and dressing and infection control.

Staff views were mixed regarding the registered manager. Most staff we spoke with were complimentary about the new registered manager they told us that they felt motivated and happy in their roles. Comments included "She is ok, I can talk to her", "the manager is very supportive and manages the home well "and "she's very supportive. She will listen to me."

However, some staff told us that the registered manager was not always approachable because they were sometimes abrupt in the way they spoke to staff. A staff member described the registered manager as "not very welcoming and loud at times "and another" I am not sure about her she talks loudly at times."

We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. A relative told us "the manager's door is open. If you have anything to say [about a staff member] she wants the person concerned to join you in the discussion."

Most staff confirmed they could raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. They were supported to apply for promotion and were given additional training or job shadowing opportunities to facilitate this.

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 registered manager continually sought feedback about the service through formal meetings, such an individual service reviews with relatives and other professional's and joint resident and relative meetings

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by the regional manager, a deputy manager and a small team of senior carers.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager told us they were supported by the provider in their role. Up to date sector specific information and guidance was also made available for staff.

There were systems in place to monitor all aspects of the care people received. The registered manager had conducted audits regularly and there was regular oversight by the provider. These had assessed areas such as hospital admissions, the cleanliness and safety of the environment, the accuracy of people's care records

and the management of people's medicines. The registered manager was based at the service. This meant they could observe staff practice, check on people's bedrooms, medication, meals, activities, housekeeping and care plans to ensure a continuous drive for improvement. an Ipad system was also in place for people to make complaints or provide feedback and we saw that many Ipads were available for relatives and visiting professionals to use.

We found there were areas in which the systems were not currently effective and which the registered manager said they would review. For example, supervision notes were not always recorded in one of the three units and the registered manager was not routinely checking the training system to ensure staff were up to date as they would have noticed the system was inaccurately recording refresher training prior to our inspection.Futhermore issues regarding activities identified at last inspection still hadn't been resolved.

Accidents and incidents were reviewed to ensure people remained safe and identify changes needed to people's care. Documents included an outline of how accidents occurred, what actions were undertaken and how they planned to reduce the risk of similar events. In addition, interventions and lessons learnt from incidents were also recorded.

The provider had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

The service worked in partnership with other agencies to support care provision and development. The service's compliments records included positive feedback from community professionals about co-operative working.