

Landona House Limited

Landona House

Inspection report

Love Lane
Wem
Shropshire
SY4 5QP
Tel: 01939 232620
Website: www.landona.com

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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

This inspection was unannounced and took place on 18 February and 1 March 2016.

Landona House provides accommodation and personal care for up to 41 people some of whom were living with dementia. On the days of our inspection 37 people were living there.

The home had a registered manager who was present for the inspection. 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 felt safe living in the home and staff knew how to keep them safe. Staff had access to risk assessments to support their understanding in providing care in a safe manner. Staff were always nearby to support people when required. Medicines were managed appropriately to ensure people received their prescribed treatment.

Summary of findings

People received care and support from staff who received regular training to ensure they had up to date skills and knowledge. Staff received one to one sessions to support them in their role. People were supported to make decisions about their care. Their human rights were protected because staff were aware of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to ensure people had a choice of meals and access to drinks at all times. Staff obtained relevant healthcare services on people's behalf when needed. The environment was dementia friendly and helped people to find their way around the home.

People were treated with kindness, compassion and were involved in decisions about their care and the support they required. Care was provided in a way that promoted people's right to privacy and dignity.

People were encouraged to be involved in their assessment and were supported to pursue their hobbies and interests. Complaints were listened to and acted on to improve the service.

Arrangements were in place to support people to maintain links with their local community and to have a say in the running of the home. There was a clear leadership in the home and people were aware of who the registered manager and provider was. Systems were in place to monitor the quality of service provided to people.

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.

Arrangements were in place to ensure people were safe and staff were always nearby to support them with their care needs. Risks to people were managed to promote their independence and staff ensured they received their prescribed treatment.

Good



Is the service effective?

The service was effective.

People were supported by staff who received training and one to one sessions. Their human rights were protected and they had access to relevant healthcare services. Arrangements were in place to ensure people had enough to eat and drink. The environment was dementia friendly to help people find their way around the home.

Good



Is the service caring?

The service was caring.

Care and support was provided with kindness and compassion. People were involved in decisions about their care and support. Care was delivered in a way that ensured people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were encouraged to be involved in their assessments and were supported to pursue their hobbies and interests. Complaints were listened to and acted on.

Good



Is the service well-led?

The service was well-led.

People were supported to maintain links with their local community and had a say in how the home was run. Clear leadership ensured that people received an effective service and systems were in place to monitor the quality of service provided.

Good



Landona House

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 was planned to check 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 inspection took place on 18 February and 1 March 2016 and was unannounced. The inspection team comprised of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we had about the provider to see if

we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with eight people who used the service, five relatives, four care staff, the laundry assistant, the cook, a healthcare professional, the deputy manager, registered manager and the registered provider. We looked at two care plans and risk assessments, medication administration records, training records and quality audits.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe here because staff are always nearby to help us when needed." Another person said, "I feel 100% safe here." One person told us they had recently moved into the home and said, "It's very safe here and staff are attentive." A healthcare professional said, "I feel people are safe and the staff always obtain medical intervention when needed." Staff knew how to keep people safe and told us they would share any concerns of abuse or poor care practices with the registered manager. Staff were also aware of other agencies to share concerns with to protect people from further harm. We spoke with the registered manager who knew when to share concerns of abuse with the local authority to protect people.

One person confirmed their involvement in developing their risk assessment to enable them to manage their medicines safely. Staff told us they had access to risk assessments that supported their understanding about how to care for people safely. We saw that risk assessments were in place that told staff how to support people with their mobility. Risk assessments were also in place to enable staff to recognise if people were not eating and drinking enough. People were therefore, supported to be independent in a safe way. Accidents were recorded and showed what action had been taken to reduce the risk of it happening again and to ensure people's wellbeing.

People told us there were enough staff on duty and we saw that staff were always nearby to support people when

needed. One person said, "There is always someone around when I need them." Two staff members said there were enough staff on duty to enable them to give a good standard of care. The registered manager said that staffing levels were determined by people's dependency levels. Discussions with the registered manager and care staff confirmed that one person had complex care needs. They required more staff to support them and this was provided. The manager said the provider's recruitment procedure ensured that all new staff had safety checks to make sure they were suitable to work in the home. Staff confirmed that safety checks were carried out during the recruitment process. This entailed the request for references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People were supported by staff to take their prescribed medicines. One person told us they were aware of their prescribed treatment and staff had supported them to manage their medicines. Another person told us that staff managed their medicines and said, "I get them when I need them." Medicines were securely stored and a record was maintained of when medicines had been given to people. Staff had access to written policies and procedures in the safe management of medicines to promote safe practices. The registered manager said that staff who were responsible for the management of medicines had received medication training. This was also confirmed by staff. Access to medication training ensured staff had the skills and knowledge to support people to take their prescribed medicines safely.

Is the service effective?

Our findings

People were cared for by staff who were appropriately trained. One person said, “The staff are skilled and you can’t fault them.” Three staff members told us they received regular training. The registered manager had a training record that showed what training staff had received and when staff needed to update their skills. When staff received training the registered manager told us they would be assessed to ensure lessons learned were put into practice. The manager and staff said they had regular one to one sessions. The registered manager said that all new staff were provided with an induction and this was confirmed by staff we spoke with. Discussions with staff and the induction records we looked at showed that the induction process was structured and included familiarising staff with the provider’s policies, procedures and the appropriate use of equipment and training. Access to induction supported new staff into their role.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. People told us that staff did ask for their consent before assisting them. Where people were unable to tell staff about their preference a staff member said pictures were often used to assist them to make a decision.

The registered manager understood the principles of MCA and when an assessment should be undertaken to find out the person’s level of understanding to make a decision. The registered manager told us that some people had a DoLS in place. Staff were aware of this and the reason why their liberty had been deprived. One staff member said if a person wanted to leave the building and it was unsafe for them to do so without support, “I would take them out for a walk.” The registered manager had a system in place to review DoLS to ensure they were still required and when the application for DoLS needed to be re applied for.

People were involved in planning the menu and had a choice of meals. One person said, “We have a choice of meals and the breakfast is exceptionally good.” Another person said, “The food is really nice.” One person told us, “The service is wonderful, they are good cooks.” A pictorial menu was displayed in the dining room and people told us that staff always asked them what they wanted to eat. Menus were discussed with people and minutes of a meeting showed that one person had highlighted that in one day eggs were offered for lunch and the evening meal. The cook reviewed the menu with people to provide a more varied choice of meals. People told us they were able to have a drink at any time. One person said, “I never get thirsty.” The provider had introduced a ‘hydration’ area where people had access to various fruit juices at all times. There was also a kitchenette and a bar where people could get a drink when they wanted. When people were not eating or drinking enough staff used charts to monitor this and people’s weight was routinely monitored.

People told us they had access to healthcare services when needed. One person was unwell on the day of our inspection and staff took prompt action to call the GP. One person said, “The GP visits the home and we go into town to see the dentist.” The registered manager said the optician visited the home and this was confirmed by one person who used the service. A visitor said their relative had access to an audiologist. On the day of our inspection we saw various healthcare professionals visiting the home to support people with their healthcare needs.

Is the service caring?

Our findings

People were supported by caring staff who had a good knowledge of their care needs. One person told us, “The staff are kind and treat me well.” Another person said, “The staff are first class, nothing is too much trouble for them.” One person said, “I like the staff, they are so good caring for people living with dementia.” A visitor said, “The staff are very good with [relative], I am amazed how good they are.” During our inspection one person was unwell and we saw staff reassuring and comforting them. The person was seen by the GP and then supported to go to the hospital. One person said, “The staff do look after me and spoil me when I am unwell.”

We saw a person fall and a staff member reassured them whilst they helped them into a chair. Another staff member approached the person calmly and offered them a cup of tea. A visitor told us their relative had sustained a fall. They said a staff member lay on the floor with their relative and reassured them until the paramedics arrived. We saw another staff member painting a person’s finger nails; the staff member was pleasant and chatted away with the person. Two staff members said that they would be happy for their loved one to live in the home. A healthcare professional said, “The staff are lovely and very caring.” They said, “This is reflected when people tell me they like the staff.”

People were encouraged to be involved in their care planning and where they were unable to do this their relative were asked to be involved. A visitor told us their relative was unable to tell staff how they would like to be cared for so they were involved in planning their care. This ensured the person received care the way they would have liked. People had access to an advocacy service to support them to obtain the services they needed. One person said they were aware of the advocacy service but had their own advocate. Information and contact details about this service were displayed in the home.

People told us that staff did respect their privacy and dignity. One person said they preferred to have a female care staff and their choice was respected. They told us they were able to use the telephone in the office to call their relative and staff would leave the office to give them some privacy. Another person said, “The staff always knock on my bedroom door before entering.” We saw that a person was not appropriately dressed to maintain their dignity. A staff member approached them and asked discretely if they would like to change their clothing. Privacy locks were fitted to bedroom doors to promote people’s right to privacy.

Is the service responsive?

Our findings

People were encouraged to be involved in the assessment of their needs. People told us that staff did ask them how they would like to be cared for. One person said they were actively involved in decision about their care. They said they were happy with the care they had received. The registered manager said if people were unable to be involved in their assessment their relative would speak on their behalf. One visitor confirmed that their relative was living with dementia and was unable to tell staff how they would like to be cared for. They said that staff did involve them in their relative's assessment. They told us that staff often informed them of their relative's wellbeing and things they had been involved in because their relative was unable to tell them. People were able to maintain contact with people who were important to them. Family and friends were able to visit and quiet areas were provided where people could entertain their guests in private.

People were supported pursue their hobbies and interests. One person said they enjoyed reading the newspaper and we saw them reading during the day. One person living with dementia had a past career in hospitality. They enjoyed folding napkins and laying the dining tables and they were supported to do this. The person told us, "Laying the tables makes me feel useful and I like to help." Some people enjoyed going to the local pub and were supported to do this. One person was supported to continue to practice their religious faith and to visit a place of worship. There was a board displayed in the home that showed what activities were available. People were encouraged to

partake in activities but were also able to just sit and watch if they preferred. We saw people doing exercise to music, karaoke and animal bingo. They also had access to baking, sewing, board games and watching the television. Staff told us they also provided a 'pamper session' where people's hair, nails and hand massages were done. One person told us that due to their health condition they were unable to move around the home independently without staff's support. They said, "I am stuck here (referring to a wheelchair) but I don't feel out of touch." People were given the opportunity to be involved in various social activities within and outside of the home.

People's complaints were listened to and taken seriously. One person said, "If I'm sad I would talk to the staff they are friendly and would sort things out." Another person told us they had never made a complaint but would talk to the registered manager if they had any concerns. They said, "The manager always listens to me." People had access to the provider's complaint procedure that was displayed in the home and in a handbook given to each person. One person told us that information about how to make a complaint was contained in their hand book. The registered manager said that all complaints were recorded and responded to in writing and we saw evidence of this. For example, a healthcare professional had highlighted concerns about skin care. The registered manager had responded to this concern. Both the registered manager and the healthcare professional told us they had worked together to improve skin care. This meant that people could be confident that their complaints would be listened to and acted on.

Is the service well-led?

Our findings

The home was run by a registered manager who was supported by the registered provider. People and staff were aware of management team. A visitor said the registered manager seems to care for people, they are efficient and approachable. A staff member said, "The manager is very approachable." The registered manager was aware of when to send us a statutory notification to tell us about important events which they are required to do by law.

People were involved in the running of the home. Meetings were carried out with people giving them the opportunity to tell the provider about their experience of using the service. One person said, "I usually go to these meetings." Another person said, "I don't usually attend the meetings because I say what I want whenever." Visitors were encouraged to attend these meetings to speak on behalf of their relative who were unable to express their views. They told us that the registered manager always listened to them. During one meeting some people had requested a bar where they could socialise with others. The provider had listened to this request and introduced a bar. The registered manager said that regular meetings and one to one sessions were carried out with staff and staff confirmed this. One staff member said, "We do have regular meetings and the manager does listen to us." Access to these meetings and one to one sessions supported staff in their role to provide a safe and effective service.

Discussions with people who used the service and the registered manager confirmed that people were supported to maintain links with their local community. People were able to visit the local café. They also had access to leisure facilities and the registered manager said they were planning to introduce swimming sessions. The provider had links with the local school where children visited the home on special occasions like at Christmas to entertain people. People had access to 'dial and ride.' This is a transport service which enables people to access services of their choice within their community.

The registered manager had systems in place to monitor the quality of service provided to people. The registered

manager said quality assurance surveys were given to people and this was confirmed by one person who used the service and a visitor. They said, "Once in a while we get a form asking us what we think about the service." We looked at some of the surveys and they provided positive comments about the service provided. Information collated from these surveys was shared with people during meetings. Information received from these surveys influenced changes with regards to menu planning and social activities.

The registered manager had nominated individual staff to be 'champions' in specific areas to ensure people received a good standard of care. One member of staff had received training relating to skin care. The training provided the staff member with skills to support the staff team in reducing the risk of people developing pressure sores. There were a number of other 'champions' in place that promoted good standards of care, this included end of life care, promoting privacy and dignity and dementia care. Champions were also responsible for carrying out audits to monitor the care people received.

The registered manager said that visitors were encouraged to share information about the service within the home. Visitors were given the opportunity to tell the provider about how to improve the service. Records had been maintained about discussions held with visitors about how to improve meals and the environment. The provider had also taken action to address these comments. More consideration had been given in relation to enabling people to access to drinks at all times and to ensure the garden area was accessible to everyone. Systems were in place to monitor the safety of the premises and there were checks to monitor the management of medicines to ensure people receive their prescribed treatment. There was a check to promote good hygiene standards and the provider had been awarded the Gold Standard for infection prevention and control and had also been awarded the maximum five stars for food hygiene. The registered manager ensured their knowledge and skills were up to date by being involved in 'Enabling Research in Care Homes' (ENRICH).