

Lansdowne Care Services Limited

182 Bromham Road

Inspection report

182 Bromham Road
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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 ●

Summary of findings

Overall summary

About the service: 182 Bromham Road provides accommodation and support for six people with a learning disability. On the day of our visit, there were six people living in the service.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Bespoke communication tools in form of pictures were used when staff had to discuss with people the care and support they received and obtained their consent.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were not able to give us feedback on the quality of the service they received for various reasons. Some people could not communicate verbally or they were not confident to talk to us. We received feedback from relatives of people and a social care professional about the quality of the care people received.

Relatives felt the service people received was safe. They told us they registered manager lead by example and ensured staff were knowledgeable about people's needs. People's care plans were being re-developed to better reflect their needs and how staff had to meet those needs.

Staff were trained and their competency to deliver care and support people was observed by the registered manager and the deputy manager. relatives and social care professionals praised the service for putting people at the centre of their care.

The registered manager was actively recruiting to ensure that there were enough staff safely employed to meet people's needs in a personalised way.

People's dignity and privacy was promoted and respected by staff. Staff enabled people to maintain and develop relationships and stay safe.

People had a well-developed activity schedule and attended day care several times a week. Relatives told us they were happy with the activities provided to people but felt that there was room to improve in-house activities.

The provider's governance systems and processes were effective and identified areas of the service where improvements were needed. The registered manager completed regular audits and ensure the service

provided to people was effective and safe.

Rating at last inspection: Good (report published 29 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

182 Bromham Road

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: 182 Bromham Road is a 'care 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed a person who lived at the home. We spoke with a staff member, the deputy manager and the registered manager. We also received feedback from a visiting social care professional. Following the inspection two relatives gave us feedback about the service.

We looked at two care plans and reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff were trained in safeguarding procedures and they were confident in describing what constituted abuse and how they reported their concerns internally to the registered manager and externally to local safeguarding authorities.
- Relatives told us they felt safe the service was safe. One relative said, "Yes the service is safe, they have adequate measures in place, reflecting the needs of the residents, including [person], to ensure they are kept safe at all times."

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for people accessing community, helping staff in the kitchen, staying in the house alone, and responding to emergencies like fire.
- People were supported by staff to understand risks and work with staff to live life to the full, while effectively managing risks. For example, staff supported a person to go out in the car because they liked the journey. There was some risk involved where the person would remove their seat belt and potentially put themselves and staff in danger. Benefits were weighed up and found that the risk could be mitigated sufficiently for the person to continue to go out in the car.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEP) in place which ensured in case of a fire staff had appropriate guidance in place.

Staffing and recruitment

- The registered manager told us they recruited staff in the vacant positions they had and the rotas were covered. They also often helped supporting people with health appointments or working hands on in the home when needed.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- Relatives told us that at times some scheduled activities had to be moved to different days due to staffing constraints but they hoped this would improve with the employment of more permanent staff.

Using medicines safely

- Staff administering medicines were trained and had their competencies checked. We found that the medicines we checked corresponded with the records kept.

Preventing and controlling infection

- People were protected against infections.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- There were regular staff meetings and meetings with people who used the service. Any incidents in the home were discussed and the registered manager ensured lessons were learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had lived at the service for many years and their support needs were well known to the registered manager. The registered manager developed the care plans to ensure that all the personalised information about people was incorporated into the support plans.
- The new care plans were more comprehensive in supporting people to communicate through their behaviour. It gave staff clear guidance on what those behaviours which at time challenged others, meant and how staff should manage these.
- Staff followed best practice when they involved people in decisions about their care by presenting information to people in a format they could easily understand and communicate their decisions.

Staff skills, knowledge and experience

- Staff told us and records confirmed that they received appropriate training and support to carry out their roles effectively.
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues until they were competent to work unsupervised.
- Staff received regular supervision and support to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menus and were encouraged to take part in cooking their meals.
- People were encouraged to live an active life and stay healthy. For example, people were encouraged to take part in outdoor activities.

Staff working with other agencies to provide consistent, effective, timely care

- Staff working at the home were able to promptly identify when people`s needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people which ensured that the care and support provided was effective and in people`s best interest.

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

- The home was clean and welcoming.
- People`s bedrooms were personalised with items they liked to help create a homely feel.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. People had an annual health check which included appointments to the optician, dentist and GP.
- The registered manager took time to create a pictorial information booklet which ensured people who were anxious when they had to access health services were supported to understand what was going to happen. This led to positive outcomes for people with regard to being supported to make informed decisions and helped reduce people's anxieties.

Ensuring consent to care and treatment in line with law and guidance

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Staff asked for people's consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes. For example, they had monthly meetings with the registered manager where they discussed aspect of their care which ensured they were involved and in agreement.
- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done where people lacked capacity to make certain decisions. DoLS applications were submitted to local authority by the registered manager to ensure that any restrictions applied to people's freedom in order to keep them safe was done lawfully.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff, and the registered manager, demonstrated that they knew people's needs and preferences well. Relatives told us staff were caring and kind. One relative said, "The staff, and home management always seem caring and supportive of all the residents, whenever we are there."
- Staff were aware of people's likes and dislikes and ensured their preferences for support were respected.
- Staff were able to tell us about individuals and the contents of their care plan, and we observed that the information they provided us with was reflected in their care plans.
- Relatives told us staff helped people maintain relationships important to them.

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

- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives.
- Relatives told us they were involved in people's care. One relative said, "We are at all reviews and have regular planning meetings with the [registered] manager, we also know that we can arrange a meeting or contact them with any concerns or questions. We also feel able to turn up whenever we want, and often do! And will ask to see [person's] folders to see what's written in there and if medication has been given correctly."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that people's privacy and dignity was respected. One relative said, "[person] has a high level of personal care needs but we always feel that the staff handle this, and every other aspect of care for them and the other residents with the utmost dignity."
- We observed a person in the home and they looked well-groomed and were dressed in clean clothes and appropriate for the weather.
- Relatives told us staff encouraged people to be independent. One relative said, "They (staff) are constantly striving to encourage [name] to develop further personal, self-help skills, and provide a warm caring environment."
- Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care and support which enabled them to live life to the full.
- People were attending day centre where they had activities they enjoyed.
- Relatives told us activities provided in the home was an area they felt could improve further. One relative told us, "The staff provide a caring environment and [person] definitely feels comfortable and is happy there, all the residents seem to enjoy being there and they attend day care activities during the week as well. The residents don't seem to get out as much as I would like, they used to have regular outings to various places, days out and holidays, but these seem to be much less frequent, mainly due to staffing constraints."
- The registered manager had known people for many years. They educated staff in how to effectively support people to express their views and attend health appointments. The deputy manager told us, following the registered manager's mentoring they successfully managed to support a person to attend an appointment whilst previously only the registered manager was able to do so.
- People's care plans were developed with personalised information about how people communicated and what their likes, dislikes and preferences were in terms of their routines, hobbies and favourite meals.

Improving care quality in response to complaints or concerns

- Relatives told us the registered manager was very responsive to their feedback or any concerns they reported. This meant that issues were resolved before they had to complain. One relative said, "There are occasional issues, as inevitably happens, usually very small but a quick message, call to the [registered] manager usually results in a satisfactory resolution to the issue at hand. I am of the belief that by keeping on top of the home over the little things sends a message that standards cannot slip."
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.

End of life care and support

- The service had not provided end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us they were happy how the registered manager ran the home. One relative told us, "The manager, and deputy, are excellent and operate to a high standard, they have, not recently but in the past, had to deal with some sloppy standards of care by some of the staff. This has been tackled robustly and has resulted in a very well managed and highly motivated team who realise that they are there to provide a high standard of care and support to the residents not the residents being there to provide them with jobs."
- Staff told us the registered manager led from the front, often working on the floor and being a positive example for them. Staff felt listened to and told us the registered managers door was always open if they needed support.
- The registered manager was knowledgeable about the people living in the home. We observed them talking to a professional who visited the service to carry out an assessment. The care professional told us, "The [registered] manager`s knowledge of people and the relationship they have with people is outstanding. They are very passionate about giving good care to people. They have done amazing things with putting a picture folder together to ease communication and help service users communicate their choices and help them prove they have capacity."
- The provider`s systems and processes were developed to support the registered manager to monitor and improve the quality of the care and support people received. Regular audits were carried out by the registered manager and the provider where they regularly looked at all aspects of the service. There were regular health and safety audits, care plan audits, surveys and meetings organised for people as well as staff. Where issues were identified action plans were in place and completion of actions were checked in the next month audits.

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

- Staff told us they felt valued and listened by their managers. We saw that staff had one to one support appropriate for their job roles.
- Staff were well trained and were aware of their roles and responsibilities. Staff told us the registered manager was always available to provide hands on support if it was needed.

Engaging and involving people using the service, the public and staff

- People where possible and staff actively participated in the running of the home by sharing ideas at meetings which were listened to by the registered manager and where needed actions were put in place to

ensure the service was tailored to people`s needs.

- People completed regular surveys with the aid of pictures of `happy and sad` faces which ensured their views on the service were captured and improvements made where needed.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.