

Landona House Limited

Landona House

Inspection report

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Ratings

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

Summary of findings

Overall summary

We carried out this inspection on 16 January 2019. The inspection was unannounced.

This service was last inspected in February 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Landona House 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.

There were 34 people living in the home at the time we carried out our inspection.

There was an experienced registered manager responsible for the day-to-day management of the service. 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. The registered manager had been working at the service for four months.

We looked at how the service managed its recruitment of new staff and saw that this was done well and all of the required checks were carried out before staff commenced working at the home. The home had an established staff team and did not use any agency staff. Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw that staff were very thoughtful in their approach to people.

We spoke with 11 people who lived in the home and three relatives and all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people well. We saw that warm, positive relationships with people were apparent and one person described the staff as "My life line as I'm now safe and well cared for."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The food served at the home was of a very high standard. Everyone we spoke with told us that they enjoyed the food and we saw that it was plentiful and good quality.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. There were many activities provided at the home and people told us that they enjoyed them and spoke highly of the activities staff.

The registered manager and the provider used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home. Feedback about the registered manager was excellent from the people who lived in the home, relatives and all the staff we spoke with despite them not having worked at the service for a long time.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	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 16 January 2019 and was unannounced.

The inspection was carried out by one adult social care inspection manager.

During the inspection we spoke with 11 people who lived in the home and three of their relatives. We spoke with the provider, the registered manager, the deputy manager, the chef and two other staff members. We looked at care records for four people who lived in the home and recruitment, training and personnel records for three staff members. We also looked at records around how the service was managed including quality audits and records of staff meetings.

We reviewed the information we held about the home, including the information in the PIR, before we visited the service. We used the information we held about the service to plan our inspection.

Is the service safe?

Our findings

The people who lived in the home told us that they felt safe living there. One person said, "I am safe and well cared for." The relatives we spoke with told us that the service was safe and they had no concerns.

We looked at how the home managed safeguarding and saw that the registered manager understood their role and the regulations in relation to keeping people safe from harm. The staff we spoke with had a clear understanding of their responsibilities to keep people safe. We saw that there had been very few safeguarding concerns at the service but when they occurred they were managed well. The home had an open and transparent relationship with professionals that they worked with to keep people safe.

We looked round the building and saw that it was very well maintained and decorated to a good standard. We looked at the maintenance records and we saw that ongoing checks were continuously made. We looked at records relating to the safety of the building and we had no concerns. We could see that the safety certificates were all in date. The provider told us about the refurbishment plans and how the people who used the service were involved in choosing colours and patterns.

We looked at staff recruitment and viewed three files for staff members who had been recruited since our last inspection. We saw that this had been done safely and all the required checks had been completed prior to new staff commencing work in the home.

We looked at how medication was managed in the home and we saw that this was done well. We saw that many good practice standards were adhered to in relation to people's medicines. Staff were trained to administer medicines and competency checks were regularly carried out.

We looked around the home and saw that it was clean. The kitchen had recently been inspected by the Food Standards Agency and had been awarded five stars at the last inspection which is the best possible score.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were never used so the people living in the home were always supported by staff who knew them well. We saw that the registered manager and deputy manager worked closely with the staff and the people living in the home to ensure that the service ran safely and people received that care that they needed.

We looked at risk assessments and saw that risks were managed well. We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events. We saw that documents were regularly reviewed and updated to make changes as required when people's needs changed.

Is the service effective?

Our findings

We asked people about the food available in the home and everyone told us that the quality of food was excellent and they really enjoyed it. Relatives told us that the food was of a very high standard. One relative said "They are always so welcoming. Look at the cakes we get offered and they are always home-made."

One person told us "this place has got me back on track with my eating. I now eat three meals a day and I enjoy them. It's one of the pluses here. The food is excellent."

We observed people having lunch during the inspection. Lunch was relaxed and staff were on hand to support people who needed help. The food looked, smelled and tasted appetising. The chef served the meal to people and we could see that they knew people well and what they liked to eat. For example, one person was only given a small amount of gravy on their lunch as the chef knew that they would not eat otherwise. We saw another person who was not feeling very well was served food of their choice and additional snacks that staff knew they liked to encourage them to eat.

We spent some time in the kitchen and saw that all the ingredients were sourced from local suppliers and all the food was cooked from scratch. One person had requested "Butter buns". The chef had researched these and found that they were from an old Shropshire recipe. These had been made for everyone and were now a firm favourite.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We asked the registered manager to check and update some of the wording used on consent forms to ensure that they demonstrated that relatives were consulted with when this was required.

We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet specific needs of the people living in the home such as Dementia training. Staff told us that they enjoyed training as

it was important to keep their knowledge updated. We saw that staff were given access to formal qualifications such as Qualification Credit Framework (QCF) which had replaced NVQ training.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met and that any changes in people's health needs were picked up quickly and referrals made to the appropriate support.

Is the service caring?

Our findings

Everyone we spoke with told us they received a good quality of care and that the care staff treated them in a kind and caring way. We observed warm and friendly interactions between staff and the people who lived in the home. One relative told us "This place is superb. I couldn't ask for better. They do everything she needs and more and they are very kind to us too." One person told us "The staff are warm and caring. I've had more hugs here than I have in my whole life. It's so lovely here."

The care staff understood how to respect people's privacy and dignity. People who used the service told us the staff always ensured their privacy and dignity were maintained while they were receiving personal care. We saw staff knocking on doors prior to entering and maintaining people's dignity when it was necessary.

We saw that the staff were very skilled in recognising what people needed. For example, during one activity we saw a staff member quickly recognise that one person was cold and they immediately got them a cardigan. Staff showed that they were attentive to what people wanted.

Throughout the inspection staff demonstrated that they were aware of the needs of people who have dementia and how to support them. We saw one staff member reminiscing with one person whilst they were looking at photographs of family, friends and pets. The person was obviously enjoying the interaction. We saw another person become tearful when they were talking about someone who they had lost. The staff empathised and encouraged the person to talk about how they felt.

We saw that people's rights to confidentiality were maintained. All of the records were stored safely, locked in a cabinet, in accordance with requirements.

People we spoke with told us they would speak to the staff if they needed support to express their views or to make important decisions about their care or lives. The registered manager had details of local advocacy services if they were required.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and wishes and that they went on outings in the mini bus that was driven by staff. People told us that they enjoyed all the activities that the home offered. We saw a number of people engaged in a game of dominoes with the activities coordinator. Some people were able to play independently but others needed some support. The staff member was skilled in enabling people to play the game and discreetly helping when it was required.

We saw that the home provided lots of activities for people to take part in if they wished to. Activities coordinators were employed to work at the home and the staff also facilitated activities. There were often outside entertainers brought into the home and relatives were encouraged to attend and join in. Two relatives told us that they had taken part in some of these and had enjoyed them with their family member.

Activities were provided on one to one and in group settings. We spoke with the activities coordinator and they told us that they strived to make the activities have meaning for people. We saw that lots of photographs of events that people had been involved in and had enjoyed them. Many people spoke highly of the activities staff. One person said "She is so wonderful to us. She brightens the day."

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how they liked to be cared for.

The home had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager or the provider. They said they were confident that they would act to resolve any concerns they raised. We looked at the complaints log and saw that complaints were robustly responded to.

The service supported people to the end of their life and staff had received training in specialist end of life care. The home was applying for accreditation with the Gold Standards Framework for End of Life Care. We saw many cards and letters thanking the home from relatives who family member had passed away and they had received quality care at the end of their life.

Is the service well-led?

Our findings

People told us this was a good home and said they would recommend it. They told us that the registered manager and staff team were "hardworking, kind and caring."

People spoke very highly of the registered manager and knew her by name despite her short time working at the home. People also spoke highly of all the staff.

We could see that the registered manager had a positive relationship with the registered provider and they offered their support when needed but enabled them to "get on with the job." This positive relationship was apparent throughout the inspection. Both the provider and registered manager were committed to improving the service and were striving to provide outstanding care.

The registered manager took part in a local registered managers forum. The forum was for care services can to build relationships with other care providers and share good practice. The registered manager utilised the learning to make improvements in the home.

We saw that the registered manager and deputy manager observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights. We saw that they were constantly engaged with people, relatives or staff and we were told that this was daily and that they were always very accessible for people.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us and had completed notifications when they were required.

We looked at several quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents, incidents and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and medication management was very closely monitored. The registered manager had recently introduced a number of new systems into the home that they were confident would make further improvements.

The registered manager and the provider were receptive to our feedback and demonstrated that they worked collaboratively with outside sources of help to make improvements to the service. They were dedicated and committed to providing the best possible care for the people living in the home.