

Lansdowne Care Services Limited

182 Bromham Road

Inspection report

182 Bromham Road
Bedford
Bedfordshire
MK40 4BP

Tel: 01234357238
Website: www.lansdownecare.com

Date of inspection visit:
01 April 2016

Date of publication:
29 April 2016

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

This inspection took place on 1 April 2016 and was unannounced.

182 Bromham Road provides care and support for up to six people with Learning Disabilities and Autistic Spectrum Conditions. There were six people living at the service when we visited.

The service has a registered manager. 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.

Staff had been trained to recognise signs of potential abuse and how to report them. People felt safe living at the service.

There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence.

The provider carried out recruitment checks on new staff to make sure they were fit and suitable to work at the service.

There were suitable and sufficient staff with the appropriate skills mix available to support people with their needs.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and ongoing essential training to keep their skills up to date. They were supported with regular supervision from the registered manager.

Staff ensured that people's consent was gained before providing them with support.

People were supported to make decisions about their care and support needs. This was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of the guidance and followed the correct processes to protect people.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink.

If required people were supported by staff to access other healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff. The staff team knew people well; and provided care and support in a caring and meaningful manner.

There were processes in place to ensure that people's views were acted on. Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity were promoted.

Pre-admission assessments were undertaken before people came to live at the service. This was to ensure people's identified needs would be adequately met.

A complaints procedure had been developed in an appropriate format to enable people and their relatives to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service. The registered manager was transparent and visible. This inspired staff to provide a quality service.

Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

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

Arrangements were in place to keep people safe from avoidable harm and abuse.

People had risk management plans in place to protect and promote their safety.

The staffing numbers were adequate to meet people's needs safely.

There were systems in place to support people to take their medicines safely.

Is the service effective?

Good ●

The service was effective

Staff had been provided with appropriate training to carry out their roles and responsibilities.

Staff ensured people's consent was sought before assisting them with care and support.

People were supported to maintain a balanced diet and were provided with choices on what they wished to eat and drink.

Staff supported people to access healthcare facilities when required.

Is the service caring?

Good ●

The service was caring

Positive and caring relationships had been developed between people and staff.

Staff enabled people to make decisions and acted on their views.

Staff ensured people were treated with dignity and respect and their privacy was promoted.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed prior to them moving in to live at the service.

People's support plans reflected how their identified needs should be met.

A complaints procedure was available to people in an appropriate format.

Is the service well-led?

Good ●

The service was well-led

There was an open and inclusive culture at the service.

The leadership at the service was visible which inspired staff to deliver a quality service.

The quality assurance systems in place were effective and used to make continuous improvements.

182 Bromham Road

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.

The inspection took place on 1 April 2016 and was unannounced.

The inspection was carried out by one inspector.

We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service. No concerns had been raised.

During the inspection we used different methods to help us understand the experiences of people using the service as some of the people who lived there were non-verbal. This meant they were not able to talk to us about their experiences. We spoke with four people who used the service, three support workers and the registered manager.

We looked at two people's care records to see if they were up to date. We also looked at one staff member recruitment file and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People told us they felt safe living at the service and were protected from avoidable harm and abuse. One person said, "Yes, I am safe here." Another person nodded their head to confirm they felt safe. Staff told us they had been provided with safeguarding training. One staff member said, "If I witness or suspect abuse I would report it to my superior." Another staff member said, "We have all had safeguarding training and are aware of our duty to report concerns. If the abuser was the manager I would report it to his boss at Harpur Street (the provider's office) or to the safeguarding team at County Hall." We found staff had a good understanding of the different types of abuse and were aware of the process on how they should report safeguarding incidents.

The registered manager confirmed that staff had been provided with safeguarding training and the training was updated on a regular basis. He told us that staff knowledge on safeguarding was regularly assessed to ensure that the training was embedded. We observed there were safeguarding and whistle blowing posters displayed in the service with information that included the various telephone numbers of the different agencies who staff could contact in the event of suspected abuse or poor practice. There was also a Stop Learning Disability Hate Crime poster displayed in the service. We saw evidence that staff knowledge on safeguarding was regularly updated. Evidence seen confirmed that safeguarding concerns were raised with the local authority for investigation when required.

There were risk management plans in place to protect and promote people's safety and independence. The registered manager told us that risks to people's safety had been assessed. These included risks associated with people's care such as; continence, kitchen activities, eating and drinking, using the transport, road safety, accessing the community, emotional and behavioural needs. In the care plans we looked at we saw evidence to confirm that people's risk assessments were updated on a six-monthly basis or as and when their needs changed. Staff, people and their relatives were involved in the review process. We found that the risk management plans were personalised and included detailed information for staff to follow to minimise the risk of harm to individuals. There were also generic risk assessments in place in relation to the environment and in the event of a fire to minimise the risk of harm to people.

The registered manager told us that there were arrangements in place for responding to emergencies or untoward events such as, flooding, electrical and gas failure, staff shortages or the premises having to be evacuated. We saw that the emergency folder contained the telephone numbers of senior managers who were on call daily. The registered manager said, "Two staff members from the management team are on call 24-7, 365 days a year to provide advice and support to staff in an emergency." There were arrangements in place for people to be transferred to another location owned by the provider in the event of the premises having to be evacuated. We saw regular checks on the gas and electrical equipment had been carried out to ensure they were fit for use. The fire panel was checked on a weekly basis and staff were provided with regular fire drills. Monthly checks on the fire appliances and the emergency lighting were carried out. This was to ensure they were in good working order.

There were sufficient numbers of staff available to meet people's needs and to promote their safety. Staff

and the registered manager told us that the staffing numbers were based on people's needs. One staff member said, "We never use agency staff. If the rota is short we try to cover it ourselves." The registered manager told us that the staffing numbers consisted of three staff in the morning and afternoon. At weekends the number was increased to four staff. This was to support people with social activities taking place outside the service. At nights the numbers were reduced to one waking night staff and another sleeping in on the premises. We observed during the inspection that the staffing numbers provided ensured that people were able to be supported safely. We looked at the rota for the current week and the following five weeks and found that it accurately reflected the staffing numbers.

Safe recruitment processes were in place. The registered manager told us that face to face interviews took place. New staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We looked at the recruitment file for a recently appointed staff member and found that the appropriate documentation required had been obtained.

There were systems in place to ensure that people received their medicines safely. One person said, "Yes I get my medication on time." Staff told us they had been trained in the safe handling of medicines and training was regularly updated. One staff member said, "I was not allowed to administer medicines until I had been trained and my competencies were assessed."

We observed that medicines were dispensed in Monitored Dosage Systems and stored in a locked cabinet. Each person had a medication profile in place, which included a photograph and a list of all medicines they had been prescribed including their side effects. Where people had been prescribed for medicines to be given PRN, (PRN medicines mean to be taken when required but are not part of the daily prescribed medicines), clear instructions were in place for staff to follow. For example, all PRN medicines administered had to be authorised by a senior manager. This was to ensure they were administered safely and in line with best practice. We found that two staff members were involved in the administration of medicines. There was an audit trail of all medicines entering and leaving the service. Medicines that were not dispensed in MDS were checked monthly to ensure that the balance in stock corresponded with the records. Daily temperatures of the medicine trolley were undertaken to ensure medicines were stored in the right conditions. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies would be addressed promptly. We checked the Medication Administration Record (MAR) sheets and found that they had been fully completed. We also checked a sample of medicines and found that the stock levels and records were in good order.

Is the service effective?

Our findings

Staff told us they had been provided with training to enable them to carry out their roles and responsibilities appropriately. One staff member said, "I had good induction training." Another staff member said, "We have regular training to update our knowledge and skills." From our observations we found that people received care from staff who had the necessary skills and understood their needs. For example, staff were attentive to people and used different methods to communicate with them such as, signing and gesturing.

There were systems in place to support staff to carry out their roles and responsibilities. The registered manager told us that new staff were required to complete an induction training and to familiarise themselves with the provider's policies and procedures, people's care plans and the lay out of the premises. They were also expected to work alongside experienced staff members during their probationary period and have regular one to one supervision. If staff did not have a national recognised qualification they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). In addition they were provided with essential training such as, moving and handling, fire awareness, safe handling of medicines, safeguarding of vulnerable adults, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), food safety, emergency first aid, epilepsy and autism awareness. We saw evidence which demonstrated that the staff team had completed essential training. There was an on-going training programme at the service to ensure all staff received updated training.

Staff told us there was a supervision framework in place and that they received regular supervision. This enabled them to discuss their training needs as well as the needs of the people who used the service. We saw written evidence which demonstrated that staff received bi-monthly supervision. There was a supervision planner in place which showed future supervision dates for the entire year. The registered manager told us that work was in progress to ensure all staff were appraised. We saw evidence that some staff had been appraised.

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. Staff told us they had attended training and had a good understanding of MCA and DoLS.

We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interest meetings when required. Five people who used the service were subject to a DoLS.

Documentation seen confirmed that these had been approved in line with the current legislations.

Staff told us they always gained people's consent before assisting them with care and support. One staff member said, "I always explain to the residents what I am going to do before assisting them." The staff member commented further and said, "If I am assisting a resident with their medicines I explain to them the reason why they should take their medicines. For example, I say it is going to make you feel better." Another staff member said, "We know the residents we support well enough to understand if they agree to be supported. We can tell by their facial expressions. If they refuse we respect their wishes." We observed staff during the inspection asking people for their permission before providing them with support.

Staff told us that people were supported to eat and drink and to maintain a balanced diet. One staff member said, "The residents choose what they wish to eat and the menu is discussed with them." Another staff member said, "The residents are given choices on what food they wish to eat. We show them picture cards to choose from." The registered manager confirmed that regular meetings were held with people to discuss their food options. He said, "I am encouraging the residents to try different types of food that they are not familiar with to promote healthy eating." We saw minutes from residents' meetings to confirm this. We observed there was a good supply of food in the kitchen including fresh fruits. When people returned from the day centre they were supported by staff to make a hot or cold drink of their choice.

The registered manager told us if risks to people's eating and drinking were identified specialist advice would be sought. We found if needed, people had access to the dietician and speech and language team; and their weights were regularly monitored.

People were supported to maintain good health and to access health care facilities. Staff and the registered manager told us that people were registered with a GP who they visited as and when required. People were also supported with regular dental, chiropody and optical appointments. They were also provided with annual health checks and six-monthly medication reviews. We saw people had health plans. These were written in an easy read format that staff kept up to date. If people's moods changed they were supported by staff to access specialist support with their emotional and psychological needs. The service had been involved in an oral health initiative and had been given an award. This was because staff were able to demonstrate that people were provided with healthy snacks and sugar free alternatives to promote good dental health.

Is the service caring?

Our findings

People had developed positive and caring relationships with staff. One person said, "The staff are nice." We observed staff treating people with kindness and compassion. When in people's company their body language was positive. They kept appropriate eye contact when speaking to people. We saw people looked comfortable and at ease in staff's company and were spoken to in a calm and appropriate tone.

People's different needs were understood and met by the staff team. One staff member said, "We support [names called] with promoting their religious needs as they enjoy going to church." Another staff member said, "I share the same interests as my key client. I was on holiday and when I returned he said he had missed me. I was pleased about this as I make him feel special and buy the DVD's that he enjoys looking at and take him shopping." Staff told us that they enabled people to choose what clothes they wished to wear. We observed there was a board with the staff's names and photographs displayed in the service. This was to make people aware of the staff members who would be on duty to support them with their care needs. We saw staff communicated with people who were non-verbal by pointing, gesturing and facial expressions.

People were made to feel that they mattered. One staff member said, "We have regular residents' meetings to find out if they are okay and write up a monthly evaluation report on their care needs and well-being." Another staff member said, "We include the residents in what we are doing and give them choices with their daily routines. We can tell by their facial expressions if they are happy to be involved." Staff were able to demonstrate that they knew people's needs and preferences very well. For example, one person became anxious. Staff provided reassurance to reduce their anxiety levels.

The registered manager told us that people were supported by their family members, key workers and staff at the day centre to express their views and be involved in making decisions about their care and support needs. He said, "We have meetings with the residents and use picture cards to enable them to make choices. The majority of the residents are non-verbal but staff act on their intuition and support them to make choices." During the inspection we observed people would approach the registered manager and staff for reassurance, which was given in a sensitive and kind manner. Staff listened to people and answered their questions in a manner that they were able to understand. For example, we observed the registered manager making a person aware that their weekly allowance would be given to them on their return from the day centre. The person was happy with the response given.

The registered manager told us that people had access to an advocacy service via the day centre they attended if required. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives).

Staff were able to describe how they ensured that people's privacy and dignity were promoted. One staff member said, "We have a system in place to ensure the residents' privacy is upheld. We knock and wait for a response before entering. The residents who are non-verbal we would knock and wait for 20 seconds before entering." Another staff member said, "Some people suffer with seizures. Therefore, I always explain to them why I have to be with them in the bathroom." Within the care plans we looked at we saw people had given

agreement for staff to enter their bedrooms when they were not present.

We found that there were processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidentiality policy, which was discussed with staff as part of their induction. Staff were expected to sign the policy when they had read it. This was to confirm they had understood the policy and would adhere to it. We observed people's care plans were appropriately stored and the computer was password protected.

People were given the privacy they needed. All bedrooms were single occupancy. This ensured people could retire to their bedrooms if they wished to be alone. People also had access to the garden where they would go if they did not wish to go to their bedroom. This showed that people could have private and quiet times alone if they wished.

Staff told us they supported people to be as independent as they were able to. One staff member said, "We encourage people to dress and undress themselves if they are able to." Another staff member said, "If people are able to, we encourage them to vacuum their bedrooms and take their laundry basket to the laundry room." During the inspection we observed a person taking their laundry basket to the laundry room and staff supporting people to make hot drinks.

Staff told us that the team was supportive to each other. One staff member said, "We support each other and know what to do and how to care for the residents." We observed that staff spoke to the people using the service and to each other in a respectful manner. They were able to empathise with the people they were caring for.

The registered manager told us that people's family and friends were able to visit without restrictions. Within care plans we looked at we saw family members had visited and staff supported people to visit family members.

Is the service responsive?

Our findings

Staff told us that people's care plans were discussed with them and evaluated on a regular basis. We saw evidence in the care plans we looked at that people and their family members had been involved in developing them. For example, some plans had been signed by relatives to confirm their involvement

The registered manager told us that there was an assessment process. People's needs had been assessed prior to admission at the service. He explained that information was obtained from people, their relatives and other health and social care professionals who had been involved in their care needs. Information gathered at the assessment process was used to inform the care plan. We were told that people would be provided with a transition period. This was to ensure that the service was able to meet the person's needs and they were compatible with the existing people living at the service. We found that there had not been any recent admissions to the service.

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare were recorded in the care plans we looked at. The plans seen were personalised and contained information on people's varying levels of needs, their preferences and histories. We saw evidence the plans were reviewed six-monthly or as and when people's needs changed. Statutory yearly reviews of people's care needs were carried out, which involved people, their family members, social care professionals and staff.

Staff told us that people were supported to follow their interests. All the people living at the service attended a day centre at least four times weekly. People enjoyed going for walks and drives in the car which staff supported. We saw evidence that staff planned regular outings and social events for people. For example, people regularly had meals out, attended discos and social clubs of their choice. Staff ensured that people's birthdays were celebrated and holidays were planned.

People were supported by staff to maintain relationships that mattered to them to avoid social isolation. Staff told us that some people regularly visited their family members for weekends and day visits. They also attended garden parties and barbecues that were arranged by other services owned by the provider.

The service had a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint and was displayed in the service. The procedure outlined the process in place for recording and dealing with complaints. We found there had not been any formal complaints recorded.

There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. Surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed.

Is the service well-led?

Our findings

Staff told us that there was a positive, open and inclusive culture at the service. One staff member said, "The manager listens to us. We have meetings and we are able to make suggestions on how the home is run." Staff also confirmed that the registered manager was transparent and approachable. One staff member said, "His door is always open and the residents always approach him. He puts them at ease."

Staff told us they were clear about their roles and responsibilities and that they enjoyed working with the people who used the service. They also said that they felt valued by the registered manager. One staff member said, "He involves us in what is happening in the home and ask for our suggestions". Another staff member said, "He makes us aware of changes we are never kept in the dark." The registered manager said, "The staff are very good and supportive to each other and the residents." This demonstrated there was mutual respect amongst the staff team.

The registered manager told us that the service had a whistleblowing policy. Staff told us they were aware of the policy and were confident if they had to report poor practice the appropriate action would be taken by the management team.

Staff told us that they were encouraged to discuss any areas of concern or their developmental needs during supervision with the registered manager or at staff meetings. Where required, they were provided with feedback in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, "The manager leads by example and provides hands on care as well." Staff were aware of the service's values and vision, which were to improve the quality of the people's lives they supported; and provided them with a range of services that fulfilled their needs and enabled them to continue living within the community. The staff rota seen reflected that the registered manager worked weekends and some night shifts when staff had been on annual leave.

The registered manager told us that he was fully aware of his responsibilities and felt supported by his staff team and other managers to deliver a quality service. He said, "I have regular meetings with the staff team and meet with other managers at least monthly to discuss operational issues and how best we can improve on the quality of the care we provide to the residents we support."

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified, measures were put in place to minimise the risk of occurrence.

There were quality assurance systems in place which were used to monitor the quality of the care provided and to improve on the care provided. Audits relating to health and safety, safe handling of medicines and record keeping were carried out on a regular basis. Where areas had been identified as requiring

improvements action plans had been put in place detailing how they would be addressed.