

# Lansdowne Care Services Limited

## 1 Lansdowne Road

### Inspection report

1 Lansdowne Road  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

1 Lansdowne Road is a care home that provides personal care to people with a learning disability and/or autistic people. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. At the time of inspection, 12 people were living at 1 Lansdowne Road.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions of Effective, Caring, Responsive and Well-led, The service was somewhat able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

1 Lansdowne Road is larger than average for a care home supporting people with a learning disability and autistic people. As a domestic property, the building fitted into the local residential area and there was nothing outside to show it was a care home. People were provided with care that promoted their dignity, privacy and human rights. However, whilst the size of the location did not impact on the ability of the service to meet people's basic care needs, the provider had not fully considered how to maximise people's choice, control and independence.

Since the last inspection, some improvements had been made and people were now being given more opportunities to develop their independence, such as by helping with household tasks. However, work was still required to identify and support people to achieve their goals and aspirations. This had been identified by the provider during a recent audit and steps were being taken to address this. For example, a key worker system was being embedded at the service to further enhance the person-centred care provided and increase focus on the outcomes for the people supported.

We have recommended the service reviews the 'Right support, right care, right culture' guidance and considers the ways in which it can further promote person-centred care, which promotes choice, inclusion, control and independence.

People were not able to tell us in detail about their experiences of living at 1 Lansdowne Road. However, they appeared relaxed in the presence of staff and comfortable with the support they received. Both relatives and staff reported an improved, person centred culture at the service since the last inspection.

People were supported by trained staff, who felt supported by the management team. People's healthcare

and nutritional and hydration needs were met, and staff ensured they liaised with external professionals, where required.

The provider's governance systems were effective in identifying the improvements required at the service and plans were in place to action the issues recorded.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 14 June 2019).

#### Why we inspected

This was a planned inspection based on our ongoing monitoring of the service. We undertook a focused inspection to assess any improvements the provider had made. This report only covers our findings in relation to the Key Questions of Effective, Caring, Responsive and Well-Led, which were where improvements were identified as required at the previous inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. We were assured the service was managing appropriately infection prevention and control risks, in relation to COVID-19 and in line with guidance.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 1 Lansdowne Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection.

Further information is in the detailed findings below.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 1 Lansdowne 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

1 Lansdowne Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Inspection activity started on 30 June 2021 and ended on 02 August 2021 when we gave feedback to the provider. We visited the location on 30 June 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke briefly with six people who used the service. Some people using the service were not able to tell us in detail about their experiences, so we observed their interactions with staff and the support they were offered, to help us understand. We also spoke with four relatives about their experience of the care provided. We spoke with the registered manager, deputy manager and operations manager, as well as, receiving feedback from three staff members.

We checked two people's care records and a variety of records relating to the management of the service, including policies and procedures. We also looked at training data and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at part of the key question. We will assess all of the key question at the next comprehensive inspection of the service.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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's needs were assessed before they moved to 1 Lansdowne Road, to ensure they were supported in line with their needs and choices. There had been no recent admissions to the service, however, the registered manager explained how they would assess people's needs and consider compatibility, as and when referrals come through.

Staff support: induction, training, skills and experience

At the last inspection we made a recommendation that the provider should find out more about training, based on best practice, in relation to the provision of person-centred care. The provider had made improvements.

- Staff received appropriate training to their role. They had either attended or were booked to attend all mandatory training courses. One staff member told us, "I have done all of my training and this covered everything I need. This has mostly been online training because of COVID-19. However, I feel well supported and can go to the [registered manager] if I have any questions."
- Additional service specific training was completed, such as dementia awareness, epilepsy and person-centred care.
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they had individual support from the registered manager and attended regular team meetings.
- Inductions for new staff were thorough and their knowledge was tested by working with experienced staff and the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make choices about what they would like to eat and drink. Weekly meetings were held where the menu for the following week could be discussed and ideas shared. The registered manager had implemented photographs of meals, to support people to be meaningfully involved in these discussions.
- We observed people being supported to prepare the lunchtime meal on the day of inspection. People indicated to us that they enjoyed the food on offer.
- Plenty of drinks were available throughout the day which helped reduce the risk of dehydration.
- People's weight was monitored, and referrals made to the dietician if there was any cause for concern. People's food and fluid intake was also monitored, and where necessary, appropriate action was taken if



any issues were identified.

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

- At the last inspection, the laundry facilities had been moved to the top floor of the building. This meant people living on the ground floor, who were not able to climb the stairs, were not able to participate in washing their own clothes and bedding, as they had previously been able to do. This had been rectified at this inspection, with additional laundry facilities available on the ground floor.
- 1 Lansdowne Road is an adapted building on three levels with a good-sized garden space to the rear. Each person's room was furnished to their taste, with many personal belongings to support people to feel it was their home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend appointments with various health professionals. Staff told us they ensured people had the support they needed if healthcare was required and we saw from records that referrals were made as necessary.
- The manager worked closely with other professionals when required to ensure people received effective care and made sure any advice received was used to improve their care.

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

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. 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 and were being met.

- DoLS applications had been made by the registered manager, where these were required.
- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best interest. We saw records to support that this happened.
- Staff received training in the MCA and its code of practice. Staff we spoke to understood how to put this into practice, although their confidence in this area could be developed further.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion.
- People and their relatives praised the staff team for the care and support they provided. A relative said, "In my experience the staff are certainly caring. I have full confidence in the quality of care provided." Another relative told us, "I am very happy with the care provided. [Name] came to visit us the other day, he enjoyed being here but couldn't wait to get back home."
- During the inspection, we observed staff interact with people in a positive manner. People appeared comfortable and relaxed in the company of staff.

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

- People were encouraged to be involved in making decisions about their care and to take part in reviews. Weekly meetings were held with people to discuss a range of topics including activities they would like to participate in, how to keep safe and the allocation of household tasks.
- One relative told us that their loved one had been involved in the recruitment of new staff members, which was something they had enjoyed.
- The registered manager was in the process of completing person centred reviews with people. These included a review of their support, what was working, what was not working, what was important to that person and what they would like to do next.
- One family member told us, "I am always involved in reviews and kept informed and consulted about any changes." Another relative said, "They keep me informed if there have been any changes. We have not had any recent reviews, but I think this had been due to COVID-19. If things have cropped up, they do get in touch."

Respecting and promoting people's privacy, dignity and independence

- At the previous inspection, we found opportunities to maximise people's independence were missed. During this inspection, we observed improvements had been made. For example, people were supported to make drinks, use the microwave and prepare meals. We spoke to the deputy manager who said, "Staff used to do a lot more for people. Previously, they would have just cooked a meal for them. Now people are encouraged to be involved in whatever level they can be."
- One staff member told us, "We are working on promoting people's independence, such as supporting people to clear up after they have eaten. Most are capable of hoovering their room or doing their laundry, with a bit of help."

- Relatives also felt their loved ones were being encouraged to be more independent. One relative told us, "Staff are now encouraging [name] to do their own washing, which is good because it's making [name] more independent."
- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff respected people's rights to have time alone and privacy. Staff maintained people's privacy and dignity when assisting them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the previous inspection, we found support plans lacked information about people's achievements and aspirations. Whilst some progress had been made, work was still required in this area. A key worker system had been implemented at the service, but this was still in the process of being embedded. A recent quality assurance audit completed by the operations manager identified this as an area for improvement.
- Support plans reviewed contained detailed information regarding people's practical needs and preferences. One staff member told us, "I think the care plans are good. It's been useful to have the time to read and understand them."
- Relatives gave us mixed feedback about how responsive the service was in meeting people's needs. One relative told us, "We have been kept fully informed of measures being taken to improve since the last inspection. They have been very proactive since." Another relative told us, "Staff are just not proactive...they are not the worst in the world but not the best either. [Name] needs more support with their personal care and to clean their room."

We recommend the service reviews the 'Right support, right care, right culture' guidance and considers the ways in which it can further promote person-centred care, which promotes choice, inclusion, control and independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the previous inspection we made a recommendation that the service finds out more about training for staff, based on current best practice, in relation to the communication needs of people using the service. This had been partially completed.

- People's communication needs were documented in their support plans. Some people had a communication passport document in place, which outlined their specific communication needs. These were in the process of being reviewed and updated.
- The registered manager explained that due to COVID-19, there had been some delays in sourcing specific communication training. However, they had been working closely with the staff team to understand people's different communication styles and role-model effective ways of working with them.

- The registered manager had implemented a picture book for a person whose communication is assisted via the use of photographs. They explained that this book is being updated and added to on a regular basis.

#### Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure. People told us they were aware of this process and felt comfortable raising any concerns with the service. One relative said, "I am definitely confident in approaching staff and management with my concerns regarding any problems or the care provided."
- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure. Relatives gave us mixed feedback regarding the service's response to complaints. Whilst some felt the service resolved any issues they had promptly, others felt complaints were not resolved in a timely manner and to their satisfaction.

#### End of life care and support

- A system was in place to record people's needs and preferences for the care at the end of their life. The registered manager explained that discussions had taken place with people and their loved ones and this documentation was completed, where appropriate.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager had a good understanding of their responsibilities towards the people they supported. People and relatives told us they found the management team to be approachable and helpful. One relative told us, "[Registered manager] is lovely. I am very impressed with her."
- Staff reported a positive team ethos and knew they could go to the management team for advice and support. One staff member said, "I feel supported by other colleagues and my manager. I feel comfortable talking to them. If I need anything or am not sure, I know I can go to my manager."
- Staff reported a positive change in culture at the service. The deputy manager told us, "The level of support has changed a lot over the past couple of years. [Registered Manager] has made a real difference. [Operations Manager] is also very supportive. They ring the home most days and asks what our plans for the day are. I know I can also contact them if I need any support."
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

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

- The management team and staff understood their roles and respected the impact their roles had for people. The registered manager worked alongside the staff team routinely and assessed the service provision as part of their daily work.
- A governance system was established, which included various audits and the monitoring of safeguarding concerns, complaints, accidents and incidents. This was effective in identifying areas for further improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback about the quality of the service provided was gathered from people, their relatives, staff and stakeholders. This information was then used to improve the quality of service provided.
- Staff feedback was sought via individual and face to face meetings with the management team.

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people, for example, district nursing teams and other health professionals in order to provide joined up care. They also

worked closely with the local authority monitoring and safeguarding teams to ensure people received safe and effective care.