

Anchor Hanover Group

# Landemere Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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:

Landemere Residential Care Home provides accommodation for up to 41 people who need personal care and support. The service provides care for older people and people living with dementia. There were 40 people living at the service at the time of our inspection.

Rating at last inspection: Good (report published 27 July 2016).

What life is like for people using this service:

Improvements were needed to one person's risk assessment to ensure they, other people, and staff were safe at the home.

People said they felt safe at the home because staff checked on them and assisted them to move safely. The home was well-staffed and people had their needs promptly met. Medicines were overseen and administered by trained senior staff. All areas of the home were clean, tidy and fresh and staff were trained in infection control.

Staff were well-trained and people said they were kind and helpful. People said they liked the food served. At lunchtime the dining room was well-presented with menus, condiments and serviettes on the tables. Staff ensured people's healthcare needs were met knew when to seek medical assistance for people. The home was purpose-built and accessible throughout to people with limited mobility.

People made many positive comments about how caring the staff were. They said the staff talked with them and helped them to make choices about their lives. The home had an inclusive atmosphere, for example the staff had their Christmas party there because they wanted the people they supported to attend. Staff respected people's privacy and dignity and encouraged them to be as independent as possible.

Staff were knowledgeable about how best to meet people's needs. People had the opportunity to take part in a wide range of one-to-one and group activities at the home including chair-based exercise classes, bingo, quizzes, monthly cocktail parties with visiting entertainers, and church services. People knew how to complain if they needed to and were confident that complaints would be listened to and addressed.

The registered manager was approachable and knew the people using the service well. When she took up her post she moved her office downstairs so she could be nearer and more accessible to the people using the service. The provider had quality assurance systems in place to monitor the quality of the care provided and make improvements where needed. The home had links with organisations in the wider community, for example local schools and churches.

More Information is in the detailed findings below.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our 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?

**Requires Improvement** ●

The service was not always safe.

Improvements were needed to one person's risk assessment.

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.

# Landemere Residential Care Home

## **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 team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Service and service type:

Landemere Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with six people using the service and one relative. We also spoke with the registered manager, district manager, two care workers, the activities co-ordinator, the cook, and a visiting trainer.

We looked at three people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection in 2016 the key question of Safe was rated Good. At this inspection the rating had changed to Requires Improvement.

The service was not always safe and there was an increased risk that people could be harmed.

Systems and processes / Assessing risk, safety monitoring and management

- One person's 'distressed behaviour record' showed that on three occasions they had engaged in inappropriate behaviour that had put another person and staff at risk. These incidents occurred on 26, 28 and 30 December 2018.
- Although these incidents had been logged at the home the person's risk assessment, which had been updated, on 1 January 2019, did not refer to these incidents or mention the risk that the person may behave inappropriately.
- The registered manager had acted following the three incidents. She said she spoke with a community matron who made changes to the person's medicines and they were less agitated as a result. Following our inspection, the registered manager sent us an updated risk assessment for this person.
- The registered manager told us the descriptions of distressed behaviour in the records were inaccurate, the incidents did not happen in the way staff described them, and they were less serious than they appeared. This meant that on three occasions staff made incorrect recordings regarding safeguarding and risk which showed a lack of clarity with regard their safeguarding responsibilities
- The registered manager said she had since reminded staff of the importance of keeping accurate records at staff meetings and supervisions.
- People said they felt safe at the home. One person said, "[Having] lots of people around makes it feel safe." Another person told us, "I definitely feel safe. I have my own room, and I can lock the door if I want to. I have a call bell and if I ring it staff come and say, 'Are you alright'." A relative told us they felt their family member was safe at the home.
- Ten people at the home had been assessed as high risk from incidents such like falls. Staff knew what to do to reduce risk to these people. For example, a care worker told us, "[Person] needs staff to walk with him. He presses his buzzer if he wants one of us to come and do that."
- We saw staff assisting people to move safely. For example, one person was hoisted and care workers talked them calmly through the process, encouraging them to maintain some independence whilst being assisted. When using the hoist care workers put a screen around people to protect their privacy and dignity.

Staffing levels

- The home was well-staffed and people had their needs met promptly. A care worker told us, "The staffing levels are fair, I can't remember us ever being understaffed here."
- The registered manager used a dependency tool to calculate the number of staff needed each day. This

helped to ensure staffing levels were right for the home at any one time.

- If extra staff were needed the registered manager put them on duty, for example, if people were unwell or needed intensive support for other reasons.
- Staff were safely recruited following the provider's recruitment policy. They had completed checks with the Disclosure and Barring Service (DBS) and provided references. The DBS checks show if an employee had a criminal record or had been barred from working with adults.

#### Using medicines safely

- People received their medicines safely and as prescribed. A relative told us, "There have never been any issues with medication. The staff are very good at keeping meds at the right spaced intervals which is important due to [family member's medical condition]."
- The provider had systems in place to ensure medicines were stored and managed safely.
- Medicines were overseen and administered by trained senior staff. A care worker told us, "Just the seniors do medicines. We are told not to disturb them so we don't."
- People have personalised care plans in place for their medicines with instructions for staff on how to ensure people were safe taking them. For example, records showed one person was on a medicine with 'sedating properties' and staff were told to monitor the person closely as they were at increased risk of falls.

#### Preventing and controlling infection

- All areas of the home were clean, tidy and fresh. A care worker said, "We are on the ball with cleanliness. If there's a spillage we get cleaners out straight away and put up a yellow warning sign so no-one slips."
- Staff were trained in infection control and followed the provider's policy on this.
- Records showed the registered manager carried out infection control audits and checked hand hygiene, PPE (personal protective equipment), sharps, the environment, waste disposal and laundry.
- If extra infection control measures were needed these were put in place. For example, following a D&V (diarrhoea and vomiting) outbreak in 2018 the home was temporarily closed to visitors and all areas deep cleaned

#### Learning lessons when things go wrong

- The registered manager told us that accidents, incidents and 'near misses' were analysed and improvements made where necessary.
- For example, following a medicines incident staff at the home were told to double-check with health care professionals that they had the right person and notes before they administered medicines.

# Is the service effective?

## Our findings

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

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 came to the home to ensure staff could meet them. Assessments covered people's health and social care needs.
- Protected characteristics under the Equality Act were considered. These included age, disability, race, religion or belief, sex, and sexual orientation.
- To ensure staff understood people's cultural needs the assessment asked, 'What if any strong beliefs or values does the customer have?' These were recorded so staff had a good understanding of the person.

Staff skills, knowledge and experience

- People thought the staff were skilled. One person said, "Staff are very kind and helpful. I think they are very well-trained. They are very, very helpful." A relative said, "The staff are very knowledgeable, and they know what they are doing when using the hoist."
- Staff completed a comprehensive induction and ongoing training to ensure they could meet people's needs. One care worker said, "The training is good and I was surprised how much we get."
- The registered manager had an online system in place to monitor the training staff received and check it was up to date.
- If staff needed extra training to meet people's individual needs this was provided. For example, staff were due to be trained in insulin administration by a district nurse.

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

- Most people we spoke with said they liked the food served. One person said, "All the food is nice, I've never sent anything back." Another person told us, "The food is lovely."
- At lunchtime the dining room was well laid out. There were menus on the tables along with tablecloths, condiments and serviettes. Staff took round two plates of food to each person to show them the day's choice.
- People had care plans for their nutrition and hydration and records showed that dieticians and the SALT (speech and language therapy) team had been consulted where necessary and their instructions followed.

Staff providing consistent, effective, timely care

- People said their healthcare needs were met. One person told us a GP visited them at the home if they were unwell. A relative said their family member had a problem with their foot so staff brought in a chiropodist to deal with it.
- Staff knew when to seek medical assistance for people. For example, a care worker told us that one of the people they supported had delicate skin and the care worker knew to report any changes they observed to

their team leader so they could be addressed.

- Records showed that people received healthcare support where needed from a range of healthcare professionals including GPs, district nurses, opticians, and chiropodists.

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

- The home was purpose-built and accessible throughout to people with limited mobility. There was a passenger lift to the first floor. Pictorial signage was used to help people identify different rooms.
- People's bedrooms were personalised to suit their tastes and they were encouraged to bring their own possessions to create a homely atmosphere.
- Staff had made adaptations to people's rooms where necessary. For example, one person was partially sighted so staff fitted a brighter light in their room and put a large sign on their ensuite so they could easily locate it.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Staff were trained in the MCA and knew to ask people for their consent before meeting their care needs.
- Where there were restrictions on people's liberty they were referred to the DoLS team for authorisations to be put in place where appropriate.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported

- The people at Landemere all spoke very highly of the staff. One person said, "Staff are very caring and listen to the residents. They help by talking to the residents." Another person said, "Staff are always nice to me. Everyone is very kind here."
- A relative told us their family member was happy at the home because the staff didn't treat them any differently now they were living with dementia.
- A visiting trainer told us, "I love coming here, it is such an upbeat happy home. All the staff are welcoming and say hello to me as I go around. It's lovely to see staff talking with the residents, they are so kind and caring, and the home is very inclusive because the residents are at the heart of everything."
- The staff included people in occasions and events, for example, their own Christmas staff party. A care worker told us, "We had our party at the home so the residents could attend too. We put on our best clothes and we had a DJ and we danced with the residents. We couldn't have had our party without them."

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

- Care workers involved people in their own care and encouraged people to make their own choices. For example, we saw care workers supporting people to choose what they did that day and whether or not they wanted to take part in activities.
- A relative told us they were involved in reviews of their family member's care plan. They said that staff consulted with them if any changes were needed to their family member's care or equipment.

Respecting and promoting people's privacy, dignity and independence

- People said that they felt listened to by the staff and their wishes were respected. They said their privacy and dignity was respected.
- A relative said that care workers always shut their family member's bedroom door and the curtains when they were assisting her with personal care.
- People were encouraged to be as independent as possible. For example, if people wanted to walk independently staff assisted them to do this, walking with them to ensure they were safe.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

### Personalised care

- Care plans included information about people's care needs as well as their life stories, likes and dislikes, and hobbies and interests.
- Care workers were knowledgeable about the people they supported and know how to provide them with responsive care and support. For example, one care worker said, "When [person] gets distressed I talk to them about their past, it's lovely to see their reaction, it's as if the lights have come on again."
- Not all care plans contained the detail care workers might need if they did not already know a person. For example, one care plan stated, '[Person] can become emotional [...] distraction techniques used are effective.' However, it did not state what particular distraction techniques these were. The registered manager said she would address this and update and improve care plans as necessary.
- People had the opportunity to take part in a wide range of one-to-one and group activities at the home including chair-based exercise classes, bingo, quizzes, monthly cocktail parties with visiting entertainers, and church services.
- We saw a group activity where people smelled different aromas and tried to identify them from their past. This led to a discussion and reminiscence about what image the smells created and people enjoyed this.
- People's religious and cultural beliefs were respected by the staff, for example once a month a minister visited the home to provide a church service for anybody who wished to attend.
- The registered manager understood their responsibilities to comply with the Accessible Information Standard and had taken active steps to ensure information was provided to people in a way they found accessible.
- Where necessary information about the home and people's care and support was available to them in large print. Staff also read documents to some people to help ensure they understood them and supported people to make choices using pictures or actual items, for example, showing people two plated meals at lunchtime.

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

- People knew how to complain and said they felt confident that complaints would be listened to and addressed.
- A relative said they had raised an issue with management about a damaged item and the matter had been resolved in a satisfactory manner.
- The registered manager told us, "We don't have many formal complaints as we tend to nip things in the bud and if people raise an issue we always feedback to them verbally, by letter or phone so they know what we are doing to put things right."

### End of life care and support

- Staff were trained to provide end of life care and worked closely with healthcare professionals to ensure people had the support they needed at the end of their lives.
- Records showed that if people were receiving end of life care they had detailed care plans in place so staff knew how to keep them comfortable and pain-free.

# Is the service well-led?

## Our findings

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People said they were happy to speak up if they had anything to say about the service. One person told us, "I feel confident talking to management." They all said they would recommend the home to family and friends. A relative said, "I would recommend this home to other people."
- The registered manager was approachable and knew the people using the service well. A relative said, "[The registered manager] has set a standard and the staff adhere to it. She leads by example. She does night shifts. If things need doing, she addresses them."
- Care workers told us the registered manager and her deputy were supportive and committed to ensuring people received high-quality care.
- One care worker said, "We have a good manager and she'll tell you if you need to do something. I would recommend this place because it's a home from home."
- When the registered manager took up her post she moved her office downstairs so she could be nearer and more accessible to the people using the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider had quality assurance systems in place to monitor the quality of the care provided and make improvements where needed.
- The district manager, registered manager and staff carried out a series of checks to ensure the home was running safely and effectively.
- The provider's sent their own auditors to the home to evaluate specific areas, for example health and safety and care plans for people living with dementia.
- In response to the audits the registered manager worked to an ongoing action plans with the aim of continually improving the service.

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

- People had the opportunity to feedback on their experiences at the home through quarterly residents meetings. Minutes showed that 22 people and relatives attended as well as managers and staff at the home.
- People told staff they would like to see the registered manager more often. In response the registered manager organised a weekly surgery so they could come and see her then if they wanted to.
- Topics discussed included activities and improvements to the premises. People and relatives attending were given the opportunity to share their views either at the meeting itself or afterwards, if they preferred to

talk with the registered manager on a one-to-one basis.

- The provider used an independent organisation to survey people and relatives to find out what they thought of the care provided. The results of the 2017 to 2018 survey of Landemere Residential Care Home showed that the majority of the 24 people and 13 relatives who responded were satisfied with all aspects of the service.
- Staff meetings were held monthly and staff had regular one-to-one supervisions and appraisals. Care workers told us they could share their views on the home at any time. One care worker said, "If we have any concerns we can go to our team leader or the manager and they will deal with them."

#### Continuous learning and improving care

- If shortfalls at the service were found they were promptly addressed. For example, one audit showed a contradiction between people's weights and their MUST (malnutrition universal screening tool) scores. This was down to incorrect recording. The managers addressed this by putting a new system in place to prevent this happening again.

#### Working in partnership with others

- The registered manager had developed links with organisations in the wider community, for example local schools and churches. This enabled people living at the home to socialise with people outside the home.
- Staff at the home ran a lunch club open to anyone in the local community. They also provided 'blue light breakfasts', tea in insulated cups for anyone who worked for emergency services who was able to drop in in the mornings.