

Lansdowne Care Services Limited

1 Lansdowne Road

Inspection report

1 Lansdowne Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 spectrum conditions. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. 12 people were using the service. This is larger than recommended by current best practice guidance 'Registering the Right Support'.

'Registering the Right Support' guidance promotes that people who use services can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include them having control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The manager was working with the provider to develop the service in line with these values. However, the outcomes for people did not fully reflect this and more work was needed to embed this way of thinking within the culture of the service.

Outcomes for people depended on the approach taken by individual staff, some of whom worked in line with these values. However other staff were more task focussed and did not involve or empower people.

People's care plans were personalised to give guidance to staff on how to support people effectively. However, more work was needed to ensure staff had enough guidance about how to support people in relation to their communication needs.

People and their relatives were involved in discussions about their care and in developing their care plans. However, this was limited for some people because their support in relation to their communication needs was not well developed.

We have recommended that the provider looks into further training for staff in line with current good practice in relation to person-centred care and into supporting people's communication needs.

People were not able to tell us in detail about their experience of living at the service. They appeared at ease in the presence of staff, and appeared comfortable with the support they were offered. Relatives all confirmed that their family members were happy living at 1 Lansdowne Road.

Some staff were very engaged with people and the impact of this on people was clearly positive, and they appeared pleased to be supported by these staff.

Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on

how to support people with these risks.

Staff were knowledgeable about safeguarding people from avoidable harm and how to report their concerns internally and externally to local safeguarding authorities.

People were not always supported to have maximum choice and control of their lives choice and control of their lives; the policies and systems in service were being developed to support improvements.

Relatives and people told us staff were caring. People`s dignity and privacy was promoted and respected by staff People were encouraged to eat a healthy balanced diet and to drink plenty of fluids. Staff supported people to attend health appointments.

Staff encouraged people to maintain their interests and take part in activities, both at home and within the community.

There were enough staff to meet people`s needs. Staff had supervisions to discuss their progress and training in subjects considered mandatory by the provider to develop their skills and knowledge.

The provider`s governance systems and processes were improving and the manager had a plan in place to continue to develop these systems to support ongoing improvements.

Rating at last inspection:

At the last inspection in January 2018 the service was rated 'Requires Improvement' with several breaches of regulations. This was because the provider and the registered manager had not had good oversight of the service. Improvements were needed in the culture of the service, the management of medicines, the management of the risk of infection, and how people were supported to make decisions. Although improvements have been made since the last inspection and no continuing breaches were found, further work was still needed in some areas.

This is the second time this service has been rated requires improvement.

Why we inspected: This was a scheduled inspection based on the previous rating to assess improvements the provider had made.

Follow up: We will have a discussion with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will 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?

Good 

The service was safe.

Details are in our safeed findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our Well-led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was made up of one 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.

Service and service type:

1 Lansdowne Road is a Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager in post at the last inspection in January 2018 had left the service. Although the service had a new manager in post, they were not yet registered with the Care Quality Commission (CQC). This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The inspection report will therefore refer to 'the manager' throughout and not 'the registered manager'.

Notice of inspection:

This was an unannounced inspection

What we did:

Before our inspection we reviewed information that we held about the service including any statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the provider information return (PIR) submitted to us before this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any

improvements they plan to make.

During the inspection we spoke briefly with eight 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 spoke with three staff members, the manager and the operations manager. We also spoke with one relative by telephone, and one in person. We looked at care plans relating to three people and reviewed records relating to the management of the service, such as audits, accident and incident monitoring and staff rotas.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- At our last inspection in January 2018, risks to people had not always been adequately assessed to ensure staff had enough guidance to support them to be safe whilst maintaining their independence.
- At this inspection we found improvements had been made. Risks to each person's health, safety and well-being had been assessed and measures put in place to reduce the risks as far as possible. This also supported the person to maintain their independence.
- The provider ensured risks associated with the environment, such as those related to gas, electric and fire were managed to maintain people's safety.

Using medicines safely

- At the previous inspection in January 2018 we identified improvements were needed to make sure people received their medicines safely.
- At this inspection we found that improvements had been made and people's medicines were managed safely, stored securely and administered as required.
- Medicines records were clear and correct. Medicines prescribed on an as required basis were supported by clear protocols to guide staff.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed following training to confirm staff had a good understanding in this area.
- The manager and the provider carried out regular audits of medicines, which looked for any errors and identified what action was taken to address them.

Preventing and controlling infection

- At the last inspection in January 2018, people were not protected from the risk of infection, because the laundry arrangements resulted in staff carrying soiled laundry through the kitchen. Cleaning products were not stored appropriately.
- At this inspection we found that improvements had been made. The laundry had been relocated to a different part of the house and cleaning products were stored separately in a locked cupboard.
- The home was clean, tidy and free of unpleasant odours.
- Staff had completed training in how to reduce the risk of infection and followed good practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe with the staff". People appeared at ease in the presence of staff.
- There was information on display about how to stay safe from hate crime. People confirmed staff spoke

with them about 'stranger danger' and staying safe when out and about in the community.

- There was an up to date safeguarding policy and information about how to report concerns was on display at the premises.
- Staff had training on safeguarding people from harm and understood the signs to look for that harm may have occurred.
- Staff understood how to report their concerns and the manager understood how to report to the relevant agencies. One member of staff said, "I would speak to [manager]. I know she would do the right thing, but I would report it to you (CQC) or social services if she didn't."

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs.
- The manager organised staffing around the needs of people to ensure that they were able to attend appointments or make arrangements to go out.
- Pre-employment checks such as references and disclosure and barring checks were carried out before people started work. This kept people safe because it helped the manager make sure that only suitable staff were employed.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff knew they needed to inform the manager of any incidents that occurred.
- Records showed the manager reviewed this information and took action to reduce the risk of reoccurrence.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance although the delivery of care was not always reflective of this.
- The assessments identified people's needs for issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, and specific health conditions.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles. However, staff did not all show a strong understanding of the principles of person-centred care.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the provision of person-centred care.

- Staff were able to develop their skills by taking further qualifications and this was fully supported by the provider.
- Staff completed a robust induction programme at the start of their employment. New staff shadowed experienced staff until they, and the management team, were satisfied they were sufficiently competent to work alone.
- There was a programme of staff supervision. Staff received support as and when needed and were confident to approach the management team for additional support at any time.

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

- People were supported to make choices about the meals provided at a regular meeting to agree menus for each week. However, communication tools, such as photographs of meals to support some people to be meaningfully involved in making these choices, were still being developed.
- The meal provided during the inspection was did not match the one written on the menu for the day. The menu stated that cauliflower cheese would be served along with boiled ham and potatoes. However, this was not provided, and instead, slices of aubergine were offered as the only vegetable option. Although a member of staff said that some people had requested this, we noted that most people opted not to eat it. This meant that the meal provided was not nutritionally balanced because people did not eat the vegetable content of the meal.
- People did not enjoy this element of the meal but told us they usually enjoyed the food and always had enough to eat. One person said, "I like the food. I eat enough. I don't like mince but there is always something to eat." Plenty of drinks were available throughout the day which protected people from the risk

of becoming dehydrated.

- People's weight was monitored and referrals were made to a dietician if there was any cause for concern.

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

- The laundry facilities had recently 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. One person said, "I can't get up the stairs to do my laundry, I am not mobile." Therefore, although the relocation of the laundry had removed the risk associated with it being in its previous location, it had resulted in people's independence being limited and a potential for skills to be lost. The manager and the operations manager told us they would look into how this might be resolved as a priority following the inspection.
- 1 Lansdowne Road is an adapted building on three levels with a good-sized garden space to the rear. The premises were decorated to a high standard and each person's room was furnished to their taste, with many personal belongings to support people to feel it was their home.

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).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager was in the process of making DoLS applications where it had been assessed as appropriate.
- 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, although clear documentation of the process used was not always in evidence. The manager was aware of this and taking action to improve records in relation to best interest decisions.

Staff we spoke with had varying degrees of understanding of the MCA and how it related to their work. We discussed this with the manager who said they would look at retraining and opportunities to refresh staff's knowledge through meetings and supervisions.

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 health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants.
- 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.

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

People were supported and treated with dignity and respect but they were not always involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

- At the last inspection in January 2018 we found people were not supported to be as independent as possible. At this inspection, although we found some improvements had been made, further work was needed to support people to maximise their independence.
- Throughout the inspection we found opportunities to support people to maximise their independence were lost. This was in part due to the layout of the service, for example, the lack of access for some people to the laundry facilities on the third floor. However, we found this was also due to the approach employed by staff, who did not proactively try to engage people in activities that supported independence.
- When people came home from various daytime activities, staff were in the kitchen preparing the evening meal. All but one person stayed in the lounge or elsewhere in the building, away from the staff. Staff made no attempt to involve people in the meal preparation or any other activity. One person offered to take part in meal preparation but did this with little communication from the staff present.
- Staff told us later that people would usually be in the kitchen making their sandwiches for the next day, but as the next day was a seasonal holiday, they did not need to do this. No alternative meaningful involvement or activity had been planned, so people sat in the lounge and waited for their evening meal.
- Staff maintained people's privacy and dignity when assisting them. Staff ensured discussions with people about their care were carried out in private. Records were held in a lockable office to ensure people's privacy could be maintained.
- Staff respected people's rights to time alone and privacy. For example, one person chose to spend some time in their room and staff respected this and did not disturb them.

Ensuring people are well treated and supported; equality and diversity

- Where staff interacted with people, we saw they did this with kindness. However, we found there was very little engagement between some staff and the people they supported. We noted that one member of staff coming on shift for the late afternoon greeted a member of the inspection team who was sitting with people in the lounge but made no attempt to speak to anyone else.
- We found that some other staff engaged very positively, and, as a result, people clearly showed they enjoyed being in their company. During the inspection, several people requested to go out with a particular member of staff, who made time to do this with them.

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

- We saw people were supported to make some choices about their care. However, again we noted this

varied depending on individual members of staff. For example, one person wanted to make a sandwich for the next day even though it was not needed. Staff present became locked in a dispute with them, telling the person not to make a sandwich. The person became increasingly anxious until another staff member intervened and supported the person's choice to make the sandwich which could be put in the fridge and eaten at home the next day.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection in January 2018 support plans did not sufficiently identify how staff should work with people to meet their preferences. Plans were task focussed and lacked information about people's skills, dreams and aspirations. At this inspection we found support plans had been reviewed and improvements had been made but some areas required further work.

- People and their families, where appropriate, had been involved in ensuring accurate information about people's needs and preferences was available to staff.

- The support plans were detailed and included information on each aspect of the person's needs such as, eating, personal care, and moving and handling.

- However, information about people's achievements and aspirations were not clearly identified.

- Where people had needs relating to how they communicated with others, the support plan was not detailed enough to give sufficient guidance to staff.

- We noted that the manager communicated effectively with one person using sign language. They responded well to this. However, we saw that no other staff attempted to communicate in this way with the person.

- The manager also showed us some picture cards that they told us were used to support the person to communicate their needs. However, these were not used by staff on the day of the inspection, despite the person appearing agitated when trying to make staff understand what they wanted.

We recommend 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.

- People had opportunities to take part in a variety of activities over the week, including attending day services, music and dance groups and going out in the local community.

- Two people had voluntary jobs which they both said they enjoyed. One person, who worked in a café said, "Wow! I get tired standing all day but I love it."

End of life care and support

- The provider had a system developed to record people's needs and preferences for the end of their life, but this had not been put into practice yet.

- There were no people living in the service that required this level of support at the time of this inspection.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to keep a check on the types of complaints received and to use this information to make improvements to the service.

- There was an easy-read version of the complaints procedure available for people to refer to. However, as a document with large print and drawings, it did not meet the needs of one person whose support plan said they could make sense of photographs but not drawings.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Management and leadership of the service had improved since our previous inspection in January 2018. However, further work was required to embed the improvements within the service.
- 'Registering the right support' states the values that underpin a good service are choice, independence and inclusion; that people with learning disabilities and autism have the same rights to an ordinary life as all citizens.
- The manager was committed to developing a person-centred culture in line with these values and we saw improvements in relation to this since the last inspection in January 2018. However, work was still needed to ensure all staff worked in line with these values, and focussed on good outcomes for people as well as completing tasks allocated on shift.
- The manager and the operations manager told us they knew there was still work to do to fully embed a person-centred culture within the service.

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

- It is a condition of the provider's registration to have a registered manager. The previous registered manager left the service in July 2018 and the new manager has been in post since soon after this time but had not registered with the Care Quality Commission. Following this inspection, the provider has confirmed that the manager has now started the registration process.
- We found staff understanding of their role in a person-centred service varied. Whilst some staff clearly involved people and put their needs at the heart of everything they did, others did not.
- However, we found the manager was working on this with the staff team and was keen to develop staff understanding of what good care should look like. We saw that they led by example, modelling good practice to encourage staff to work in this way.
- The manager promoted an open and transparent working environment. Staff told us they felt comfortable with the manager's approach, and that they regularly discussed areas for improvement.
- Staff received regular supervision and annual appraisal regarding their performance and to support their professional development.
- When necessary, the manager sent notifications to the Care Quality Commission as required by law, although they had been unclear about the timescale for sending these in some instances. We discussed this at the inspection and the manager confirmed they now understood our expectation that certain notifications must be sent without delay.

- The provider and the manager carried out regular audits. This meant they could regularly identify areas of the service that required improvement, and make those improvements in a timely way.
- Information obtained through complaints, surveys, meeting, audits and the analysis of incidents was used to make continuous improvements to the service.

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

- The manager and the provider needed to build on staff skills to ensure people were fully engaged and involved in day to day issues at the service. They also needed to develop an effective way to involve people in the development of the service. This meant they needed to provide other means for people to communicate their views, rather than just verbal communication, as this was difficult for some of them.
- People's relatives told us they were able to share their views about the service and were able to contribute to making improvements.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.