

Lansdowne Care Services Limited

1 Lansdowne Road

Inspection report

1 Lansdowne Road
Bedford
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Ratings

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

Overall summary

This inspection took place on 6 August 2015 and was unannounced.

1 Lansdowne Road provides care and support for up to 14 people with a learning disability. There were 11 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.

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

Staff had been trained to recognise signs of potential abuse and to keep people safe. People felt safe living at the service.

Summary of findings

Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily.

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

Staff had been provided with essential training and support to meet people's assessed needs.

People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink and to maintain a balanced diet.

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

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

People were encouraged to maintain their independence and staff promoted their privacy and dignity.

Pre-admission assessments were undertaken before people came to live at the service. This ensured their identified needs would be adequately met.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

There was a positive, open and inclusive culture at the service.

There was good leadership and management demonstrated at the service, which inspired staff to provide a quality service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

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

Risk managements plans were in place to protect and promote people's safety.

There were sufficient numbers of staff employed to meet people's needs safely.

There were systems in place to ensure people received their medicines appropriately.

Good



Is the service effective?

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of the Mental Capacity Act 2005.

Staff supported people to eat and drink and to maintain a balanced diet.

If required, people were supported to access other healthcare facilities.

Good



Is the service caring?

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care that was appropriate to meet their needs.

Information on how to raise a concern or complaint was available to people.

Good



Is the service well-led?

The service was well-led

There was an open and inclusive culture at the service.

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

The service had quality assurance systems in place which were used to good effect.

Good



1 Lansdowne 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 was unannounced and was carried out on 6 August 2015.

The inspection was undertaken by two inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also 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.

We spoke with five people who lived at the service. We also spoke with two support workers, the deputy manager and the registered manager.

We looked at two people's care records to see if they were up to date. We also looked at three staff recruitment files 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 and knew what to do if they were worried or had any concerns. One person said, “I am safe here. If I am worried I would tell the manager or staff.” Another person commented and said, “I feel safe here. The people are all my friends.” Staff told us they had been provided with safeguarding training and were aware of their responsibilities to ensure people were protected from the potential risk of abuse or harm. Staff had a good understanding of the different types of abuse and were aware of the organisation’s processes on how to report incidents of abuse. Staff were confident if they reported any incidents of abuse the management team would take the appropriate action. We saw there was a safeguarding poster displayed in the service with information that included the various telephone numbers of the different agencies who staff and people could contact if they wished to report an incident.

The registered manager told us that safeguarding was a regular agenda item at staff meetings and during one to one supervision; as well as during residents’ meetings which were held regularly. She also told us that staff knowledge on safeguarding was updated regularly. People were asked if they felt safe or worried about any issues. We saw minutes of meetings to confirm this and staff training records seen confirmed that updated training was provided.

There were risk management plans in place to protect and promote people’s safety. Staff told us they were aware of people’s risk management plans and had contributed to the development of the plans. They also said that people had been involved. We saw risk management plans were in place to support people with maintaining their independence. For example, there were risk management plans in place to support people with accessing the community, using taxis, swimming, ironing and epilepsy. Where risks had been identified, measures had been put in place to reduce or manage the identified risks. For example, one person chose to walk to work. There was a risk management plan in place to promote this activity. The person had been provided with a mobile phone and would phone the service when they arrived at work and was leaving work to ensure their safety. We found the risk management plans were reviewed on a six-monthly basis or if people’s needs changed.

The manager discussed the arrangements which were in place for dealing with emergencies and for ensuring the premises were managed appropriately to protect people’s safety. We were told staff were required to report routine maintenance issues. We saw regular checks had been carried out to ensure the building and gas and electrical equipment was fit for use. Staff and people who used the service were involved in monthly fire drills. The manager told us there were always senior managers on call. This was reflected on the staff rota we looked at. She also told us if people needed to be evacuated from the premises they would be taken to another care home belonging to the provider which was in close proximity.

People and staff told us that there were sufficient numbers of staff available to meet their needs and to promote their safety. This was confirmed by the registered manager who said that the service did not employ agency workers. The registered manager told us there were usually three staff on duty throughout the day and a waking staff member at night. She said the staffing numbers had been risk assessed and in the event of a staff member phoning in sick and there was no other staff member available to cover the shift; people’s safety would not be compromised as the service had been risk assessed to function safely with two staff members. She further commented and said, “The staff are fantastic and would come in at short notice to help out.” We looked at the staff rota for the current week and following week and found that it reflected the appropriate staffing numbers.

The registered manager was able to describe the service’s recruitment process. She told us that people were involved in the recruitment process and their views were taken into account. She also 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 a sample of staff records and found that the appropriate documentation required had been obtained.

People told us they received their medicines at the prescribed times. The registered manager explained the arrangements that were in place to support people with their medicines. We were told that staff were not allowed to

Is the service safe?

administer 'as required' medicines unless permission had been sought from the senior on call person. This was to ensure that medicines were not administered unnecessarily.

At the time of our inspection there was no one self-administering. Medicines were dispensed in monitored dose blister packs and two staff were involved in the administration of medicines. We found that a list of all the prescribed medicines with their side effects was in place. Medicines were stored appropriately in a locked cupboard that was fixed to the wall. Daily temperature checks of the room where they were stored was undertaken to maintain their conditions. There was an audit trail of all medicines entering and leaving the service. The service had a homely

remedy policy which listed the type of medicines people were able to have. This had been agreed by the GP. We checked a sample of Medication Administration Record (MAR) sheets and found the sheets had been fully completed with no unexplained gaps. This was to minimise the risk of errors when transcribing. The home did not write the date on the bottle when liquids such as ear drops were opened but they did have a consistent system to ensure they were only used for the correct length of time. The registered manager told us that fresh bottles of liquids were opened at the beginning of the 28 day medication cycle and disposed of at the dispensing pharmacy at the end of the 28 day medication cycle.

Is the service effective?

Our findings

Staff confirmed they had received training to enable them to carry out their roles and responsibilities appropriately. The registered manager confirmed this. From our observations we found that people received care from staff who understood their needs and had the necessary skills and knowledge. Staff communicated effectively with people and treated them like individuals in their own rights. We observed when people returned from the day centre, staff engaged them in conversations to discuss how they had spent their day.

The registered manager told us that new staff were required to complete induction training and familiarise themselves with the service's policies and procedures. They were also expected to shadow experienced staff members for at least four shifts or until they felt confident. In addition they were provided with essential training such as, moving and handling, fire awareness, safe handling of medicines, safeguarding of vulnerable adults, food safety and emergency first aid. We saw evidence, which demonstrated that 93% of the staff team had completed essential training as well as updates. We found there was an on-going training programme at the service to ensure all staff received updated training.

There was a supervision and appraisal framework in place and staff told us they received regular supervision which enabled them to discuss their training needs as well as the needs of the people who used the service. The manager confirmed that staff had signed a contract with an agreement to receive supervision on a bi-monthly basis. She commented, "My door is always open and staff are aware they can approach me at any time if they need to discuss an issue." We saw written evidence to demonstrate staff were in receipt of regular supervision. We found that an appraisal system had been recently introduced at the service, which meant that all staff would have their performance appraised.

Staff told us people's consent was sought to provide care and support in line with the Mental Capacity Act (MCA) 2005. Within the care plans we looked at we saw people had consented to be supported with their care and support needs. We found the service had policies and procedures in place in relation to the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

This ensured people who could not make decisions for themselves were protected. One person's liberty was being restricted. Records seen confirmed that an application to the statutory body had been authorised.

People told us they had adequate amounts to eat and drink and they were able to make themselves drinks and snacks when they wished. Some people had tea making facilities in their bedrooms. We found some people chose at times to eat out during the day and therefore did not wish to have an evening meal. One person said, "Sometimes I have dinner at a restaurant. My favourite is mixed grill." We observed there were fresh fruits available for everyone to help themselves.

During our inspection we observed people making themselves drinks. Staff supported some people to prepare their sandwiches for the next day, which they took in their packed lunch to the day centre. Staff told us people were involved in planning the menu on a weekly basis. Planning meetings were held on a Friday and each person was asked for their preferred choice of meal. This was included in the menu for the following week. Staff were aware of people's dietary needs and if required provided an alternative. Staff also confirmed if risks to people's eating and drinking were identified specialist treatment would be sought. We found staff supported people with healthy eating and to maintain their weight. One person had joined a slimming club and staff commented how well the person had done to maintain their weight loss.

We observed the evening meal and found it to be an unrushed activity. One person chose to have their meal in the garden. People collected their dinner from the kitchen and carried their plate to the table. The food looked and smelt appetising. Staff assisted people to cut up their food and some sat at the table with them during the meal. People helped themselves to drinks that were available.

People told us that staff supported them to maintain good health and to access health care facilities. Staff told us people were registered with a GP of their choice who they visited as and when required. We found people had regular health checks and staff accompanied them to the dentist, optician and chiropodist. Some people chose to have their nails cut by staff as they had been trained in nail cutting. If required people had specialist treatment via the GP and staff would accompany them to hospital appointments.

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with staff. We observed staff throughout the inspection treating people with kindness and compassion. There was no negative body language it was all open. For example, staff did not fold their arms across their body. When speaking with people they kept appropriate eye contact. People looked comfortable and at ease in the company of staff. Staff included everyone in conversation by sign or speech. We found staff spoke with people in a calm and appropriate tone.

We found that staff were able to meet people's diverse needs. For example, staff were able to interact effectively with a person with a sensory impairment. Their tone was pleasant and not harsh. People dressed how they wished. Some people had strong religious beliefs and staff supported them to promote their religious beliefs. Two of the people living at the service had formed relationships, which staff supported them to build. We observed staff were able to draw the whole group into conversation and people were encouraged and given time to respond.

The registered manager was able to demonstrate how the service ensured that people mattered. Examples given were regular residents' meetings were held and people were listened to. Issues raised were addressed. The registered manager stated that as a result of listening to people; a decision had been made to purchase a new television.

Staff were confident that they were aware of people's preferences and personal histories. One staff member said, "We have been working with the residents for a long time and we sit with them to find out how they like things done." We found that each person had a folder that contained information about their needs and abilities.

Staff were able to demonstrate how they responded to people's concerns and well-being in a caring manner. They told us that any changes in people's behaviour were recorded and monitored to identify what could have triggered those changes. Information relating to people's well-being was passed on to staff during handovers to ensure the action taken by staff was consistent and person-centred. We were told people's relatives were made aware of changes in their behaviours and medical advice was sought if required.

Staff told us that people were supported to express their views and be involved in making decisions about their care and support needs and they were listened to. For example, people had suggested having a group holiday. The registered manager and staff responded to their request and a group holiday had been arranged. This ensured people were listened to. We also found that people's opinions were sought. For example, people were consulted and agreed that the resident chicken at the service could be rehomed to another site belonging to the organisation. They also agreed to adopt a stray cat and make a weekly contribution for its food.

The registered manager told us that people and their relatives were kept informed about events at the service via quarterly newsletters. She also told us that people had regular one to one meetings with their key workers. These meetings were used to provide people with the opportunity and support to discuss any concerns they may have. During the inspection we found that people went to staff and asked questions in relation to a forthcoming disco and staff responded in a polite manner.

The registered manager told us that there was no one currently using the services of an advocate. She said, "We have used advocates in the past and I would always request for an advocate if think someone needed one." We saw there was information displayed on the notice board to inform people on how to access the services of an advocate. We were also told that the local advocacy service held monthly meetings; and a person who used the service usually attended the meetings to represent the service.

People told us that staff promoted their privacy and dignity. One person said, "Staff always knock on the door." Another person commented and said, "Most staff remember to knock on the door. I like to be in my room and staff respect my privacy." The registered manager told us that guidelines were in place to ensure people's privacy and dignity were promoted. She explained that staff knocked three times before entering a person's room. If there was no response after the third knock they were allowed to enter. We were also told that people's permission had been sought for contractors to enter their bedrooms if they were not around. This ensured people's privacy was promoted.

Staff told us that people were given the privacy they needed. All bedrooms were single occupancy, which meant people could retire to their bedrooms if they wished to be alone. People were issued with keys for their bedrooms and

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when they were not in their bedroom doors were kept locked to promote their privacy. We found the bedrooms had been decorated to people's individual choices and preferences.

We found that the service had processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidential policy which staff had to adhere to. Information about people was shared on a need to know basis. People's support plans were kept in a locked office and the computer was password protected.

People and staff told us that family and friends were able to visit without restrictions. One person said, "My mum and step dad visit on Sunday afternoons." Another person commented and said, "My church family come to visit." People told us that they were looking forward to the barbecue that was taking place at the weekend to celebrate the company who owned the service being 30 years old. Family members and friends had been invited. Staff confirmed that people's visitors were made to feel welcome.

Is the service responsive?

Our findings

People told us they received care that met their needs. The registered manager explained that people's needs were assessed before coming to live at the service. She said, "All referrals are closely scrutinised." The registered manager explained that information was obtained from people, their relatives and other support agencies involved in their care needs. Information gathered at the assessment process was used to inform the care plan. We were also told people were provided with a transition period. This meant they spent weekends, or overnight stays to get a feel of the place before moving in on a permanent basis.

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare was recorded in the care plans we looked at. The care plans seen were personalised and contained information on people's varying levels of needs, their preferences, and histories and how they wished to be supported. We found that the care plans were evaluated on a monthly basis with their key workers. A yearly review of their entire care needs was carried out, which involved their key workers, family members and social workers. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any concerns they may have.

People were supported to follow their interests and took part in social activities that they wished to participate in. The majority of the people who lived at the service attended day centres of their choice. Some people also did voluntary work as well as attending the local college to improve on their daily living skills. For example, one person was undertaking a cookery class. People told us they enjoyed playing snooker, darts, shopping for new clothes and swimming.

The registered manager and staff were able to tell us how people were supported to develop and maintain relationships with people that mattered to them to avoid social isolation. We were told that people regularly went to discos at the local student union and attended regular coffee mornings in the community. We saw evidence that the staff rotas had been developed to ensure people were supported to participate in activities of their choice and to promote their diverse needs, which enabled them to stay in contact with the local community.

We found that people were given the care they required in a personalised way. For example bedrooms were single occupancy and were personalised to reflect people's individual choices. There were large photo frames of pictures displayed in the communal areas and bedrooms with people on holiday together, or on day trips.

The service's complaints procedure was displayed in an appropriate format to enable people and their relatives to raise concerns or complaints if they wished. The procedure outlined the system in place for recording and dealing with complaints. The registered manager told us that complaints were used to improve on the quality of the care provided. We saw evidence that complaints made had been investigated in line with the provider's policy and in the appropriate timescale.

The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. She told us that 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

People and staff told us there was a positive, open and inclusive culture at the service. They told us regular meetings were held and they were provided with the opportunity to question practice and make suggestions on how the quality of the care should be delivered. One staff member said, “The manager is approachable and knows what she is doing.” Another staff member said, “I am well –led by the manager and love working with her.” We saw evidence that the manager regularly consulted people who used the service and staff for their opinions. Staff told us the manager was approachable and looked at their individual strengths and delegated them with responsibilities to match those strengths.

The registered manager told us that people had strong links with the local community. For example, people exchanged Christmas cards with the proprietor of the local shop. One of the neighbours had become friendly with one of the people who used the service and had given them an Easter egg to show their appreciation as they regularly swept in front of their premises. She also told us that people celebrated Halloween and Trick or Treated in the local neighbourhood.

Staff told us they were aware of the service’s whistle blowing procedure and would not hesitate to use it if they witnessed poor practice amongst the staff team. They were confident they would be supported by the registered manager and the concern raised would be appropriately investigated.

Staff told us there was honesty and transparency from all levels of staff when mistakes occur. They said incidents were investigated appropriately and the outcome was discussed amongst the staff team to ensure lessons had been learnt and to minimise the risk of errors occurring again.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff 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 works shifts sometimes and is fully aware of the clients’ needs and has good relationships with people and their relatives.” During our inspection we observed the manager working on the floor and was very hands on. This ensured staff were inspired to provide a quality service.

We found the registered manager was aware of her legal responsibilities to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely manner.

The registered manager told us that the service had quality assurance systems in place, which were used to monitor the quality of the care provided and to improve on the service delivery. We saw audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis and action plans were developed to address areas that required attention.