

Indigo Care Services Limited

Lansbury Court

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Lansbury Court Nursing Home provides personal care, in one adapted building, for up to 56 older people. At the time of the inspection 45 people were being supported by the service, some of who were living with dementia.

Following inspection the provider changed the name of the service from Lansbury Court Nursing Home to Lansbury Court.

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

People and their relatives told us they were happy with the care they received. One person said, "It's clean, staff care for you and the food is good."

People told us they felt safe living at the home. Staff understood their responsibilities in protecting people from harm and abuse. New members of staff had been suitably recruited. Accidents and incidents were responded to appropriately.

Staff had an in-depth understanding of people's individual needs and wishes. The service employed enough staff to meet people's needs. Some of the staff team had worked at the service for many years. Staff had received suitable training.

There was a proactive approach to assessing and managing risk which allowed people to remain as independent as possible. Some records required additional information to guide staff on how to manage people's specific health conditions such as diabetes or epilepsy.

We have made a recommendation about the management and recording of some people's specific health conditions.

Medicines systems were organised, and people received their medicines when they should. Minor improvements were required to records to provide staff with clear guidance. Overall, the provider was following national guidance for the receipt, storage, administration and disposal of medicines. Additional information was required for the management of some people's medicines

People saw their GP and health specialists when necessary. Nutritional and special diets were in place. People told us they really enjoyed the food provided. Records required improving to record the ideal totals for people's eating and drinking.

We have made a recommendation for people's eating and drinking records to be reviewed.

People received person-centred care which was delivered through the assessment and planning of their

specific needs. Overall, care plans were detailed, informative and identified the care people required. There was a range of activities provided each day. Staff worked with family members and a range of professionals to ensure people were provided with the care and support they required.

People were involved in decisions about the care they received. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The management team were open and approachable which allowed people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the management team. The provider monitored the quality of the service. They sought people's views and had plans in place for continued development of the home and the care people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 October 2017). There was also an inspection on 8 April 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

Good ●

The service was safe.

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.

Lansbury Court

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.

Inspection team

The inspection was carried out by one inspector, one specialist nurse advisor nurse and one 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

Lansbury Court Nursing Home 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. At the time of inspection, the registered manager was unavailable.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the providers operations director, registered manager, senior care workers, care workers, a chef and kitchen assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the inspection 8 September 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk was reduced, and people were kept as safe as possible.
- Some records required additional information to guide staff on how to safely manage some people's health conditions.

We recommend the provider reviews some people's care records to ensure guidance is in place for staff to follow.

- Checks were carried out to ensure the premises and equipment were safe.
- Plans were in place for emergencies, unforeseen events and maintenance.
- People were protected from the risk of infection; staff were trained and followed safe practices.

Using medicines safely; Learning lessons when things go wrong

- Medicines were appropriately managed.
- Medicines were stored securely, closely monitored, ordered, administered and disposed of safely. People had regular reviews of medicines to make sure they had the right medicines for their needs.
- Minor improvements were required with the recording of some people's medicines. The registered manager acted on these immediately.
- People were happy with how their medicines were managed. One person said, "I get my tablets every day on time. Six on a morning and six at night, staff are spot on with them."
- The provider and the registered manager ensured they had systems in place to learn lessons when things went wrong. Accidents and incidents were analysed to see if further improvements could be made to keep people safe.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Systems were in place to safeguard people from abuse. Enough staff were employed to meet people's needs. One person said, "I feel very safe. The staff look after you and watch everything that you do."
- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- People were cared for by a consistent staff team. The provider's recruitment process helped minimise risks to people.

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 inspection 8 September 2017 this key question was rated as good. At this inspection this key question has remained the same. 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 suitably assessed and their choices respected. This was done in line with standards, guidance and the law.
- Detailed assessments were completed prior to admission and this was ongoing ensuring people's changing needs were understood.

Staff support: induction, training, skills and experience

- Staff were supported through induction, supervision and appraisal. One person told us, "Staff are all well trained. They take pleasure in doing things right, I can't fault any of them."
- Staff told us there was enough training to enable them to meet people's needs. This was confirmed by training records and training planned for the future.
- The management team were approachable and available when staff required advice or support. Staff told us they felt supported.

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

- People's eating and drinking needs were met. One person said, "The food is excellent, if I want any more I just ask, there is plenty of choice."
- People's dining experience was observed to be happy and sociable. Snacks and drinks were available throughout the day.
- Some records required updating to provide additional information in supporting staff to monitor the total amount of food and drinks people were having.

We recommend the provider reviews their food and fluid monitoring records to provide clear guidance to staff.

- Kitchen staff were knowledgeable about people's specialist diets, including diabetic, soft and high calorie foods.
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care records were updated following assessments by a speech and language therapist (SALT) to reflect any recommendations needed to minimise risks for people.

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

- The service was adapted to meet people's needs.

- Signage was in place to support people living with dementia to find their way around the home.
- Some areas of the home were looking tired. The operations director told us of a planned programme for re-decoration of the home this year.

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

- People were supported to access healthcare services and receive ongoing healthcare support. Care records contained evidence of the involvement of GPs, district nurses, dentists, podiatrists and opticians.
- People and their relatives told us staff sought prompt and appropriate support from other health and social care professionals when required. One person said, "I had a fall at the weekend and staff took me straight to hospital. That's the first time I have had a fall and staff made me feel so safe. They rang my son straight away too."

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 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.

- Staff followed the legal requirements of the MCA.
- Staff were observed asking for people's consent before providing any care. One person told us, "Staff are always asking me if everything is ok. They [staff] always close the door and keep my dignity."
- The registered manager had submitted DoLS applications to the local authority.
- Where people lacked capacity to make decisions, care records demonstrated that best interest decisions had been made and who was involved in making decisions on people's behalf.

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 inspection 8 September 2017 this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated with kindness and had their dignity and independence supported.
- People and relatives spoke positively about the home and the care provided. One relative said, "The staff professionalism shines through. [Relative's name] is so well cared for."
- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One member of staff said, "I always put myself in the position of it being me or my parents I'm caring for and make sure I treat people as individuals."
- We observed many positive, caring interactions between staff and people. There was laughter and singing observed between people and staff during our inspection.

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

- People were involved and supported to express their views. The staff team were committed to enhancing the experiences of people living at the service. They ensured people were included in the care they received. One person said, "One of the most important things is staff listen to me and if I'm having a hard time they know what to do to cheer me up."
- Some people and their relatives told us they had not seen their electronic care records but were, "More than happy with the care provided." One relative said, "They certainly look after [relative's name]. They do keep me updated on any changes."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence and were observed knocking on doors before entering and asking people's permission before providing care. One person said, "I always have a female to support me, they always keep my dignity."
- Care records documented what a person could do independently and what support they needed. One person told us, "Staff walk behind me to make sure I'm safe."
- Staff used appropriate communication methods to involve people in their care.
- Information was available on how people could access advocacy services. Advocates can represent the views and wishes for people who are not able to express their wishes.

Is the service responsive?

Our findings

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

At the inspection 8 September 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support which reflected their needs and preferences. One relative said, "Staff know [relative's name] so well. [Relative's name] is mostly cared for in bed now and staff come in and show car pictures, read to them and hold their hand - they are all so lovely."
- Care plans guided staff on how to deliver person-centred care.
- Staff handed over information about people between each shift. This meant staff coming on duty had up to date information to support people effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff protected people from social isolation. Regular person-centred activities took place. These included trips out and internal events such as a bingo, pamper sessions, bowling and dancing. Coffee and tea events were organised and a weekly 'gentleman's club' was run in the bar.
- The activities coordinator told us how they planned one-to-one sessions for some people. This included hand massage, reading books to people and taste and smell sessions.
- Staff supported people to establish and maintain friendships both within and outside of the home. Relatives told us they were always welcomed warmly into the home.

End of life care and support

- Staff worked with other health and social care professionals to help ensure the right care was provided to meet people's needs at this important time in their lives.
- Where people wished to discuss their end of life wishes, this information was included in care plans.
- Staff received end of life training to ensure they had the necessary skills and expertise to support people at this important time.
- Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' (DNAR) forms completed, so staff had guidance about the action they needed to take in an emergency.

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.

- People's communication needs were identified within the care plans. Staff had good knowledge of people. Good rapport had been developed with people who had limited communication skills.

- Information was available in different formats for people if required for example pictures and other languages.

Improving care quality in response to complaints or concerns

- The provider ensured that complaints and concerns were dealt with promptly and the quality of care improved, when necessary.
- People felt able to share any concerns with staff and the management team and felt they would be listened to. One person said, "Any problems and I would go to the manager. [Registered manager's name] is very good and will listen to you."

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 inspection 8 September 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently 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

- The service was led by a registered manager whose vision was of promoting safe, person-centred care.
- People told us they were happy and spoke positively about living at the home. One person said, "I get up and go to bed when I want. I walk, read and get involved with the activities that I want to. Staff always ask if everything is alright and if there is anything more they can do for me. The atmosphere is great, it's like a family concern."
- Staff told us they were proud to work for the service and spoke of the positive support they received from the management team. One said, "This is the best job I've ever had. You can only do this job if you genuinely care and we all do." There was a cheerful atmosphere throughout the home when we visited.

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

- The staff team understood their roles and were committed to running a high-quality service that met with regulatory requirements.
- The provider reviewed the service to ensure it was meeting people's needs. Good governance was fully embedded into the service.
- One professional working with the service said, "Staff are really good, they've done a great job supporting [person's name]. It's lovely to see [person's name] doing really well, settled, making friends and being well cared for. [person's name] looks great and there's a nice air about them."
- The principles of the duty of candour were embedded in all practices. The operations director and registered manager were open, honest and transparent. They worked in partnership with other agencies to reflect on incidents and learn lessons.
- The provider had submitted the required statutory notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The home had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.
- The registered manager kept up to date with current good practice.
- There was a culture of engaging with people, relatives and staff to achieve the best outcomes for people. One relative said, "I would definitely recommend here. I'd come here myself, you can have a bit of fun, its

homely."

- Feedback from most relatives was that the care provided was of a good standard. Comments included, "[Relative's name] is well cared for, 100% looked after, 24/7. [Relative's name] had falls in hospital but none since moving in here, there's always staff around when I visit, and they always take time to say hello."
- The registered manager worked closely with a wide range of professionals to ensure people's needs were met to the highest of standards.