

Mr & Mrs N & P Webb

# Landscore House

## Inspection report

3 Landscore Road,  
Teignmouth.  
Devon.  
TQ14 9JU  
Tel: 01626 770340

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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

The inspection was announced and took place on 30 January 2016.

Landscore House is a small family run care home providing care and support to up to 14 people. At the time of this inspection there were 13 people living at the home. People living at the home were older people, some of whom had physical care needs related to the ageing process. Some people were at the home for a short period of recuperation or respite while others had chosen to make it their permanent home.

Landscore House 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.

Feedback we received from people about Landscore House was very positive. People spoke highly of the registered manager and staff, and of how they received the care they wanted when it was needed. Staff told us this was a happy home, and they had confidence in the management. There was a positive atmosphere, and

# Summary of findings

people were involved in having a say about the care and quality of their experiences. Quality management systems were in place to ensure people received a consistent high quality experience

People at the home had the capacity to make and communicate decisions for themselves, but this was being kept under review. One record regarding a best interest decision that had been made for a person was not recorded in line with the Mental Capacity Act 2005 framework, but the person was not being disadvantaged by this, as the home had taken appropriate actions to protect their rights.

People received safe and effective care that met their needs and wishes. Systems were in place to ensure that risks to people's safety and wellbeing were identified and addressed. People had confidence in the home and told us they felt safe and secure when receiving support. People's medicines were managed safely, and risks from the environment were assessed and minimised.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs, and people said they were cared for well. Changes in people's needs were quickly recognised and prompt action taken, including the involvement of external professionals where necessary. One person told us they had improved so much since being at the home they were like "a different person". People were supported with their health and dietary needs. They told us they enjoyed the meals which were home cooked and served with fresh vegetables.

Everyone that we spoke with told us they were treated with kindness and compassion by the providers and staff who supported them. People told us "I really can't fault it – you hear such awful things but this place is really wonderful" and "Staff are very good. They always know what I need". A relative told us "I have never heard a bad word said about this place. The girls do a really good job". There were enough staff to care for people in a safe and consistent manner, and safe recruitment procedures were in place to help ensure that people received their support from suitable staff.

People told us they felt the service was based on their personal wishes and preferences. There was a

programme of activities provided that met people's interests and wishes. People had a good relationship with the staff supporting them. People had been asked about their care choices and wishes for the end of their life.

People were confident that any complaints or concerns would be managed well. Records were well maintained, including care plans, policies and procedures.

The safety of people who used the service was taken seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The registered manager ensured that staff had a full understanding of people's care needs and the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People felt safe and secure when receiving care.

People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion and respect. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

# Summary of findings

Staff were very highly motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

# 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.

Assessments were in place to help mitigate risks. People had confidence in the home and felt safe and secure when receiving support. Risks to the health, safety or wellbeing of people were addressed in a proportionate way.

There were enough staff to care for people in a safe and consistent manner. There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff.

People's medicines were managed safely.

Risks from the environment were assessed and minimised.

Good



### Is the service effective?

The service was effective.

Decisions made on behalf of people lacking capacity were recorded. In one instance we saw this had been done but was not recorded to reflect the principles of the Mental Capacity Act 2005. However, the person was not being disadvantaged by this as the home had taken appropriate actions to protect their rights.

The home ensured that people received effective care that met their needs and wishes.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were supported with their health and dietary needs. They told us they enjoyed the meals which were home cooked.

Good



### Is the service caring?

The service was caring.

People said they were cared for well. They told us the staff respected them and were always caring and friendly.

Staff respected people's privacy and dignity. We saw people had a good relationship with the staff supporting them.

People had been asked about their care choices and wishes for the end of their life.

Good



### Is the service responsive?

The home was responsive.

Changes in people's needs were quickly recognised and appropriate, prompt action taken, including the involvement of external professionals where necessary.

People felt the service was based on their personal wishes and preferences. There was a programme of activities provided that met people's interests and wishes.

Good



# Summary of findings

People were confident that any complaints or concerns would be managed well.

## Is the service well-led?

The home was well-led.

The registered manager promoted strong person centred values. Staff told us this was a happy home, and they had confidence in the management.

There was a positive atmosphere at the home, and people were involved in having a say about the care and quality of their experiences. Quality management systems were in place to ensure people received a consistent high quality experience.

Records were well maintained.

**Good**



# Landscore House

## 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.

This inspection took place on Saturday 30 January 2016 and was unannounced. One social care inspector undertook the inspection. At the previous inspection carried out in 2013 the home had met all the areas inspected, and no concerns had been identified.

Before the inspection we reviewed information we held about the service. This included previous contacts with the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

On the inspection we spoke with eight people who lived at the home, the registered manager, two visitors, a visiting district nurse and three members of staff. We looked around the premises, and observed how staff interacted with people throughout the day. We also looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We also looked at the way in which medicines were recorded, stored and administered to people.

# Is the service safe?

## Our findings

People said that they felt safe at Landscore House and with the staff who supported them. One person said, “I feel very safe here. I know they will do what they need to to look after me. I could ask them for anything”, and another said “If I was worried about the way anyone treated me I could talk to any of the staff I suppose. But I would speak with (name of registered manager) and she would sort everything out for me I am sure. I can’t imagine why I would need to though”.

People were safe because the home had systems in place to ensure staff understood how to identify and report potential abuse. A safeguarding policy was available and staff read this and completed safeguarding training regularly to ensure they were up to date. The home also had a whistle-blowing policy which contained information on agencies outside of the home’s management that people could report concerns to if they needed to. There had been no safeguarding concerns about the home. One staff member told us they had previously reported concerns about another home and would do so again if they felt people were at risk.

Assessments were undertaken to identify any risks to people who lived at the home and to the staff who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risks to people’s safety and well-being had been assessed prior to their admission to the home and plans completed to minimise these risks. This included providing equipment to address concerns over mobility or skin damage. We heard evidence that one admission to the home from a local hospital had been delayed until the home’s management could assure themselves that the equipment needed was available to support the person safely.

Risk assessments in people’s care files included the risk of skin breakdown and the development of pressure ulcers, poor nutrition and the risk of falls due to reduced mobility. We saw the assessments had been regularly reviewed to ensure they reflected people’s current care needs. For example one person’s care plan contained assessments in relation to their mobility, mental health, skin, digestion and eating, communication and respiration that had been

regularly updated. Referrals had been made to GPs and Speech and Language therapy services if people had been identified as having lost weight and food supplements had been prescribed where needed to support people’s health.

Environmental audits were carried out monthly, including for potential risks in people’s rooms, as well as outside of the home for example from slippery paths. Hoists and lifts were regularly serviced and electrical equipment tested for safety. The home had been awarded a five out of five rating for food safety by the local environmental health department.

Accidents and incidents had been recorded and any actions taken to prevent a th accident or incident happening again had been taken. The registered manager confirmed they did not have a formal audit of accidents and incidents as a part of their risk reduction processes, but would implement one following the inspection.

There were sufficient numbers of staff available to keep people safe and meet their care needs. Staffing levels meant people’s care could be delivered in an unhurried fashion and people told us there were “Plenty of staff here” to help them, or to spend time with them. Both providers were ‘hands on’ at the home and worked shifts alongside care staff. They told us they were aware of the demands of the service and adjusted staffing accordingly. One person told us “The owner helped me to get up this morning. We had a good chat about me getting better”. The home did not use agency staff, and staff told us that they covered for each other’s annual leave and any ill health which helped to ensure consistency for people. The providers told us they were always contactable when not at the home, and that contact numbers were available for staff to use in case of an emergency.

The home followed a recruitment procedure for staff, aimed at ensuring they were suitable to be working with people. This included taking up references and disclosure and barring (police) checks. Files contained copies of interview questions and information about staff member’s employment histories, although these did not always cover the person’s full work history beyond their two most recent employers. The registered manager agreed to amend their application forms to ensure a full work history was requested in future.

People’s medicines were managed safely, and systems ensured they received the correct medicine at the time they

## Is the service safe?

needed it. We checked the records of the administration of medicines and for those returned to the pharmacy, and saw people being given their medicines. Administration records were completed correctly and ensured that a full audit trail could be carried out. Records to record the administration of creams were held in people's rooms. These had been completed to record each administration and the sites for the application of creams had been highlighted on body maps to ensure staff were clear where they should be applied. Medicines were stored securely in a locked metal cupboard.

The home had just changed supplying pharmacist and were awaiting a new medicines refrigerator to be delivered. However at the time of the inspection no medicines needed refrigeration. The new pharmacist was also planned to carry out a full audit of the systems in use. The home carried out their own internal medicines audits regularly, and staff who dealt with medicines had undertaken training and been assessed as competent to do so by the registered manager. Medicines prescribed for "when needed" were identified and when administered the

dose and reason for administration were identified on the administration record. We checked the balance of a selection of medicines and found these to accurately reflect the balances identified in the records.

People were asked if they wanted "as required" medicines such as painkillers, which helped ensure they did not take medicines they did not need. One person held their own inhalers. Systems were in use for them to alert staff if they were using them more frequently which could identify deterioration in their condition. Staff managed the ordering of new medicines and checked regularly that this person's inhalers contained sufficient dosages.

All areas of the home seen were clean, warm and comfortable. Care staff were responsible for carrying out cleaning at the home, which was free from unpleasant odours. The home's laundry was clean and there were systems and equipment to ensure that linens could be disinfected. Potentially contaminated linens could be laundered using a full sluicing cycle and kept clear of clean linens ready to be returned to people's rooms. Contracts were in place to manage clinical waste, and there were no specific identified infection control risks at the home.

# Is the service effective?

## Our findings

People said that staff were well trained and were competent in their work. Several people told us that the staff went over and above their duties to make sure people were comfortable. Staff told us there was a good team at the home, and that they included the providers amongst that. They said “Everyone gets on – staff work well as a team and all the people here get what they need”.

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.

We checked whether the service was working within the principles of the MCA. The manager and staff could tell us clearly how each person at the home made their views and wishes known, either verbally or physically. They told us everyone living there had the capacity to make day to day decisions for themselves and communicate their wishes. For example a staff member told us about a person they supported in the morning. The person had indicated they did not wish to get up by saying “no” and rolling over in bed to face away from the staff when they had asked if they were ready to get up. They had left the person to have a ‘lie-in’ returning later to help them get up. Throughout the inspection we saw people being consulted about what they wanted to do and making choices about their day. However some people were at risk of losing capacity for some more complex decisions. We discussed with the registered manager the systems in place for assessing capacity and recording decisions made in people’s ‘best interests’. This was in relation to one person’s capacity to make a decision regarding a pressure pad. This was used to alert staff to the person, who was at significant risk of falling, getting up from their bed. The home had consulted with family members, the person and their doctor to identify if this was appropriate, and this was recorded in their care file. The person had variable capacity to agree to this. The home had not recorded the decision making process in accordance with the principles of the MCA. However the person had not been disadvantaged by this, and their rights had been acknowledged and respected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that no applications had been submitted at Landscore House, and did not identify that there were people at the home who required this. However the manager was aware of the requirements of the legislation and kept this under review.

People were supported by care workers who had the knowledge and skills required to meet their needs. Staff said that they were fully supported by the registered manager, and that the home was a lovely place to work. Staff files showed that they met regularly with the registered manager to look at their performance and development needs, as well as learning they had achieved. There was a full training programme at the home and certificates of staff training were available in training files. Additional training was also provided when needed. For example one person had been due to return to the home for end of life care. Their care required use of a particular piece of equipment to keep them comfortable. Training was made available at the home so that staff could feel confident in using this to support the person. In the last year staff had received training in areas that included equality and diversity, dementia, records management, health and safety, moving and handling, first aid and infection control.

Staff recruited since April 2015 had been very experienced, but the registered manager was aware of the Care Certificate Qualification in relation to the induction of new staff and would be starting them on this if any new and inexperienced staff were appointed. There had been little staff turnover at the home since the last inspection. This helped ensure that people received consistent care from people who knew them well.

People were happy with the support they were given to eat and drink enough, and with the quality of the meals. One person who had specific dietary needs told us the home managed their diet well, including buying specific foods. They told us “Not everyone would or could do that for me before. I am very happy”. Another person told us “The meals here are wonderful. Today’s lunch was fantastic – I have never tasted sausages like it. Wonderful. I sent a message with the staff to say compliments to the chef”. Meals were home cooked, using fresh vegetables and fruit,

## Is the service effective?

and people were given copies of the menus in advance so they could ask for any changes. People's suggestions over menu changes were listened to. For example we saw following the annual quality assurance survey one person had requested a change to their main meals and this had been made.

At the time of the inspection no-one was identified as being at risk of poor nutrition or hydration, or at risk from choking. However people were weighed regularly, their health was monitored and medical advice sought if needed. People had access to visiting community services such as GPs and district nurses. A healthcare professional visiting on the day of the inspection told us they did not have any concerns over the home. They told us they were called in at an appropriate time to support people's needs

and the home's staff carried out any instructions they left about people's care. The provider told us that if people needed to go to hospital staff were always sent with them to ensure they were supported by staff who knew them well.

Landscore House is a converted period property, with a small extension to the rear. The building is homely and comfortable, with all rooms for single occupation and some having views out over the town and sea beyond. Rooms had ensuite facilities and were comfortably furnished. There were chair lifts to access the first floor levels and a ground floor lounge, dining room and small conservatory. All areas seen were clean and well maintained.

# Is the service caring?

## Our findings

People told us they were treated with kindness and compassion by the providers and staff who supported them. People told us “I really can’t fault it – you hear such awful things but this place is really wonderful” and “Staff are very good. They always know what I need”. A relative told us “I have never heard a bad word said about this place. The girls do a really good job”.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. People’s wishes in relation to their manner of dress and lifestyle were respected. For example people were well presented, their clothing was clean and had been well looked after and accessories such as jewellery were co-ordinated.

People were supported to express their views and to be involved in making decisions about their care and support. Staff understood the importance of promoting independence for people. One told us about how a person they supported was able to wash part of themselves when getting up, and the staff member ‘did the rest’. This was reinforced in people’s care plans, and helped ensure people were encouraged to retain skills and self-esteem. The registered manager told us there were few routines at the home unless people wanted them. They said “we try and run a home where we create an illusion that rules and regulations (imposed by external agencies) do not apply to them

Staff had developed positive relationships with people living at the home. For example staff had bought in crochet needles and wool to help one person to crochet. There was a positive atmosphere at the home, with staff being friendly and approachable. They knew people and their families well, and the provider told us that visitors were welcome to come to the home at any time and to share a meal with their relation if they wished. They told us that at difficult times relatives had been provided with a bed to enable them to stay with their relation 24 hours a day, especially at the end of their life.

People were encouraged to think of the home as their own. People living there long term had brought their own belongings such as small items of furniture and pictures into the home to make them feel more ‘at home’. The home had a cat and some tropical fish which people took pleasure in and we saw them discussing these with staff. Staff spent time with people talking about their lives. Some care files contained information about people’s lives before coming into the home. We saw staff involving people in conversations and discussions and being attentive to their needs.

Although no one was experiencing end of life care at the time of the inspection, the registered manager told us the home would try and keep people at the home for their final days if they were able to meet their needs and it was the person’s wishes. We saw in care files that people had expressed their views and wishes over their end of life care. Staff had received training in supporting people at the end of their lives and the home had established good links with the local Hospice at Home team who had supported them with a person who had recently passed away.

# Is the service responsive?

## Our findings

People told us they were involved in making choices about their care, and their preferences and choices were respected.

Before people came to live or stay at the home an assessment was carried out of their needs and preferences with regards to their care. This was then used to create a care plan. Some people were only at the home for a short term period of recuperation but had still been assessed prior to their admission to ensure the home could meet their needs. We saw that people were involved in this process and at subsequent reviews to ensure that their needs and wishes about their care were understood. Staff were seen using people's care plans throughout the day and writing daily records about the care people had received. Plans were maintained in two files, and these included significant past information as well as current needs. This made it hard to locate the most up to date information quickly. The registered manager told us they would remove some of the older information from the files.

Plans were being updated each month to reflect any changes in people's needs, and were linked to risk assessments, such as for pressure area care. Where there had been changes to people's needs medical or other advice had been sought quickly. People expressed confidence in the abilities of the home's management to meet their needs.

Staff were positive while describing people's care needs and had a clear understanding of how people liked their care to be delivered. One told us in detail how a person they had supported that morning liked and needed their routine to be followed. People told us their care was managed well, and in some cases people had improved since being at the home. One person told us "I can't praise the home highly enough. I have improved so much since I have been here I am like a different person. I have much more confidence and feel much more positive. That is all down to them and the care they have given me".

There was a programme of events at the home aimed at supporting people to remain active. Planned activities were provided each week by staff and people coming into the home, and people were given a list of the month's activities in advance in a newsletter. Activities provided included exercises, musical entertainment, poetry, games and quizzes. Activities had been added to reflect people's preferences and feedback on things they had enjoyed. People told us they could join in or not as they wished. One person told us "I like my own company and I am always doing something. I am never short of something to do. I am learning to knit again with my left hand – Can you imagine at my age?" On the day of the inspection other people were watching tennis, knitting, reading or spending time with relatives. One person had a computer and told us they kept in touch with friends and family across the world. We saw the provider had offered to support other people to learn how to use the home's computer to develop new skills and maintain contacts.

People told us they maintained contacts in the local community when friends and family took them out. Some people also went out with the home's staff, for example we heard on person was being taken to see a show locally in the coming weeks as they had expressed an interest to do so.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families in a folder in each person's room. The policy had not been updated to reflect changes to complaints management systems outside of the home's management structure. The registered manager told us they would do this following the inspection. People said they would speak with the manager or staff if they had any concerns or wanted to make a complaint but they had not needed to as they were happy with the care and support they received. People expressed confidence in the home's management to address any concerns they might have.

# Is the service well-led?

## Our findings

The registered providers had many years experience of the home, as it had been owned by a relation for many years prior to their ownership. They were enthusiastic about making a difference to people's lives, and this enthusiasm was shared amongst the staff team. Staff expressed confidence in the home's management and told us they liked the home being such a small and friendly environment to work in. They told us "Anything we or the people here need we get" and "It's a very happy place". Another member of staff told us the providers were "Brilliant – you couldn't get better anywhere".

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required. The providers were on duty for much of the time, including overnight, and told us they were always available for consultation or advice. There was a clear ethos for the home, aimed at retaining a homely, informal and comfortable feel and being person centred in their practice. There were clear admission criteria. The provider told us they had not taken in people who would not benefit from the home's family run atmosphere or whose needs they could not meet, even at times when they had a vacancy. This meant, for example, the home did not take in people with a significant dementia.

People's views on the running of the home and the quality of the services provided were sought both formally, through the use of questionnaires and at care plan reviews and informally through daily discussions with the provider. Questionnaires had been sent to people living at the home to comment directly on the services they provided. The results of the questionnaires had been collated and

feedback given to people about the outcomes. New questionnaires had also been introduced to allow people at the home on a short stay to also provide feedback on the quality of their experiences. People told us they were always being asked about the home and if there was anything they would like. Feedback given through questionnaires was very positive.

There were systems in place for managing information relating to the running of the home. Regular audits were undertaken, for example for medicines management, care planning and health and safety. The manager was reviewing the frequency of some of these to ensure they met people's changing needs. Some additional audits were planned including for infection control practices. The provider had an understanding of legislation in relation to a 'duty of candour' in relation to any incidents that happened at the home and showed a commitment to be open and transparent in their management of issues.

Records were well maintained and kept up to date. People's personal records were reviewed with them to ensure they reflected their personal choices and preferences. Systems were in place to monitor that records such as nutritional assessments were updated regularly. The home had large folder of policies and procedures which were in the process of being updated by the provider to reflect changes in legislation. Staff understood where these were located, and had free access to them at any time. Many records were kept in the dining room, but confidential records were kept in a locked filing cabinet. Some records were kept in people's own rooms, such as charts for the recording of the application of creams. Facilities were available for the secure destruction of records.