

Four Seasons (No 10) Limited

Lansdowne Care Home

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lansdowne Care Home is a service for older people who need nursing care. Lansdowne Care Home provides accommodation to a maximum of 92 people some of whom may have dementia. The home is split into 3 units. On the day we inspected there were 90 people living in the home.

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

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were safe. The service was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

Staff received training and supervision for them to perform their role. People's nutrition and health were supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and care plans provided staff with guidance on how to meet people's needs. However, some of the care plans we looked at were not set out well as others and some information was difficult to locate.

Staff respected people's privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received personalised care and support which met their needs, reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The provider had a system in place to ensure people received their medicines as prescribed. We have made a recommendation about the management of medicines of people no longer living at the service.

The service was well led. People, staff and relatives spoke extremely positively about the new registered manager. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

More information is in the full report.

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

The last rating for this service was requires improvement (report published September 2018). There was a lack of meaningful activities for some people who used the service and staff had told us that they felt the registered manager was not always approachable because they were sometimes abrupt in the way they spoke to staff. At this inspection we found improvements had been made and the service has now been rated good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Requires Improvement ●

The service was not always 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.

Lansdowne Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection 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 was carried out by two inspectors, A pharmacist 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

Lansdowne care home 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 2 October 2019. It was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During our inspection we spoke with the registered manager, the regional manager the deputy manager, two nurses, four care assistants and the activities co-ordinator. We also spoke to six people who used the service and seven relatives. We looked at seven care records and four staff files; we looked at various

documents relating to the management of the service which included medical records, 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 last inspection 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included, "I feel safe, there are plenty of staff" and "I feel mum is safe because she is well looked after. When they change her they say, "don't worry, you won't fall we're holding you" and they chat when changing her."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member told us, "Safeguarding is constantly talked about."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. Risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and choking.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- There were enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- On the day of our visit, when people needed assistance staff responded promptly.
- We reviewed recruitment files and found that safe recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references being sought.

Using medicines safely

- The provider had a system in place to ensure people received their medicines as prescribed and in a safe way.
- Staff responsible for administering medicines had been appropriately trained and their competencies were checked regularly.
- People who used the service had a Medication Administration Record [MAR] which recorded when people received their medicines. These were completed accurately.
- People who required medicines on an 'as and when required' basis [PRN], had a PRN protocol in place to assist staff to know when the medicine was required.
- The service pharmacy provider had recently carried out an audit of medicines and no concerns had been

identified.

- However, we found that there were some medicines in treatment rooms that were for people no longer living at the service and treatment rooms were cluttered.

We recommend the provider improve their system of stock control for people no longer living at the service and consider moving medicine supplies to a bigger treatment room.

Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was clean.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate 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.

At the last inspection 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 had been assessed prior to them moving into home and their needs continued to be assessed as and when needed.
- These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the Malnutrition Universal Screening Tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage to skin. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- An Induction programme was in place and all care staff completed their Care Certificate during their induction period. One staff member told us, "I love keeping myself up to date with training."
- Staff were provided with opportunities to discuss their individual work and development needs.
- Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas.

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

- People told us they really enjoyed the food at the service and were offered choices. One person said, "I am a vegetarian and there is always something on the menu I can eat." Another person said, "The chef is good, and meals are good and nicely presented."
- Care plans included information about people's dietary needs, their likes and dislikes or any specific aids people needed to support them to eat and drink independently.
- We observed over the lunchtime period, people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

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 see external healthcare professionals regularly such as physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- Staff had recently had training on oral health and people told us their oral health was looked after well. One person commented, "They clean my dentures if I ask them." We saw that people had access to regular dental health checks.

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

- People were complimentary about the environment they lived in.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people, who were able to, could access independently.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.

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 last inspection 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 told us they had friendly relationships with staff and staff were caring in their approach. Comments included, "Carers are caring. Lots of residents are bedridden and they take time. Nursing care is good, and carers work hard" and "Staff are lovely. I could not praise them highly enough. From manager through to nursing staff to care assistants to laundry people and handy man, they all engage with residents."
- Staff told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance. One staff member said, "We want them to feel like it's their home."
- Staff knew people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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

- People confirmed they had been involved in making decisions about their care and support. A relative told us, "We are always kept informed, the manager knows mums needs well."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care.
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "If there are special functions for anyone's religions, we always celebrate them."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors.
- The service promoted independence. A member of staff told us, "We let people take their time and encourage people to do as much for themselves as this is important."
- We observed staff communication with people was warm and friendly.
- A staff member told us, "People should be respected at all times, they were lawyers, MP's, code breakers. Toileting and washing should be done in a dignified way and we should be mindful as some people are embarrassed that young people have to help them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has stayed the same. This meant people's needs were not always met.

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

- We found people at the service received individualised care from a staff team who showed good knowledge of their needs. A staff member said, "People are all different and should be treated as individuals."
- At our last inspection we found that changes in people's needs had not always been documented, at this inspection we found that improvements had been made and entries in people's care plans confirmed that their care and support was being reviewed on a regular basis.
- We found that some care plans lacked detail and sometimes information was difficult to locate for example one of the care plans we looked at had a missing 'life history' and another did not have end of life wishes recorded. There was no summary in place to assist agency workers who sometimes worked at the service.
- We spoke with the registered manager who showed us an action plan that was in place to ensure that all care plans were to be updated and reformatted so that information would be up to date and easier to locate.
- A full-time member of the providers quality team had been seconded to assist with improving the care plans.

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 recorded in their care records

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.

At our last inspection that there was a lack of meaningful activities for some people using the service. At this inspection we found improvements had been made and the service had recruited two new activity coordinators.

- We saw evidence that the service now had a wide range of activities on offer, this included, yoga, karaoke, doll therapy and pet therapy and a number of entertainers also came in.
- People told us they enjoyed the activities on offer. Comments included, "There was a lively BBQ with music in the summer. He likes music and exercises and uses the mobile library" and "She loves to join in activities when I am not here, then when I am here we watch TV in her room. She likes singing and music."

Improving care quality in response to complaints or concerns

- The service had received no complaints recently from people or relatives. We saw evidence older complaints had been dealt with promptly and appropriately.
- Relatives we spoke with told us they were happy with the service and felt they could speak with staff if they had a problem.

End of life care and support

- People received a good standard of care at the end of their lives. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care.
- We found people's preferences and choices in relation to end of life care and their cultural and spiritual needs had not always been explored and recorded. The registered manager told us that they were planning to make improvements in this area.
- Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were available in some people's care plans where they did not want to be resuscitated.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted 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.

At our last inspection staff had told us that the registered manager was not always approachable because they were sometimes abrupt in the way they spoke to staff. At this inspection we found improvements had been made.

- A new registered manager had now been recruited. It was clear from our discussions that they were highly motivated and passionate about their role. They had made many changes which included recruiting a full complement of nursing staff, and two new activities coordinators.
- People and relatives were extremely complimentary about the new manager and told us the at the manager at the service was visible and known to them and approachable. A relative told us, "The Manager comes up and talks to residents. He is cheerful and knows all their names. He did a BBQ for residents and families. I think it's well led now. Each manager has tried and improved, and it's getting better and better" and "It is well led now. The manager is very engaged. I see him, he does not shut the door and go home at 5. I see him on the floor talking with residents. He is a jolly presence, pulling his weight and sharing the goals of staff. He is committed and lifts the spirits of everyone here."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- There was, strong and clear leadership at the service. Staff felt very well supported by the management team.
- Staff told us of the positive management structure in place and improvements in staff morale since the new registered manager had been in place. Comments included, "So much better", "He listens and really cares about the residents" and "The new manager is wonderful and so friendly."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which supported consistency and continuity of care.
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, hospital admissions, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality

audits that had taken place at the home recently. This gave an overview of all the checks and audits that had been completed on either a daily, weekly, monthly or quarterly basis.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service via an I-pad system.
- Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider involved people who used the service and their relatives. Meetings were regularly held, and people and their relatives were involved in decisions about the home.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and managers' meetings organised by the regional manager at the providers head office.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, tissue viability nurses, GPs and occupational therapists to ensure relevant information is passed on and there was continuity of care.