

Lansdowne Care Services Limited

The Leys

Inspection report

Park Lane
Sharnbrook
Bedford
Bedfordshire
MK44 1LX

Tel: 01234781982
Website: www.lansdownecare.com

Date of inspection visit:
07 April 2016

Date of publication:
12 May 2016

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

This inspection took place on 7 April 2016 and was unannounced.

The Leys provides care and support for up to eight people with a learning disability and autistic spectrum condition. There were seven 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.

People told us they felt safe living at the service. We found that staff had been trained to recognise signs of potential abuse and how to report them. Processes were in place to manage identifiable risks. People had personalised risk assessments in place to enable them to maintain their independence.

Sufficient and suitable staff with the appropriate skill mix were available to support people with their needs. Recruitment checks were carried out on new staff to make sure they were fit and suitable to work with the people who used the service.

Medicines were managed safely. The service had processes in place to ensure that the administration and handling of medicines was suitable for the people who used the service.

There was an induction and ongoing training for staff to keep their skills up to date. A supervision and appraisal framework was in place to support staff.

People's consent was sought by staff in line with current legislations before providing them with care and support. People were supported to make decisions on all aspects of their life. This was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of the guidance and followed the correct processes to protect people.

People were enabled to make choices on what they wished to eat and drink; and were supported to maintain a balanced diet. They were registered with a GP and had access to healthcare facilities if required.

There were positive and caring relationships developed between people and staff. The staff team knew people well and provided care and support in a caring and meaningful manner. Processes were in place to ensure that people's views were acted on. Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity were promoted.

Before people came to live at the service pre-admission assessments were undertaken. This ensured people's identified needs would be adequately met. The service had a complaints procedure to enable

people and their relatives to raise concerns if they needed to.

The culture at the service was transparent, positive, open and inclusive. This inspired staff to provide a quality service. Effective quality monitoring systems were in place and were used to drive continuous improvements.

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

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

People had risk management plans in place to protect and promote their safety.

The staffing numbers were adequate to meet people's needs safely.

There were systems in place to support people to take their medicines safely.

Is the service effective?

Good ●

The service was effective

Staff had been provided with training to support them to carry out their roles and responsibilities.

Staff ensured people's consent was sought before assisting them with care and support.

People were supported to maintain a balanced diet and were provided with choices on what they wished to eat and drink.

Staff supported people to access healthcare facilities when required.

Is the service caring?

Good ●

The service was caring

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

People were enabled to make decisions and their views were acted on.

People were treated with dignity and respect and their privacy

was promoted.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed prior to them moving in to live at the service.

People's support plans were personalised and reflected how their needs should be met.

A complaints procedure was available to people in an appropriate format.

Is the service well-led?

Good ●

The service was well-led

There was an open and inclusive culture at the service.

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

The quality assurance systems in place were effective.

The Leys

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 took place on 7 April 2016 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service.

We 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. 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.

During the inspection we used different methods to help us understand the experiences of people using the service as some of the people who lived there were non-verbal. This meant they were not able to talk to us about their experiences. We spoke with four people who used the service and three relatives via the telephone. We also spoke with three support workers and the registered manager.

We looked at two people's care records to see if they were up to date and reflective of people's care needs. We also looked at three staff members' recruitment files, seven medication records; 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 living at The Leys and were protected from avoidable harm and abuse. One person said, "Yes, I am happy here and safe." Relatives told us that they had no concerns regarding their family members' safety. One relative said, "I am 100 per cent confident that my [Name of Person] is safe there." Another relative said, "My [Name of Person] is absolutely safe. I have no worries at all."

Staff had a good understanding of the safeguarding process and of the different types of abuse. One staff member said, "If I witness abuse I would report it to the manager, head office or the Care Quality Commission (CQC)." Another staff member said, "If I witness abuse or poor practice I would definitely report it to the manager. I am confident she would deal with it and take the appropriate action."

The registered manager told us that staff had been provided with safeguarding training and the training was updated on a regular basis. She told us that safeguarding was a regular agenda item at staff meetings and at one to one supervision with staff. Staff knowledge was regularly assessed to ensure that the training was embedded. We observed there were safeguarding and whistle blowing posters displayed in the service with information that included the various telephone numbers of the different agencies who staff could contact in the event of suspected abuse or poor practice. There was also a Stop Learning Disability Hate Crime poster displayed in the service. We saw evidence that staff knowledge on safeguarding was regularly updated. We saw safeguarding referrals had been raised by the registered manager and recommendations made had been carried out.

Within the care plans we looked at there were risk management plans in place to protect and promote people's safety and independence. These included risks associated with people's care such as, kitchen activities, accessing the community, mobility, putting self at risk and negative interactions. We found the risk assessments had been developed with the involvement of people and their family members. They contained clear guidance for staff to follow to minimise the risk of harm to people. Evidence seen confirmed that people's risk assessments were updated on a six-monthly basis or as and when their needs changed. There were also generic risk assessments in place in relation to the environment and in the event of a fire. This was to minimise the risk of harm to people.

The registered manager told us there were arrangements in place for responding to emergencies or untoward events such as, flooding, electrical and gas failure, staff shortages or the premises having to be evacuated. We saw that the emergency folder contained the telephone numbers of senior managers who were on call daily. In the event of the service having to be evacuated, arrangements had been made for people to be transferred to a hotel in the area or to one of the locations owned by the provider.

We found the fire panel was checked on a weekly basis and staff were provided with regular fire drills. Monthly checks on the fire appliances and the emergency lighting were carried out. This was to ensure they were in good working order. People had individual Personal Emergency Evacuation Plans (PEEPS). This was to aid staff and the emergency services in the event of the service having to be evacuated.

There were sufficient numbers of staff available to meet people's needs and to promote their safety. Staff and the registered manager told us that the staffing numbers were based on people's needs. The registered manager told us that agency staff were never used. The service had its own bank staff if needed. The staffing numbers consisted of three staff in the morning and afternoon. At nights the numbers were reduced to one waking night staff and another sleeping in on the premises. We found that the staffing numbers had been risk assessed to ensure they were sufficient to meet people's needs safely. We looked at the rota for the current week and the following three weeks and found that it accurately reflected the staffing numbers.

Safe recruitment processes were in place. The registered manager 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. The recruitment files we looked at contained the appropriate documentation.

There were systems in place to ensure that people received their medicines safely. The registered manager told us that staff were only allowed to administer medicines if they had completed face to face training and had been assessed as competent. Medicines were dispensed in Monitored dosage systems and stored in a locked cabinet. Each person had a medication profile in place, which included a photograph and a list of all medicines they had been prescribed including their side effects. Where people had been prescribed for medicines to be given PRN, (PRN medicines mean to be taken when required but are not part of the daily prescribed medicines), clear instructions were in place for staff to follow. For example, all as required medicines administered had to be authorised by a senior manager. This was to ensure they were administered safely and in line with best practice.

We found that there was an audit trail of all medicines entering and leaving the service. Medicines that were not dispensed in a monitored dosage packet were checked weekly to ensure that the balance in stock corresponded with the records. Daily temperatures of the medicine trolley were undertaken twice daily to ensure medicines were stored in the right conditions. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies would be addressed promptly. We checked the Medication Administration Record (MAR) sheets and found that they had been fully completed.

Is the service effective?

Our findings

People and their relatives told us that staff had been trained to carry out their roles and responsibilities. One person said, "Staff are trained and they help me." Staff told us they received regular updated training. We found that staff were aware of the needs of the people they were supporting. Staff communicated with them in an appropriate manner.

There were systems in place to support staff to carry out their roles and responsibilities. The registered manager told us that new staff were required to complete an induction training and to familiarise themselves with the provider's policies and procedures, people's care plans and the lay out of the premises. We saw there was an induction check list in place which the registered manager signed when staff knowledge had been tested on the topics covered. Staff were expected to work alongside experienced staff members during their probationary period and have regular one to one supervision. If staff did not have a national recognised qualification they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). Training records made available to us during the inspection reflected that 82% of the staff team had completed updated essential training. Eleven staff members had achieved nationally recognised qualifications at level two and three.

The registered manager told us that the service had a supervision and appraisal framework in place. This enabled staff to discuss their training needs as well as the needs of the people who used the service. We saw written evidence which demonstrated that staff received bi-monthly supervision and yearly appraisals. There was a supervision planner in place which showed future supervision dates.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests 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 checked whether the service was working within the principles of the MCA. Staff told us they had attended training and had a good understanding of MCA and DoLS.

We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interest decision meetings when required. Six people who used the service were subject to a DoLS. Documentation seen confirmed that these had been approved in line with the current legislations.

Staff told us they always gained people's consent to support them. One staff member said, "We know the people well enough and understand their facial expressions if they do not agree to be supported." We

observed staff during the inspection asking people for their permission before providing them with support.

Staff told us that people were supported to eat and drink and to maintain a balanced diet. The menus were discussed with people and they chose what they wished to eat and drink. We saw there was a four week rolling menu in a pictorial format. We observed some people assisted staff with preparing the evening meal. This activity was carried out in a relaxed and unrushed manner. We found if there was risk to people's eating and drinking specialist advice was sought. People had access to the dietician and speech and language team.

People were supported to maintain good health and to access health care facilities. One person said, "When I have to visit the hospital or the doctor the staff always come with me." Staff and the registered manager told us that people were registered with a GP who they visited as and when needed. People were also supported with regular dental, chiropody and optical appointments and annual health checks. We saw people had health plans. These were written in a pictorial format that staff kept up to date. If people's moods changed they were supported by staff to access support from a specialist medical unit in the area.

Is the service caring?

Our findings

People had developed positive and caring relationships with staff. One person said, "Yes, staff are caring and kind to me." One relative said, "Absolutely staff are caring, it's not an easy job and I feel this home should be the blue print for other homes it's that good." Another relative said, "Staff are caring and they do listen to us as parents. My [Name of Person] is lucky to be there really as not all homes can offer good trained staff who care. We can drop in whenever we like; and my son is always happy to go back there; that tells us something." We observed staff treating people with kindness and compassion. Their body language was positive and they kept eye contact when speaking to people. We saw people looked comfortable and at ease in staff's company and were spoken to in a calm and appropriate tone.

Staff described how they ensured that people's preferences were met and how people were made to feel that they mattered. One staff member said, "The residents choose what clothes they wish to wear and we support them to make sure they are colour co-ordinated. They choose what activities they wish to participate in." Another staff member said, "We have monthly one to one meetings with the residents. We find out how things are going for them and if they have any concerns. If we don't know the answers we are honest with them and tell them we would provide them with the answer later." We observed staff communicating with people who were non-verbal in a way that they could understand. For example, staff used gestures and pointed. During the inspection we observed people would approach the registered manager and staff for reassurance. This was given in a sensitive and kind manner. Staff listened to people and answered their questions in a manner that they were able to understand.

People's needs were responded to if they became unwell. The registered manager told us if people became unwell staff would ensure they received medical attention if needed. She said, "If a resident needs hospital treatment due to a seizure staff would accompany them to hospital." She commented further and said, "The staff are very good. They would contact the home on their day off if a resident was not well to see how they are."

The registered manager told us that there were arrangements in place for people to express their views and be involved in making decisions about their care and support needs. She said, "We have group and one to one meetings with the residents. We also have a comments board and encourage the residents and their families to comment about the care provided." We saw there was a comments board in a pictorial format for people and their relatives to comment on the care provided. We were provided with evidence to demonstrate that as a result of listening to people their views had been acted on. For example, arrangements had been made for two people to have a holiday abroad. Arrangements had also been made for all the people who lived at the service to have a group holiday later on in the year.

The registered manager told us that there was no one using the services of an advocate; however, if people needed the support of an advocate this would be provided. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives).

Staff were able to describe how they ensured that people's privacy and dignity were promoted.

They told us that they always knocked and waited for a reply before entering people's bedrooms. People were addressed by their preferred name. Within the care plans we looked at we saw people had given agreement for staff to enter their bedrooms when they were not present. For example, when carrying out health and safety checks or maintenance work. During the evening meal we observed staff promoting people's dignity by supporting them in a discrete manner.

There were processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidentiality policy, which was discussed with staff as part of their induction. Staff were expected to sign the policy to confirm they had read it and would adhere to it. We observed people's care plans were appropriately stored and the computer was password protected.

People were given the privacy they needed. All bedrooms were single occupancy. This ensured people could retire to their bedrooms if they wished to be alone. People also had access to the court yard where they would go if they did not wish to go to their bedroom. This showed that people could have private and quiet times alone if they wished.

The registered manager told us that people were encouraged to maintain their independence. She said, "Staff support people to make hot drinks, vacuum their bedrooms and put their laundry away." During the inspection we observed staff enabling people to assist with kitchen activities and the preparation of the evening meal.

Staff told us that the team was supportive to each other and they discussed amongst themselves how best to meet the needs of the people they were caring for. We observed that staff spoke to the people using the service and to each other in a respectful manner. They empathised with the people they were caring for.

The registered manager told us that visitors were able to visit without restrictions. Within care plans we looked at we saw family members had visited and staff supported people to visit family members.

Is the service responsive?

Our findings

Relatives told us they were involved with their family members' care plans and staff would make them aware of any changes. One relative said, "I get feedback regarding changes to my [Name of Person] care needs. Staff respond to any questions that I ask." We saw evidence in the care plans we looked at that people and their family members had been involved in developing them. For example, some plans had been signed by relatives to confirm their involvement.

The registered manager told us that there was an assessment process. People's needs had been assessed prior to admission at the service. She explained that information was obtained from people, their relatives and other health and social care professionals who had been involved in their care needs. Information gathered at the assessment process was used to inform the care plan. We were told that people would be provided with a transition period. This was to ensure that the service was able to meet the person's needs and they were compatible with the existing people living at the service. We found that there had not been any recent admissions to the service.

People's views on how they wished to be cared for including information relating to their independence, health and welfare were recorded in the care plans we looked at. The plans seen were personalised and contained information on people's varying levels of needs, their preferences and histories. We saw evidence that the plans were reviewed six-monthly or as and when people's needs changed. Statutory yearly reviews of people's care needs were carried out, which involved people, their family members, social care professionals and key workers.

The registered manager told us that people were supported to follow their interests. All the people living at the service attended a day centre daily. People enjoyed going to discos and eating out, which staff supported. We saw evidence that each person had an activity sheet which included activities such as, painting, baking, going to the cinema and karaoke nights. Some people enjoyed train rides. We saw evidence that two people had been on a trip to Chester in a steam train. Staff also supported some people to care for their pet rabbits.

People were supported by staff to maintain relationships that mattered to them to avoid social isolation. Staff told us that some people regularly visited their family members for weekends and day visits. People were also supported by staff to celebrate their birthdays, which family members were invited to.

The service had a complaints policy and procedure in place. The policy was also available in a pictorial format to assist people with making a complaint and was displayed in the service. The procedure outlined the process in place for recording and dealing with complaints. We found there had not been any formal complaints recorded; however, the registered manager told us that complaints would be used to improve on the quality of the care provided.

We saw evidence that some family members had provided positive compliments to staff on how they were caring for their relative. The following compliments were noted, 'We remain thankful that [Name of Person]

placement works properly and that despite changes of manager and more recently owner, the ethos and standards remain of high quality.'

There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. 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

Relatives and staff told us that there was a positive, open and inclusive culture at the service. They told that the registered manager was transparent and approachable. A relative said, "The manager is brilliant and the best they have ever had. I have every confidence in her." A staff member said, "The manager is approachable." Another staff member said, "I have trust in my manager she is open to suggestions." The registered manager confirmed that the culture at the service was open and inclusive. She said, "I pass on any knowledge I have to my staff team. Staff and residents are treated fairly." She commented further and said, "If staff come to me with a concern and I can't solve it I would try and find out how I can."

Staff told us they were aware of the provider's whistleblowing procedure. They were able to describe the process and the action they would take to report poor practice. One staff member said, "I have trust in my manager and I am confident that she would take the appropriate action to address poor practice."

Staff told us they were clear about their roles and responsibilities and that they enjoyed working with the people who used the service. They also said that they felt valued by the registered manager. One staff member said, "The manager makes us aware of any changes that are taking place."

Staff told us that they were encouraged to discuss any areas of concern or their developmental needs during supervision with the registered manager or at staff meetings. Feedback provided was given 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 is a good role model and leads by example." They commented further and said, "She provides hands on care and sometimes works shifts; she has quite a good relationship with the residents." Staff were aware of the service's values and vision. This was underpinned by best practice to improve on the quality of the people's lives they supported; and to provide them with a range of services that fulfilled their needs and enabled them to continue living within the community.

The registered manager told us that she was fully aware of her responsibilities and attended regular meetings with other managers. This was to discuss operational issues and how best to improve on the quality of the care provided to the people they were supporting.

The registered manager and provider were committed to providing high quality care. The service had been provided with a food rating of five from the Food Standards Agency (FSA). Five is the highest rating awarded by the FSA. This demonstrated that the service had very good hygiene standards.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified, measures were put in place to minimise the risk of occurrence.

There were quality assurance systems in place which were used to monitor the quality of the care provided

and to improve on the care provided. Audits relating to health and safety, safe handling of medicines and record keeping were carried out on a regular basis. Where areas had been identified as requiring improvements action plans had been put in place detailing how they would be addressed.