

Lansdowne Road Limited

Lansdowne Road (67-71)

Inspection report

67-71 Lansdowne Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lansdowne Road (67-71) is a residential care home providing personal care for up to 26 people with a learning disability and or autism. At the time of the inspection, 25 people were living the service.

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

Right Support: People's support plan and risk assessment guidance provided to staff of actions required to manage and mitigate known risks, were not consistently followed by staff. Guidance for staff was also limited in places, however, action was being taken to make improvements and was ongoing.

Incident management procedures such as de-brief meetings and incident analysis to support learning opportunities needed to improve. Physical intervention was used as a last resort, whilst staff had recently received enhanced training, they were not sufficiently confident. Further training and support were required.

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 did not support this practice.

Cleaning of the environment needed improving in some areas, to ensure effective infection prevention and control measures.

Right Care: The service had enough staff deployed to meet people's individual needs and keep them safe. Staff had been recruited safely.

People, relatives, and external professionals provided positive feedback on the staff's approach to care and support.

People were supported to lead active and fulfilling lives, there was a person centred approach, independence was promoted, and staff supported people effectively to achieve positive outcomes.

Right Culture: The provider's systems and processes to monitor quality and safety were found to be ineffective. A recent internal action plan had been developed to address the required improvements identified by a local authority visit. Whilst this advised overall actions had been completed and signed off,

we identified continued shortfalls.

Staff had received training for working with autistic people and people who have a learning disability. Staff meetings and supervisions were held and provided an opportunity to raise concerns and ask questions. Staff were positive about working at the service.

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 rated inspection for this service was good (published 4 March 2018).

Why we inspected

We received concerns in relation to the management of medicines and people's care and support needs. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

The registered manager took some immediate actions to mitigate risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' Lansdowne Road (67-71) link on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to governance procedures at the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lansdowne Road (67-71)

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 3 inspectors.

Service and service type

Lansdowne Road (67-71) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Lansdowne Road (67-71) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and reviewed the last inspection report. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service for their feedback about the care and support they received. We spoke with 13 members of staff. This included the registered manager, operations director, a senior support worker, a domestic, maintenance person and 8 support workers. We spoke with 3 visiting professionals and a professional by telephone.

We looked at a range of documents including in part, 6 people's care plans and risk assessments, 3 staff recruitment records, training records, DoLS records and mental capacity assessments. We also reviewed audits, incident and medicines management and governance. We also conducted checks of the building.

After the inspection site visit, we contacted 6 relatives for their experience of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Known risks associated with people's individual care and support needs had been assessed. However, guidance for staff was not always up to date or consistently detailed.
- For example, guidance about how to meet people's emotional needs that could impact their behaviour and increase risk, was not consistently detailed. Some people had behavioural support plans that lacked sufficient guidance. However, new positive behavioural traffic light support plans reviewed were found to provide better guidance for staff of how to support people safely and effectively. We discussed this with the registered manager who assured us they would prioritise outstanding traffic light support plans to complete.
- A new electronic care record system had recently been introduced. The registered manager was in the process of reviewing and updating guidance for staff and had a plan of when this would be completed.
- We found staff to be knowledgeable about people's individual care and support needs. This was confirmed by external professionals spoken with, relatives, people who used the service and through our observations of staff supporting people.
- Fire and legionella (a water-based bacteria that can cause severe illness) risks were assessed, reviewed and monitored. Personal emergency evacuation plans (PEEP) were available to support staff and the fire service in the event people needed to be evacuated. However, the rollcall document did not correctly reflect people currently residing at the service and/or which bedroom they were in. This could have caused confusion and impacted the evacuation procedure. We raised this with the registered manager and amendments were made.
- Positive feedback was received about how risks were managed. A relative said, "I have no concerns at all, the staff have really helped [family member] and continue to do so." A social worker said, "I believe [name of person] and the staff have done fantastically well and [person] is really settled."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Where conditions had been made, evidence of how these were being met were not clearly recorded, but the registered manager was able to tell us of actions taken in response to conditions. The registered manager was in the process of developing DoLS support plans in the new electronic system and assured us record keeping would improve.

Using medicines safely

- Where refusal of medicines had been identified as a risk, a risk assessment had been completed that provided staff of actions required. This included reporting to the GP. From reviewing records and in discussion with the registered manager, it was identified staff had not been following the guidance provided. Neither had the registered manager been effectively monitoring actions. No person had come to harm and the registered manager took immediate action to make improvements.
- The storage temperature of medicines was found to not be consistently monitored. This was despite internal medicine audits identifying the same issue and staff being spoken with. It is important temperatures are monitored to ensure medicines retain their effectiveness.
- Staff had detailed guidance, including when and how to safely administer 'when required' medicines. Staff liaised with the GP and/or psychiatrist about medicine reviews. Staff received ongoing medicines training and their competency was assessed to ensure they continued to manage medicines safely.
- People confirmed they received their prescribed medicines when they needed them. A person said, "I have diabetes and the staff give me my injections. I see the doctor for check ups and the staff go with me."

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although the environment's general appearance was clean, improvements were required. This was in relation to some toilet/shower areas that needed some refurbishment. More attention to odour in some areas was also required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People told us their friends and relatives were made welcome and there were no restrictions on visiting.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Incident management needed some improvements. The provider's incident management procedure required a staff de-brief meeting to occur following an incident. This was to support the staff team to review what had happened and to consider if there were any learning opportunities to reduce reoccurrence. However, these meetings were not routinely happening, therefore impacting on the potential for learning.
- The registered manager completed a monthly analysis of incidents. The level of written analysis to consider themes and patterns to behaviours was limited. This is important to enable staff to investigate a possible cause, determine the impact and to identify any new strategies to prevent similar occurrences in the future.

- Examples of action taken in response to incidents included how 2 people's additional support hours had increased and this was having a positive impact. Another person could display emotional behaviours that could put others at risk. Staff used a consistent and effective, discreet management approach of distraction, which we observed to be successful.
- The provider had a positive behavioural support, restrictive practice policy. The provider used accredited training that supported staff with understanding how to use active and reactive strategies effectively and safely. Recently staff had received additional training in the use of physical intervention, to be used if required, and as a last resort, and for people who had been assessed that may require this.
- Staff gave examples of how they supported people at times of heightened anxiety by using different distraction strategies. We also observed staff effectively supporting people. However, they were unable to advise of physical intervention techniques they may have been required to use, clearly and confidently. We discussed this with the registered manager who arranged further training.
- People told us they felt safe living at the service. A person said, "I have friends here, I feel safe." Another person said, "It's a good place to live, staff and other people who live here are friendly." Relatives told us they had no concerns about safety and if an incident had occurred, they were informed. Professional feedback was also positive about how well staff met people's needs.

Staffing and recruitment

- Staff deployment was based on people's individual care and support needs. Staff shortfalls such as leave or sickness was covered by staff, bank staff or agency staff as a last resort. The registered manager and deputy also covered care shifts if required. The staff rota reflected the care and support hours required to safely support people.
- People told us there was always staff available and how they received any additional funded one to one hours. People and relatives were positive about the staff and how well they supported and understood individual needs.
- Staff had been recruited safely. Checks were carried out before staff started work which included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff were not consistently adhering to their roles and responsibilities. Staff did not consistently follow guidance provided by the registered manager in how to manage and mitigate known risks to people. For example, action required of staff for a person known to refuse their medicines had not been followed. A person required a modified diet due to being at risk of choking. Records showed how guidance provided was not consistently followed by staff, resulting in the person having eaten foods that put them at greater risk. Staff's lack of accountability put people at increased risk.
- The registered manager had failed to effectively monitor the care and support people received. For example, systems and processes were in place to monitor quality and safety, however, the registered manager had not consistently completed actions the provider expected such as the effective monitoring of care records. This lack of oversight put people at increased risk of harm.
- The provider's medicines audit was not sufficiently robust. For example, it did not include checks to ensure actions had been taken if people refused their medicines.
- The provider's policies and procedures in relation to behavioural management, had not been consistently followed. The provider's policy stated de-brief meetings were required following an incident. However, this was not routinely happening. Incident analysis needed strengthening to ensure themes, patterns and identified actions were acted upon. These shortfalls impacted on the opportunity for learning and mitigating further risks.
- Staff internal communication procedures were not fully effective. External professionals, some staff and relatives, raised concerns that important information was not consistently and effectively shared between staff.
- We found the daily staff handover procedure and observed daily 'flash' meetings with the management team, senior care staff and the maintenance person was not fully effective. For example, we noted a person's daily care records stated they had been complaining of being in pain. Staff had recorded the GP would be called. There was no further recording to confirm the GP had visited. We asked the registered manager to follow this up with the GP who confirmed they had already visited.
- Conditions attached to some DoLS were not clearly recorded, making it difficult to be fully assured all conditions were being met as required. The monitoring procedures checked expiry dates but not conditions.
- The local authority visited the service in July 2023 and found some concerns in relation to how people's needs were being met. The provider completed a 6-week action plan. At our inspection we found overall the action plan had been signed off by the provider's internal quality team as being completed. This did not

reflect our findings that showed further improvements were required, and additional time was needed for new and improved systems to be fully embedded and sustained. This raised concerns about the effectiveness of the provider's oversight and monitoring procedures.

The systems and processes that assessed, monitored and mitigated quality and safety were not fully effective. This was a breach of Regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found through discussion and observation of the registered manager engaging with people, they were very knowledgeable about people's individual needs and clearly had formed positive relationships with them.
- The registered manager was open and honest during the inspection and showed a commitment in making improvements and took immediate actions in response to our findings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture. Staff promoted social inclusion, respected people's diverse needs, supported people to develop their independence and enabled people to lead active and fulfilling lives.
- People were happy with the level of care and support they received. One person told us how they had paid work that was important to them. Another person told us how they were attending college to learn about money management and independent living and had recently joined a community fitness group. They said attending college would help them with their future plan to live more independently.
- People had named staff who were their keyworker. People told us they had regular meetings with their keyworker where they discussed and planned activities they wished to do. Records confirmed people had a weekly activity planner based on their individual wishes. Goals and aspirations were discussed and planned for.

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

- The registered manager understood their responsibilities in relation to the duty of candour. The registered manager had been open and honest when things had gone wrong. Whilst they had not received any formal complaints, they gave examples of actions they had taken in response to 'grumbles' people had raised.
- Relatives and professionals told us they were kept informed of actions taken following incidents.
- The registered manager had met their legal duties of submitting statutory notifications to CQC. This is a legal requirement of reporting specific incidents to support monitoring of services.

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

- People received opportunities to share their experience of the service. Regular meetings were held to discuss information such as, activities, the menu, staffing, the environment, safeguarding and complaints.
- One person told us how they were the representative for others living at the service and attended provider level meetings to share views and be involved in new initiatives.
- The registered manager had an open-door policy and we saw both people living at the service and staff, frequently visited the registered manager. Overall, staff felt well supported by the registered manager who they described as being approachable and knowledgeable.

Working in partnership with others

- Feedback from external professionals was positive about how well people's individual needs were known,

understood and met by staff. A professional said, "The assessment and transition went the best it could, given the situation. The manager is very passionate and has created a homely atmosphere."

- Care records confirmed how external professionals were consulted for additional assessments and guidance and recommendations were reflected in guidance for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes that assessed, monitored and mitigated risk were not fully effective.</p> <p>Regulation 17 (1)</p>