Lansdowne Road Limited

Lansdowne Road (67-71)

Inspection report

67-71 Lansdowne Road
Aylestone
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03 January 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 28 December 2017 and 3 January 2018, only the first visit was unannounced.

Landsdowne Road (67-71) 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Landsdowne Road (67-71) accommodates up to 26 people across four separate units, each of which have separate adapted facilities. One of the units, the Cedar unit currently specialises in providing care to people with autism, and the Elm and Aspen units for a focus on daily living skills to transition to independent living. There are enclosed gardens to the rear of the service. People living at the home have a learning disability, which may include a mental health disorder. At the time of our inspection there were 24 people who lived at the home.

At the last inspection on 15 September 2015 the service was rated Good.

At this inspection we found the service remained Good.

At the last inspection we asked the provider to take action as some moving and handling practice was not considered to be safe. At this inspection we found people were safe and moved around the service independently and assisted safely by staff. People using the service were from a number of cultures which was reflected by a diverse staff group.

People and their relatives felt staff were kind and caring. People felt their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives that commented were complimentary about the staff and the care offered to their relatives.

People were aware of their care plans and they were involved in care plan reviews, when necessary relatives were include as well. Staff offered people everyday choices and respected their decisions. People had their care and support needs assessed and were involved in the development of their care plan. Staff had access to people's care plans and received regular updates about people's care needs. Care plans included changes to peoples care and treatment, and people attended routine health checks.

People were provided with a choice of meals that matched their cultural and dietary needs. Staff ensured people were able to maintain contact with their family and friends and visitors were welcome without undue

restrictions. There were sufficient person centred activities provided on a regular basis. People and their relatives felt they could raise any issues with the acting manager or staff.

Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the service. All the staff received a training induction and then on-going training for their specific job roles. Staff were informed about; and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what assistance was available from external bodies to report suspected abuse on to, and follow up alleged incidents. Staff were available in adequate numbers to meet people's personal care needs.

People, their relatives and staff felt they could make comments or raise concerns with the management team about the way the service was run and were confident these would be acted on.

There was a clear supportive management structure within the service, which meant the staff were aware of who to contact out of hours. The provider undertook quality monitoring in the service and was supported by the acting manager and staff. Staff were aware of the reporting procedure for faults and repairs and had access to maintenance services and manage any emergency repairs.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service and their relatives. We received positive feedback from the local authority with regard to the care and service offered to people.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Lansdowne Road (67-71)

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.

Inspection site visit activity started on 28 December and ended on 3 January 2018. It included direct observations of the staff group and how they offered care to people. We also reviewed care records, policies and procedures.

This unannounced inspection was carried out by one inspector and a specialist adviser. The specialist adviser had extensive experience in the area of learning disabilities. Before the inspection visit we looked at the information we held about Landsdowne Road (67-71) including any concerns or compliments. We looked at the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with eight people who lived at the home and three visiting relatives to gain their experiences of Landsdowne Road (67-71). We also spoke with the acting manager, acting deputy manager and three support staff. We asked them to supply us with information that showed how they managed the service. We also received some information following this inspection visit. We also spoke with a senior carer and four support staff.

Good

Is the service safe?

Our findings

People and their relatives told us they felt their relations were safe in the home. One person said they felt, "Ok." A relative commented, "I think [named] is fine and they're safe."

Staff we spoke with understood their responsibilities to keep people safe from abuse. Staff confirmed and records demonstrated staff had received training that ensured they recognised the signs when people may have been at risk of harm. Staff said if they suspected or observed anyone being abused they would share their concerns with the acting manager or the staff in charge at the time. This demonstrated the staff were knowledgeable and trained to look for potential signs of abuse.

Staff had access to people's care plans and risk assessments which ensured they had the information they required to provide safe care.

Risks to people posed by the environment were documented and included hot water temperatures being regulated and radiators being guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames, raised toilet seats and there were bannister rails fitted in hallways. Emergency evacuation plans were included in care plans, and a copy was placed near the main entrance of the building.

Staff were aware of whistle blowing and one member of staff told us the process they would undertake, if their initial concerns were not acted upon by the management at the service. They also knew which authorities outside the service to report concerns to, which would make sure people were protected. The acting manager was aware of their responsibilities and ensured safeguarding situations were reported through to the Care Quality Commission as required.

People's relatives told us they felt there were enough staff to ensure people were safe. One person said when asked if there were enough staff, "I think so, whenever I ask things happen, it's got better." Staff told us they believed that staff were employed in adequate numbers to ensure people were safe. They said there was usually staff present in public areas to ensure people were observed at all times. A care worker told us, "There are enough staff to ensure they [people] are safe."

The acting manager told us they used a staffing calculator to ensure the numbers of staffing hours required to care for people was adequate. This provided staff cover throughout the day and night.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and all staff who administered medicines had received training. Staff also had their medicines competencies checked once a year, which reflected the company policy, and

ensured their practice was up to date and safe. We saw staff following written guidance which ensured people were given the right medicines at the right times.

Any changes that have been introduced or outcomes from investigations were documented and any lessons learnt fed back to staff. We saw from the minutes of staff meetings where outcomes were explained and staff prompted to ensure their practice was changed accordingly. The acting manager stated if the issue was more personalised they would be followed up at one to one meetings, to ensure confidentiality.

Good

Is the service effective?

Our findings

People's assessed needs are recorded, documented and available for staff information. These include people's individual aspirations about their care and treatment and plan for their future care and moving on to more independent services. That demonstrated people's support is delivered to achieve effective outcomes.

People told us they felt care staff were trained to provide a good service that met their needs. One person said, "Staff were trained very well here." Relatives also felt staff provided a good service. One relative said, "The staff are absolutely fabulous."

Records demonstrated that staff had received the training and supervision that they needed and provided a good effective service. Recent changes to the Priory group training was the development of the Priory academy where training updates were delivered as 'E learning' (done on a computer.) An example of recent courses that staff have undertaken were computer safety and fire safety. Other courses were organised periodically on a face to face basis.

Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group. Supervision sessions included observations by the management team, for example on medicine administration. That meant that supervision alternated between a face to face meeting and observing staff practice to ensure staff adhered to their training.

One staff member said, "We have regular training updates, recently we have had information about end of life care."

The acting manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. Staff were aware of people's ethnicity and cultural identity. They supported with those aspects of their lives by staff who were knowledgeable about their responsibilities and who understood people's rights.

People were supported to maintain their health. One person told us they had been supported to visit the GP recently and had been advised a dietary change to which they agreed. They also wanted additional assistance which staff would arrange if they asked.

The acting manager demonstrated how the staff group worked with the 'supported living team' from the local authority. The staff worked toward people moving into their own rented property and encouraged people's independence by planning activities around self-sufficient care to aid their move to independent living in the wider community.

People were supported to have enough to eat and drink. One person told us, "They liked the food and going out with staff for a fried breakfast at a local café."

People were offered choices about their meals. Where people chose to take their meals in their bedrooms or a lounge this was respected. We saw that drinks were available and people were encouraged to drink throughout our visit. Staff confirmed that people were offered snacks and drinks throughout the day and night if awake. The acting manager said the budget for food had been increased recently, though there had been no pressure on finances which made catering for people easy. On the first day of our visit there were four different main course choices on offer. Where people's weight was identified as a concern, they had been referred to their GP or dietician for advice. Specialised diets, such as diabetic diets were provided for people who required them.

The décor of the service has been adapted to provide a calming environment for people with challenging needs and autism. Staff have developed a sensory room which provided a calming environment where people could relax. Staff have also produced a 'busy board' and 'fabric and feel' boards which provided people with tactile stimulation. That demonstrated the staff planned for people in the home to provide an environment that was effective for all.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services and hospitals are 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 were being met. We found that they were. People's consent was sought prior to care being offered. One member of staff told us, "We invite the multi-disciplinary team (MDT) team to ensure what's decided about a person is in their best interests." An MDT team is made up of a range of professionals that have an interest in someone's care and treatment.

People's consent and ability to make decisions had been assessed and recorded in their care plan. Where people were deemed not to have capacity a best interests decision had been recorded, and was undertaken by a close relative or MDT staff. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The acting manager had requested DoLS authorisations for people who required them.

Good

Is the service caring?

Our findings

People and their relatives we spoke with were positive about the relationships between them and the staff group. One person said, the staff were, "All right." Another person listed the gifts bought for her on their birthday and at Christmas, and said, "[They were] good presents."

Relatives told us that their family members were treated compassionately. One of them said, "If I was giving it [the home] a rating it would be A plus."

People were involved in how they chose their care to be provided. We saw examples of this where care staff asked people how they wished to be addressed and ascertained what time people would like to be assisted to rise and go to bed. One person commented that they liked their bed and said, "I sleep in [later] as I need the rest." People were also asked if they wanted staff to check their wellbeing during the night, though some have opted out of these hourly checks.

We observed people were treated with kindness and compassion by a caring staff group. We saw staff interactions with people throughout the inspection which confirmed that staff were caring and helpful and people were treated respectfully. We observed one member of staff who had assisted a person with personal care. We also observed staff when they assisted people with their main meal. The member of staff ensured the person's clothes were protected from food spillages, which ensured their dignity was promoted.

We observed staff greeted people in a friendly way when entering public areas and care staff had a good relationship with people and engaged them in an empathic way.

Care staff recognised the importance of people's individual privacy. Bathroom and toilet doors could be locked when the room was in use. People's individual bedrooms were lockable and a key available to those who wanted one. One member of staff said to us, "People's privacy and dignity is important to their self-esteem."

Communication books were in use when required, between staff and relatives which ensured a consistency of communication where the person could not communicate events that were planned or had taken place.

Staff were from a wide range of cultural and national origins. This was useful as a number of people who lived in the home were from these communities and had limited or no English and so some staff were able to communicate with people as they came from these communities.

Good

Is the service responsive?

Our findings

The support people required was assessed before they started receiving care. People's care plans included information that informed staff on the activities and level of support people required in their daily routine.

People and their relatives told us they had seen and agreed their care plan. However one relative said, "I am aware of [named person] care plan but I haven't seen it yet." A second relative said, "I attend [care plan] reviews and get to know what care [named] is getting. It's all been good so far."

Care plans contained information about people's preferences and usual routines. This included information about what was important to them, their health and details of their life history. We reviewed care records and found that people received the care noted in their care plan. Care plans also informed staff of triggers that could cause people to display behaviour that may challenge and raised their anxieties. We saw where one person was assisted to contact their relative due to their anxieties; the staff did this promptly which calmed the person down. People and their relatives were involved in planning and review of their relations care. That ensured the care people received continued to meet their needs.

Staff understood people's individual needs. Where people displayed behaviour that may have put themselves or others at risk, staff had clear guidelines on how to support them. Care staff understood the importance of promoting equality and diversity. We saw that people were asked about their preferred gender of their carer, and this was noted in people's care plan. This demonstrated that care plans were responsive and reflected people's needs.

Staff told us the care was person centred, one member of staff said, "After all we work in their home, they don't live where we work." Another member of staff said the care plans demonstrated, "How I would like to be treated if I were [cared for] here."

People were encouraged to take part in activities that they enjoyed and were meaningful to them. Staff told us they had an activities volunteer who had recently left. Staff continued to organise some in house activities and visits out of the home. We saw where some people went clothes shopping and another person went swimming while we were inspecting the home. Some people enjoyed spending time in their bedrooms or watching television. People's care plans identified their interests and activities that they had previously enjoyed and guided staff when encouraging them to take part in activities.

We saw the acting manager has introduced technology to assist with monitoring people's health conditions. We saw a number of initiatives used that would alert staff to a downturn in people's health and ensure they were attended to by staff.

The acting manager was aware of the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The acting manager provided information about ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework which was put into law from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss could access and understand information they were given. Care plans included extensive information about people's communication needs and an assessment of what communication needs they had. The staff included speech and language (SALT) and community speech and language therapy staff who specialised in working with people with a learning disability. That demonstrated staff provided communication means to people and thereby provided a responsive service.

People and their relatives felt comfortable to approach staff if they needed to raise a concern and were confident that it would be addressed. One person told us they had made a complaint to staff in the past and the staff, "Sorted it."

The provider had systems in place to record complaints. People and their visitors we spoke with said they knew how to make a complaint. Records showed the service had received two written complaints in the last 12 months, which had been investigated, and a written explanation sent to the complainants. Feedback about complaints was provided for staff through the staff meetings or individual supervisions where needed. Changes were made to the service, as a result of the complaint outcome.

We saw people had plans in place for their choices around their end of life. Staff had recently received a training course about end of life information and palliative care. The acting manager said staff would continue to use any nursing services available to ensure people could have a dignified death at the home, if this is what they chose. We saw some care plans included these and other choices for example, about funerals.

Good

Is the service well-led?

Our findings

People's relatives told us that the service was well run, and they regularly saw the acting manager and other senior staff when they visited. One relative said, "The manager communicates very well." A second relative said, "The acting manager is a wonderful lady."

Staff were encouraged throughout their employment to share in the company's vision and values. The companies vision statement was called 'The 7 C's' and was shared with staff at their training induction and discussed at staff meetings. The acting manager explained they had also developed a 'team pledge' that staff at the home had developed and worked toward. The pledge included the agreed actions staff adhered to support each other and provided a good supportive environment for the people who lived in the home and staff alike. That meant the provider and senior management encouraged staff to work to a set of mutually agreed goals and provide high quality care and support.

Staff were provided with the guidance and direction they needed to develop good team working practices. We found that there were detailed handover meetings at the start and end of each shift where staff were informed of changes to people's needs. Care staff were confident that they could speak with the acting manager if they had any concerns about the conduct of a colleague.

Staff had high praise for the acting manager. One staff member said, "It's an open door policy, [named] would help you anytime you need it."

Documents showed that people who lived at the service, their relatives and where appropriate close friends had also been invited to complete questionnaires on the quality of care the staff provided. We saw examples of these which included people being asked to comment on what was good about the home and what could be improved. Changes suggested by relatives included additional staffing and a cover at the front entrance. Relatives also commented on what was good about the home and wrote, 'Friendly, caring and relaxed atmosphere,' and 'Consistency, and tailored approach to individual needs.'

We saw that people from different cultural backgrounds had their needs catered for and respected. Staff told us that peoples dietary needs were catered for and a person who visits occasionally had a specific religious background, and did not eat certain foods. This had been respected and a suitable diet offered to the person.

Quality assurance checks were undertaken and included making sure that personal care was individual and was being provided by care staff in the right way. Checks revealed medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed to care for people. Additionally records showed that fire safety equipment, hoists and the passenger lift were also checked regularly to ensure they remained in good working order.

We received positive feedback from the local authority and a visiting health professional with regard to the care and service offered to people. They told us the acting manager and staff listened and acted on advice,

and was responsive in making changes to positively affect people's lives.

The provider is required to display their latest CQC inspection report at the home so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required. They notified us of some important events that occurred in the service which meant we could check appropriate action had been taken.