

Lansdowne Care Services Limited

The Leys

Inspection report

Park Lane
Sharnbrook
Bedford
Bedfordshire
MK44 1LX

Tel: 01234781982
Website: www.lansdownecare.com

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15 March 2019

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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

About the service:

The Leys is a registered care home and provides accommodation and support for up to nine people living with a learning disability. There were nine people living at the service when we visited.

The care service had 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.

People's experience of using this service:

- People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the correct skill mix on duty to support people with their required needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider.
- Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.
- People could make choices about the food and drink they had, and staff gave support if and when required to enable people to eat a balanced diet.
- People were supported to access a variety of health professionals when required, to make sure they received additional healthcare to meet their needs.
- Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

- People's privacy and dignity was maintained at all times. Support plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.
- People knew how to complain. There was a complaints procedure in place which was accessible to all.
- Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Rating at last inspection: Good (report published 12 May 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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?

Good ●

The service was 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.

The Leys

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. This inspection was planned 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 undertaken by one inspector.

Service and service type:

The Leys is a care home. People in care homes receive accommodation and nursing or personal care as a 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 accommodates up to nine people in two adapted buildings.

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 gave the service 48 hours' notice of the inspection site visit because we needed to be sure that someone would be in to assist us with the inspection.

Inspection site visit activity started on 14 March 2019 and ended on 15 March 2019. We visited the service on 14 March 2019 and called people's relatives on the telephone on 15 March 2019.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection visit, we met with three people who used the service and the following day we spoke with six relatives on the telephone. In addition, we had discussions with four staff members. This included the registered manager, deputy manager and two care and support worker.

We looked at the care and medication records of two people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People continued to feel safe when staff provided them with care and support. One person said, "I feel safe." A relative commented, "[Name of relative] is without a doubt very safe. The staff are very good at making sure [relative] understands how to stay safe."
- Staff had completed training about safeguarding people from harm, and they understood signs of abuse and how to report it. One commented, "I have completed safeguarding training several times. I know the signs to look for and would have no hesitation in reporting anything."
- All staff we spoke with understood the provider's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.
- There were notices displayed around the service regarding safeguarding people and how to report abuse. In addition, we saw pictorial information for people to use so they could understand the safeguarding process.

Assessing risk, safety monitoring and management:

- People had risk assessments in place which guided staff on how to keep people safe. For example, if people needed support to use transport, staff had guidance to follow on how to support them safely.
- Risk assessments were reviewed and updated swiftly if there had been any changes or incidents.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.
- There was information about each person for use in an emergency, for example, Personal Emergency Evacuation Plans (PEEPS). These informed staff and the emergency services what support each person would need to safely evacuate the premises in an emergency..

Staffing and recruitment:

- Relatives and staff told us there were enough staff on duty to meet the needs of people using the service. One person's relative told us, "Yes I think there are enough staff to make sure [relative] is safe. They always take them out into town and other places." Another commented, "[Relative] is always busy so there must be enough staff for them to do that."
- Staff said they felt there were enough staff to meet people's needs safely and did not feel rushed or under pressure. One member of staff said, "This is one of the best places I have worked. The staffing is good and it means we can meet people's needs properly."

- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely:

- People received their medicines safely and as prescribed. Relatives told us they had no concerns about how their relatives received their medicines. One said, "I know [relative] gets their medicines as they should. There haven't been any problems."
- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Preventing and controlling infection:

- The premises were kept clean by both staff and the people using the service, who were supported to complete the household tasks they wanted to contribute towards.
- Staff had access to Personal Protective Equipment (PPE) to prevent the risk of infections spreading. There were daily, nightly and monthly checks in place to ensure any areas that needed attention could be identified and addressed swiftly.
- Staff told us and records confirmed they had completed training in infection control. Information about how to prevent the spread of infection such as effective hand washing, was available in the service.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff at team meetings and through one to one supervision meetings.

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

Good: 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:

- The needs of people were assessed prior to them living at the service so the support they needed could be identified. However, all the people using the service had lived there a long time and their assessments had been completed using the previous provider's assessment tool.
- We looked at a blank copy of the new assessment tool used by the current provider. This covered areas such as, people's chosen lifestyles, likes and dislikes.
- The registered manager told us the transition period for new people moving to the service was flexible and could take as long as needed. People would be supported to visit the service for tea visits, overnight and weekend visits.
- There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected. Particular attention was also paid to compatibility with the people already living at the service.

Staff support: induction, training, skills and experience:

- Staff had the knowledge and skills to carry out their roles and responsibilities. One relative told us, "The carers have good training and that means they can look after [relative] as they should do." Another said, "The staff are very good. They understand [relative] and know how to care for them."
- Staff told us they were provided with appropriate support and training to enable them to carry out their roles. One told us, "I had an induction when I started which was very helpful."
- Records showed staff received an induction and on-going training to enable them to fulfil the requirements of their role. Some training was specific to the needs of people using the service, for example, we saw staff had received training in epilepsy and positive behaviour management. This helped to ensure staff had information that reflected current best practice in providing care so they could meet people's needs.
- Staff told us they received supervision from a line manager and were given regular feedback on their performance. They said they could discuss any issues they encountered as part of their work and their own learning and development needs.

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

- People told us they were happy with the food provided. One person said, "The food is good. I like fish and chips best." A relative commented, "The staff are very good at making sure [relative's] weight remains stable." Another said, "[Relative] loves the food and enjoys cooking."

- People were supported to make choices about their meals using pictorial menu plans where needed and staff provided support for people with the shopping and preparation of meals.
- The staff all had a good knowledge of what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing. Care plans documented people's preferences and any requirements they had with food and drink.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain good health and referred to health professionals when required. One relative told us, "Staff help [relative] to visit the doctors and the dentist. Whatever they need really. I think the healthcare is good."
- Health and medical information was recorded in detail for each person. Support was tailored to each person to ensure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety. We saw this had been particularly relevant to one person who was now able to attend health appointments at the hospital, whereas they would always refuse before.

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

- People's diverse needs were met by the adaption of the premises. For example, there were ramps and hand rails around the home and a wet room had been installed. People's bedrooms were decorated to reflect their personality and interests.

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

- 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

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

Good: 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 were supported by staff who were kind, caring and wanted to provide a friendly and homely environment for people using the service. One person said, "[Staff member] is nice." A relative commented, "The staff are excellent. They go over and beyond what they need to do. [Relative] has been lucky and fell on their feet when they went to live at The Leys." Another relative said, "When [relative] comes home they can't wait to get back again. That gives me such peace of mind."
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. For example, one person was supported by staff to visit a church group every other week with a friend. .
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to discuss their likes and dislikes, wishes and aspirations.

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

- A 'service user discussion form' was used to record individual meetings between people and staff. This was used to discuss and record people's preferences in relation to their choice of holidays for example, any concerns they may have or any wishes or aspirations. On some occasions targets were set to support people to achieve their individual goals.
- A 'Keyworker' scheme was in place. This meant that individual staff members had the responsibility to work with a certain person, check on their care, update their care plans, and generally involve people in their ongoing plan of care.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- People could have access to an advocate and we found that one person was using the services of an advocate at the time of our visit. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected the privacy and dignity of each person and gave us examples of they how they did this. For example, shutting people's doors when supporting them with personal care.
- Each person had a detailed care plan that documented all aspects of their care and life choices. This

contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.

- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received person centred care that met their needs. A relative told us, "[Relative] receives consistently good care. [Relative] has improved since they went to live at The Leys." Another said, "I'm very happy with the care [relative] gets. I can't fault it."
- As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a plan of care and support was developed
- People's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. We saw that people attended activities of their choosing and were supported to try new activities and experiences.
- The service looked at 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. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- Discussions with the registered manager demonstrated that they viewed complaints and concerns as a process for driving improvement at the service. They told us, "We do actively encourage people to raise any concerns they might have. We want people to be happy."
- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format. One relative told us, "I don't have any complaints. Usually if there is something I need to raise, I find the manager has done it already. For example, [Relative] needed a new bed. When I raised it, the manager had already acted on it."
- All people using the service had a keyworker, allocated to them and they were the point of contact for people to go to. People could raise their concerns or any complaints they may have on a one to one basis with their chosen key worker.
- We were told that some people living at the service would find it difficult to make a complaint. However, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.
- There were systems in place to respond and investigate complaints when needed. We saw a complaint had been responded to in a timely manner and in line with the provider's complaints procedure.

End of life care and support:

- At the time of our visit there were no plans in place for people's end of life care wishes. However, the registered manager showed us an end of life care policy and a blank 'My end of life plan' that was going to be implemented in the near future.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives and staff told us they felt the service was well-managed and the registered manager was always available. One relative said, "I know I can call and always speak to [name of registered manager]. They never say, 'sorry I'm too busy'."
- Staff were confident in their roles and felt well supported. One staff member said, "The support I get is excellent. The registered manager is very good, and she cares about the people here. The staff team here are very enthusiastic, and the communication is good."
- Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

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

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. We saw the latest CQC inspection report rating was available for people to read at the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff were clear about their responsibilities and the leadership structure in place. Staff told us they felt well supported by the registered provider and registered manager.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.

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

- Questionnaires were sent out to people and family so they could comment on the quality of care provided. There were also 'Have your say' forms in the dining room if anyone wanted to make comments or raise concerns.

- We saw in the last survey people had expressed concerns that they were unsure about how to make a complaint. As a result, everyone was given a copy of the complaints procedure, which was also available for them in a pictorial format.
- Staff told us they felt listened to by the registered manager. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.

Continuous learning and improving care:

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The registered manager demonstrated a positive approach to learning and development and ensured staff had access to the training they needed, including specialist training in behaviour management.
- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. The registered manager told us that following any incidents there would be a review where service users and staff were de-briefed on the incident and support plans would be updated and if needed new strategies introduced.

Working in partnership with others:

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, psychologists and GPs. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.