

Lansglade Homes Limited

# Lansglade House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Lansglade House is a residential home providing personal care for up to 31 people with a variety of physical, psychological and social needs. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection 31 people were living at Lansglade House.

The inspection took place on 12 September 2018 and was unannounced. At the last inspection on 28 September 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's medicines were managed safely by staff who had their competencies assessed. However, there was an area that required improving and this was discussed with the operations manager.

People told us they felt safe living at Lansglade House and staff demonstrated they knew how to keep people safe. Staff received training and appropriate support from managers and seniors to carry out their roles effectively.

Risks to people's wellbeing were identified and measures to mitigate the risks were regularly reviewed to ensure they were still effective.

The provider had policies and procedures in place to protect people from the risk of infections and staff adhered to these. There were enough staff employed through robust procedures to meet people's needs effectively.

People, and relatives where appropriate, were involved with their care. People consented to the support they received.

People had opportunities to pursue their hobbies, interests and socialise with other people at Lansglade House.

People's feedback was positive about the service they received. People felt they could voice their opinions in meetings and one to one conversations they had with staff.

People and staff were positive about the management of the service. There were robust systems in place to ensure the quality of the service was monitored and improved if the need was identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Lansglade House

## **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 checked 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.

This inspection took place on 12 September 2018 and was unannounced. The inspection was undertaken by one inspector and an expert by experience of people who lived with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 10 people who lived at the home, five staff, the chef, maintenance person and the operations manager. We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits. We also reviewed three staff employment files.

## Is the service safe?

### Our findings

Suitable arrangements were in place for the safe storage and administration of medicines. There were medicine administration records in use and regular audits had been completed to monitor the safe administration of medicines. However, during a random stock check, we found two (PRN) medicines that were not correct (PRN medicines are taken when required for example, paracetamol for pain relief). We spoke with the operations manager who later confirmed a complete stock check was completed and no further errors were found. They confirmed they will be discussing this with all staff to ensure best practice.

We found the service continued to be safe. People and their relatives told us they felt safe living at Lansglade house. One relative commented, "[Relative] coming into care was one of the hardest decisions we've ever made, the reality thanks to everyone at Lansglade has been amazing. It has meant we all know [relative] is safe and happy 24 hours of the day."

Staff we spoke with received training and understood how to keep people safe, including how to report any concerns both internally and externally. They told us they felt confident reporting concerns to the registered manager or senior staff member when required. One staff member said, "I would report any concerns to my seniors or managers."

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for three staff members and found that all the required documentation was in place, which included criminal record checks.

Staff rotas were planned and records we reviewed confirmed there were enough staff to meet people's needs safely. We saw on the day of the inspection one staff member had not attended their shift. The shift was covered quickly by the senior on duty. This showed there were processes in place to manage changes to staffing levels at short notice. The operations manager explained that staffing levels were reviewed and discussed regularly, with changes to the rota happening to meet people's changing needs. For example, recently an 07:00am shift was introduced because more people required support at this time.

There was a system in place for the recording of accidents and incidents. There was an effective system to manage infection control, with appropriate training for staff. We saw there were weekly fire alarm tests and personal evacuation plans to keep people safe. We also noted that improvements were made when required and lessons learnt were discussed with staff in one to ones and staff meetings.

## Is the service effective?

### Our findings

We found that the service continued to be effective. People were supported by appropriately skilled and knowledgeable staff. Staff told us, and records confirmed that they received the training and support they needed to carry out their role effectively. A staff member told us, "We have lots of training." The home had Champions for falls and wounds, this included pressure care training, nutrition and dementia. Champions provide best practice guidance to all staff at Lansglade House to ensure good care.

Staff told us they felt supported by the registered manager and seniors. We saw that there were regular team meetings for staff to discuss any issues. Staff received supervision meetings which provided them with an opportunity to discuss their personal development and to identify any additional training that was required. One staff member said, "I feel supported, the [registered] manager is very supportive. We have supervision every three months and they ask how I am, if I need any support or training."

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that staff obtained people's consent before assisting them. Staff were aware of the MCA and the steps that needed to be followed to protect people's best interests. We saw capacity assessments were in place where required. People's needs were assessed with good guidance for staff to meet their needs. The home provided areas for people to socialise or have quieter areas if required and was decorated to a good standard.

People told us that they enjoyed the meals provided and that there was always plenty of choice. One person said, "The food here is lovely, it's always fresh." We reviewed the menus and saw that specialist diets were catered for and there were different options available for people. Lansglade House were part of the "Food First in Bedfordshire." To support staff with their understanding of good nutrition and hydration to ensure people's dietary needs were met.

People who used the service were supported to see their GP or other health related professionals. The home was supported by the "Complex Care Team" who offer support daily. The aim is to reduce hospital admissions and support the local GP practices. The team consists of advance nurse practitioners and a pharmacist team. We saw in people's care plans involvement from professionals to maintain their wellbeing such as: the speech and language therapy team and district nurses.

## Is the service caring?

### Our findings

We found the service continued to be caring. People we spoke with told us that they loved living at Lansglade House because the staff were patient, kind and caring. One relative told us "Staff are ever so caring, we get updates on how things are. They [staff] always have time to talk to people."

We saw kind and caring interactions between staff and people who lived at Lansglade House. Staff offered support and reassurance throughout the day. We saw at lunch time one person became upset and staff immediately noticed. Staff interacted with the person in a caring and supportive way, they reassured and comforted the person. Within a short period the person was smiling again. We saw lots of good interactions throughout the day. One person commented, "Staff come and help with everything, they are very kind I couldn't wish for nicer people, they are lovely."

We saw staff-maintained people's dignity and privacy and they supported people to remain as independent as possible by encouraging people to do what they could. We saw during the day staff constantly stopped and chatted to people. One person said, "Staff make me feel comfortable, wouldn't want to be anywhere else. I get a cup of tea when I want, even in the night they will bring me a cup of tea." A relative commented, "They always have time to talk to people, [name] is very happy here."

People and relatives were provided with a range of opportunities to feedback their views on the service. People's views were sought through meetings and completion of questionnaires. One relative said, "They [staff] listen to us." We saw people's responses to questionnaires were positive. People and relatives, we spoke with were complimentary about the home with comments such as, "It's a pity care homes get such bad press. They're the ones people remember, not the good ones like this," and "My [relative] comes up from Kent once a month and is welcomed, [they] even have their lunch here. [They] would like to stay here it's so nice."

One relative commented by email, "I suppose what we all want in our lives is to feel that we matter. I think that [Lansglade] provide that sense to their residents and I am very grateful to see that my [relative] doesn't only matter to his family, but that he is given the attention which makes [them] feel as if they matter to the staff. I visit nearly every day and have never heard anything but encouragement and patience towards residents from the staff."

People who used the service were encouraged to maintain positive relationships with friends and family. Relatives confirmed they could visit at any time. People's private and confidential information was stored securely, staff understood the importance of confidentiality.

## Is the service responsive?

### Our findings

People continued to receive care that was responsive to their changing needs. People, and their family members, said that they considered staff met their [relative's] care needs. One person said, "I have everything I need, I don't want for anything."

We saw that care plans had been developed since the last inspection took place and were more person centred. Care plans gave staff good guidance and information they required to support and care for people. Each care record contained information about the person which helped staff to have a full understanding of the person's life, what was important to them and key people who were involved in their lives. Information regarding advocacy was available if people required support and advice, independently of the home. The registered manager commented in an email, "Families, residents and staff are actively invited to discuss on-going care and reviewing of care plans to ensure that our care plans remain person centred, accurate and up to date. Person Centred care plans and risk assessments are tailored to each resident taking into consideration individual rights and choices."

Care plans contained individual risk assessments and health action plans. For example, diabetic care plans that contained guidance and symptoms for staff to be aware of. Staff we spoke with were knowledgeable about people's preferences, health and support needs. Care plans were regularly reviewed each month. Staff confirmed that the care plans gave them good information so that they could provide the required care and support.

People were supported with a wide range of activities to enjoy. This included quizzes, arts and crafts, nail care and pampering, occupational therapy sessions that included exercises and entertainers who visited the home. On the day of our inspection we saw that people were enjoying having a sing along together and a visit from a local school by the six form students. We saw they sat with people to chat and play board games. There were lots of visitors and the atmosphere was very homely. Staff were mindful of people who could not access the communal lounges and ensured that people who stayed in their rooms had regular contact with staff throughout the day.

People were asked about their preferences regarding their funerals to ensure people's wishes were met. The home also provided for palliative care and worked closely with the "Partnership for Excellence in Palliative Support". The registered manager commented, "it is important to ensure people are comfortable and pain free."

People told us they would feel comfortable raising any complaints with the staff or registered manager should they need to and that they were confident that appropriate actions would be taken. We saw that there was a process in place to investigate and report findings when a complaint was raised. One person said, "I have no complaints." A relative commented, "We know who to complain to, but we have no concerns. [Name] is well looked after here."



## Is the service well-led?

### Our findings

The service provided remains well led. We saw there was an inclusive culture at the service and people were able to tell us who the registered manager was. The registered manager was not available during the inspection but provided information we requested after the inspection.

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.

The senior staff members present enabled the inspection. They demonstrated a good understanding of all processes. The operations manager was supporting the home daily to provide additional support if needed. This demonstrated that structures were in place which enabled the home to run smoothly in the absence of the registered manager. Staff understood their roles and responsibilities.

Staff we spoke with told us that they felt the service was well-led. One staff member said, "We have a great team here we all work well together." It was evident from conversations with people who lived at the home, relatives and staff that the registered manager, seniors and staff put people first. People and relative's views were sought by questionnaires, meetings and informally during daily contact. Staff felt valued and we saw evidence that people and staff cultural needs were met.

The provider had a programme of quality assurance processes in place to continually make improvements and to assess the quality of the service. Areas audited included health and safety, medicines, care plans and records. Where shortfalls were identified records demonstrated that these were acted upon promptly.

The registered manager sent further information to us, they commented, "I have an open-door policy at the home and have actively encouraged people to come in and see me whenever they feel they need to discuss any issues or concerns. I make myself available to people in the early mornings, evenings and weekends. I am extremely proud of the strong relationships I have developed with the residents, staff, relatives and the external professionals that visit the home."

The registered manager also commented, "I am supported by the Management Team and Operations Manager, all of whom who have been within the Lansglade organisation for several years and have close links within Bedfordshire and the wider health and social care community. This gives us the opportunity to share information, knowledge and ideas and work together as a company to ensure best practise is maintained within the home. I have many training opportunities available to keep myself up to date with current and best practice and I am the lead for dementia care within the company. All staff receive induction training as well as relevant extensive training during their careers at Lansglade House."