Lansdowne Hill Care Home Limited

Lansdowne Hill Care Home

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

Overall summary

An unannounced inspection took place on 20 January 2016. Lansdowne Hill Care Home is situated in Swindon and provides personal care and accommodation for up to 46 older people, some of whom are living with dementia. At the time of inspection 44 people were living in the home.

The home was run by a management team consisting of the registered manager and a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was calm and welcoming when we visited. People were up and about the home and looked well-presented and relaxed. There was a person sat in the sunshine in a lounge looking at the dovecote. Staff were chatting with people and discussing things like the weather. The garden was large and well-tended.

People spoke highly of their experience of living at Lansdowne Hill. They expressed verbally about the excellent care they received from care staff and valued

Summary of findings

their relationships with them. Staff were compassionate and regularly carried out spontaneous acts of kindness. We also observed many caring interactions between the staff and people in the home throughout the day of our inspection. There was a friendly and warm atmosphere throughout the home. Care staff provided personalised care and knew people's needs, likes and dislikes.

People were at the centre of all activities and there was a range of activities offered to meet individual needs. There were many examples of activities and events organised to ensure people continued to enjoy participating in things they enjoyed. People were involved in deciding activities they would like organised and those they would like to attend.

The service sought to understand and improve on people's experiences and the service overall through a variety of feedback methods, seeking views of relatives and other professionals involved with the service. The service was keen to continually improve their service. This was assisted by an open and transparent culture led by the registered manager and the deputy manager who encouraged listening to people and staff to ensure the service could improve further. Staff said the registered manager expected and demonstrated clear expectations of high levels of care for people and a positive culture had developed from this ethos. This contributed to the high levels of satisfaction we heard and observed at the home from people, their relatives, professionals and staff.

People and their relatives were complimentary about the staff and registered manager. Relatives said communication with the home was good and they were kept up to date on their loved ones. People and their relatives were encouraged to give feedback on the service and their views were valued.

The registered manager and staff ensured there were well-established local links which were important to people who lived in the home to avoid social isolation. This meant people felt part of the community and visited local pubs, a local school for events and their church of choice. People were encouraged to take part in activities to raise funds for both the home and local charities.

Staff felt well supported and had access to development opportunities to improve their skills and knowledge. This included specialist training from a local hospice to support people with end of life care and for also training and use of dementia champions for those experiencing dementia. Staff received regular supervision and were encouraged to have input into improving the quality of service and spoke highly of the support and the manager and said they enjoyed their jobs.

Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being appropriately followed. Staff understood the principles of these requirements and were able to explain why it was important for people in the home.

People's health and wellbeing needs were closely monitored. People benefitted from excellent links with local primary care services which was complemented by good partnership working between the home and relevant professionals. The service had sought relevant and timely advice to ensure those at the home received the level of care they required.

People's risks were assessed, managed and reviewed. Staff knew people well and used this knowledge combined with effective guidance from senior staff to reduce the risk of harm. There were enough suitable staff to meet people's needs and promote people's safety and wellbeing. There were systems in place to protect people from the risks associated from medicines and staff were vigilant in monitoring and using these.

Systems were in place to monitor the quality and safety of the service and had been regularly audited. Equipment in use had been serviced and the premises were well maintained.

Summary of findings

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. People and their relatives said they felt safe.

There were sufficient staff available to meet people's assessed care needs and staff understood how to keep people safe and report any concerns.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed safely, staff were vigilant in monitoring practice, their competency was checked and they received regular training in this area from a qualified clinician.

The home was clean and infection control was used appropriately to help prevent and control the spread of infections.

Is the service effective?

Good

The service was very effective. Staff were highly motivated, well trained and received excellent support with regular supervision.

The service had worked in partnership with a local hospice to ensure that people were supported by excellent end of life care. Staff had received training to enable them to offer effective end of life care and support to families.

Induction procedures for new members of staff were thorough.

People had choice and access to good quality food and drink to meet their needs. The service worked closely with a dietician to ensure people's nutrition was optimised.

People benefited as their health needs were well supported due to excellent links with health and social care professionals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act and the service was very effective in arranging best interest meetings to ensure people received the best outcome.

Is the service caring?

Good

The service was highly caring. People received care from staff that went the extra mile to ensure they received care with respect, kindness and dignity.

People's privacy was respected and relatives and friends were encouraged to visit regularly, were supported themselves and involved in the service.

People were involved in decisions about their care. People were given choice about all aspects of their care, to ensure they felt valued and involved.

Compassionate high quality end of life care was well established in the service.

Summary of findings

Is the service responsive?

Good

The service was responsive. People received personalised care, treatment and support and were involved in their care.

People had a wide range of activities to be involved with if they chose, both in and out of the home.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to them.

Changes in people's needs were quickly recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

People were involved in planning their care to ensure they felt empowered and valued.

People knew how to raise concerns and were comfortable to do so. There were regular meetings that enabled people to share their views. The service was responsive to people's feedback

Is the service well-led?

Good

The service was well led. The registered manager provided excellent leadership and support to ensure people needs were met.

There was an open and collaborative culture within the team who worked effectively with people, relatives, volunteers and other professionals to shape the service on offer and ensure people's health social and wellbeing needs were met.

Quality assurance systems were in place to monitor the quality of care provided.

A committed and stable staff team showed willingness to learn from mistakes and improve because they felt supported and were well trained.

Lansdowne Hill Care Home

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 20 January 2016 and was unannounced. The inspection team consisted of two inspectors. Before the inspection we requested and received a Provider Information Return (PIR) from the service. A PIR 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 also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

We spoke with 10 people who were living at Lansdowne Hill. We also spoke with four people's visitors and relatives. We observed the service during the day and also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed staff supporting people during the lunchtime meal. We spoke with the registered manager, the deputy manager, six members of staff and two professionals who were visiting on the day of the inspection.

We looked at five people's care records and four people's medication records. We reviewed five staff files and we also looked at records about how the home was monitored to ensure it was managed safely and effectively. We received feedback from people who used the service and one professional who worked with the service.

Good

Is the service safe?

Our findings

People felt safe and comments included, “I am here on respite, but yes, of course I feel very safe” and “Yes, I feel very safe here. Everyone is so kind”. Relatives we spoke with confirmed they felt their relatives were safe. Comments included, “I would let people know straight away if I had any concerns, but I have none”. A visiting professional said “I think people are very safe here. They (the staff) seem to be very aware of people’s safety”. Another visiting professional stated “Staff are very knowledgeable about things, they know all about infection control measures, manual handling and safeguarding”.

Where people's assessments identified risks, assessments were completed and management plans were in place. These included use of bed rails, falls and pressure damage. For example, one person was identified at risk of pressure sores. A risk assessment showed the person needed a pressure relieving mattress. The pressure mattress was in place and was set at the correct setting. Other risk assessments included moving and handling and nutrition.

People were supported by adequate numbers of trained staff and staffing levels were regularly reviewed. People told us there were enough staff to meet their needs. One person commented, “If I pull my buzzer, they soon come to me in no time”. Staff were not rushed and people’s needs were met in a timely manner. A staff member told us “I think we do (have enough staff). Personal care is not rushed in any way; it takes as long as it takes”.

To ensure people were safe out of hours, unannounced spot checks by senior care staff during the night were done every three months. These checks meant management could be certain that staff were carrying out all their duties at quiet times. Records showed the last spot check had been carried out in October 2015 at 1.30am. Details of the night visit had been recorded in detail and on this occasion, no actions were necessary.

Staff told us they had received safeguarding training and we saw evidence of this in staff records. Local safeguarding procedures were clearly signposted in the home and all staff we spoke with understood their responsibilities in relation to safeguarding. Staff were aware of the signs of possible abuse and their responsibility to report any concerns to a member of the management team. The service had notified the local authority safeguarding team and the Care Quality Commission about any safeguarding issues. Staff were also aware of the whistleblowing process if needed.

Staff files had the relevant checks carried out to ensure they were suitable to work with vulnerable people before they started work at the home. These included references, full employment history and disclosure and barring check (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We saw medicines were well-managed and people received their medicines as prescribed. Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were regularly reassessed by the deputy manager on a regular basis.

People’s medicines were managed safely and people received their medicines as prescribed. The home used a system of medicine in sealed units where people’s individual prescriptions had been dispensed by the pharmacy. Extra medicines that would not fit in the sealed units were kept in individual plastic containers clearly labelled with each person’s name on them.

Medicine Administration Records (MAR) contained detailed information such as photographic ID, ‘as required’ (PRN) care plan, non-prescription medicines, allergy information and how each person liked their medicine to be administered.

There was a copy of the medicines policy in the medicine room which included homely remedies and ‘as required’ medicine protocols and procedures. The policy was up to date and had last been reviewed in December 2015. We saw staff had signed to say they had read and understood the policy. Records we reviewed showed fridge and room temperatures were recorded daily and were in an acceptable range. We saw there was a sharps box kept in the medicines room. The box was appropriately sealed for safety. Used sharps were collected as necessary by the district nurses for disposal.

Fire safety was well managed. We saw information such as fire training records, visits by the fire officer, fire drills records and systems equipment checks and risk assessments. Staff had recently attended a refresher course on fire safety procedures. The premises and rooms

Good

Is the service safe?

appeared clean and tidy throughout and there were no unpleasant odours. Staff followed safe practices for infection control. The training record recorded all staff as having up to date infection control training.

The service had a business continuity plan which had actions to follow in the event of a serious incident or emergency evacuation. The procedures to be followed were detailed and easy to understand and had been reviewed just before our visit. Staff knew how to access this information if it was needed.

Good

Is the service effective?

Our findings

People received excellent support and treatment from staff that had been highly trained and well supported to offer high quality care. The culture of support created amongst the staff team benefited people who used the service. People felt supported by staff that had the appropriate training and skills to support their needs. One person said "The staff are all very helpful and make time for us". Another said "They understand what support we need, yes".

Staff attributed this culture to the way in which they were supported through ongoing supervision and day to day support. Staff told us they felt supported in their role and were complimentary about the support they received from the registered manager. One care worker told us "[Registered Manager] is great and very supportive". Another care worker said "Yes, definitely. Everyone is very supportive. They helped me through the death of my [relative]. They really care about their staff here".

When staff started at the service they had an initial induction for three days followed by access to an experienced member of the staff team who acted as a 'Buddy' until the new member of staff felt confident enough to work on their own. The deputy manager told us there was no fixed time frame for the 'Buddy' period to end, and new members of staff received as many supervisory sessions and support meetings as they needed. Full competency assessments were carried out by a senior member of the staff team before new members of staff carried out their duties on their own.

People benefited from appropriately trained staff because the service valued learning and development. Staff had received excellent and relevant training appropriate to their roles and completed all mandatory training and dates to renew this had been kept under review. Additional training included: nutrition for older adults; behaviours that challenge; dementia awareness; Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), end of life care and diabetes. Staff who administered medicines had received the relevant training. Records we reviewed showed the induction process was detailed and included required knowledge sets and criteria. Staff practiced by completing mock MAR charts so they were familiar with them before they actually started the medicine rounds. This helped build their confidence in the correct use and completion of the MAR charts. Staff also completed competency training annually. All new staff were undertaking the Care Certificate training programme. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills which they need to provide safe and compassionate care.

The local hospice had developed a unique training programme to assist staff in local care homes to provide excellent care for people nearing the end of life. Lansdowne Hill was one of three care or nursing homes in Swindon to be chosen to take part in the pilot scheme. Three members of staff from the home had been part of the initial pilot for this training which meant they could roll it out to other staff. The training composed of staff completing five theory-based training modules delivered at the hospice. These included providing quality and compassionate end of life care, communication and advanced care planning; care in the last days of life; caring for someone with dementia at end of life and loss and bereavement and care after death. Once completed the training remains valid for two years and then updated. This pilot scheme was such a huge success that it has now been rolled out as an ongoing training programme to all of the care homes in Swindon. The three original staff from Lansdowne Hill have gone on to mentor, support and advise the next groups of candidates within the programme including a further two staff from Lansdowne Hill.

People experiencing dementia had support from staff who had registered to be 'Dementia Champions' or 'Dementia Friends'. Staff learn what it is like to live with dementia and use this information to help them care for people with understanding and compassion. Lansdowne Hill Care Home were supported by Agincare, the management company. Agincare had recognised the importance of ensuring that families of those experiencing dementia were supported by staff that would be able to help them cope with the effects of dementia on their loved ones. Admiral Nurses support families and Agincare had therefore appointed a consultant 'Admiral Nurse' to introduce an operational policy to give care homes, including Lansdowne Hill, guidance and direction.

Staff were able to access training that was delivered in a variety of methods to suit everyone's preferred ways of learning. These included national qualifications in health and social care, outside trainers, organisations and in-house workbooks. This meant the management team had adopted an inclusive approach to training that

accommodated individual learning styles. A care worker said "They help me learn new things all the time. I'm the manual handling trainer now and mark all the staff workbooks for infection control, health and safety, record keeping and equality and diversity".

The deputy manager told us staff completed four supervisory sessions a year which included: one supervision meeting; one spot check; attending a staff meeting and one annual appraisal. Copies of the supervisory sessions and outcomes were contained in staff files where they had been completed. This considerate approach to staff support meant that all staff felt clear and comfortable in their roles to ensure people themselves felt the care they received was outstanding.

People benefited from a service that placed clear importance on ensuring their right to make their own choices was respected and lawfully supported. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). The 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. One staff member said "A person is regarded as having capacity until it can be proved that they don't". We saw evidence of best interest decisions on people's records. A professional we spoke with confirmed that the service was excellent at initiating and arranging multidisciplinary meetings to discuss capacity issues and best interest decisions with the person and their family and relevant professionals.

People living at the home without the capacity to consent to the arrangements were subject to Deprivation of Liberty Safeguards (DoLS) applications. DoLS provide a legal safeguard for people who may be deprived of their liberty for their own safety. Restraint was only considered as part of a planned, multi-disciplinary approach and only following best interest decisions. The use of bed rails to restrict a person's movement in terms of their safety from falling were only used following a best interest decision and a detailed risk assessment. All staff we spoke with had an understanding of DoLS. One staff member told us "You can't just deprive someone of their liberty".

People received food that was of a good quality and choices available. All food was cooked on the premises with fresh ingredients offering choices such as roast dinners, jacket potatoes, omelettes or salads. People who required specialist diets, such as a diabetic, soft pureed or fortified diets had these prepared in line with their care plans. The chef spoke about the 'Food First' initiative which was to cut down the use of supplements. The service worked closely with the dietitian to assess people about options other than supplements and the service made their own fortified milkshakes for people rather than buying them in. One person's care plan showed the person was receiving end of life care. There was a letter from a dietitian advising the person should be offered small meals such as puddings and fortified milk shakes three times a day. People were involved in developing the menus through planning meetings. People who were unable to communicate verbally with staff about what they wanted to eat or drink could make their choices known by using a picture board menu which they could point to, or by being shown a choice of plated meals.

People were positive about the food. Comments include: "The food is good" and "There is usually a good selection". When the food was served it looked appetising and people were offered assistance to cut up food if needed. One of the housekeepers went round each table offering second helpings in a friendly way and addressing people by their names. We saw care staff having a meal with people in the home.

We observed that the majority of people ate in the dining room which had several small tables nicely decorated with white linen tablecloths and a flower and classical music was being softly played. The atmosphere was relaxed and people were chatting and staff were assisting people to their tables. The service food hygiene procedures had all been followed and were up to date. We saw the home had been awarded a 5 star rating for food safety and hygiene measures.

People were able to have proactive and prompt interventions from other healthcare professionals which included district nurses, dieticians and a physiotherapist. The home had built up effective working partnerships with key professionals to ensure those in the service received the care they needed without delay. For example, the Community Equipment Service can deliver any piece of equipment requested by professionals to support

Good

Is the service effective?

individuals often the same day. This meant people have the right equipment in place promptly to ensure their needs are met. The home also had a close relationship with the local hospice to ensure people at end of life could have their requests about their last days planned appropriately. Referrals made to the hospice are responded to promptly and often visit the same day to assess. Each person in the home had a named GP and a GP visited the home weekly.

People, who had particular communications needs, were supported well because staff had referred them to relevant professionals to ensure they had effective help. We were told about a person who'd had a recent stroke and needed help to communicate. This person had just been seen by the Speech and Language team who had developed a communication book to help the person make their needs known.

Good

Is the service caring?

Our findings

People were at the centre of the service and every effort was made to make people's experience of care a positive one. People were highly complimentary about the staff at Lansdowne Hill and valued their relationships with the staff team. Comments included; "They're fabulous" and "they are kind to me". Another person said staff were "Excellent". Relatives and visitors were positive about the staff and their caring nature. One professional told us, "I often hear staff chatting to people, I love coming here, I get a real buzz". A relative told us, "We are very happy with our [relative's] care. We looked at lots of services before this one and glad we chose it". Throughout the day of the inspection, we observed and heard staff act and speak in a very friendly, caring and warm manner.

Staff had a caring approach and enjoyed their job. One member of staff told us, ""It's the passion for the place that keeps me here, from the staff and the manager". Staff knew people well and went out of their way to help people, often in their own time. A professional said they had known staff to often go and pick up prescriptions before the start or at the end of their shifts to ensure people had adequate pain relief or antibiotics. Staff would visit people in hospital on their day off or to help with shopping.

People benefitted from caring staff who were thoughtful and who offered their personal time to provide enjoyable opportunities for people in the home. Staff brought their pets into the service and we were told of a visit last summer from 'Reggie, a well behaved Shetland pony' who belongs to a care workers son. The pony spent the afternoon in the garden along with a number of people popping out to see him and fed him apples from the trees. The registered manager said "It brought back lovely memories for several people who were talking about when they were small and had horses themselves either working ones or on the farms close by. One person took a real shine to him and would not leave his side. He led the pony around the garden several times and reminisced with his family about Reggie for a long time afterwards". Another visit is planned this year.

People were respected and cared for by staff that used their own personal time to make a difference to them. A core team of staff always helped out in their own time at the home's annual fete and also assisted on other trips and outings for people in the home. Several members of retired staff visit once a week to carry out activities with people. One of the volunteers has been visiting since 2003 and visits every week to help serve meals and spend time with people. On the day of the inspection there were quite a few people in the dining room listening to a visitor playing the piano and inviting requests and people were singing along with staff joining in. People were relaxed and happy and engaged in the session.

Staff addressed people with warmth, appropriate humour, respect and patience. There were interactions between staff and people unconnected to care tasks. Staff listened to what people were saying and gave them time to express themselves. Interactions were kind and caring. One person was approached by the hairdresser to see if she wanted her hair done. The hairdresser got down to the person's level and offered her an appointment but said she didn't need to answer straightaway and to "Have a think about it and I'll pop back later". We saw in this person's records that they suffered with a lot of anxiety and found decision making complex and needed time to digest information and come to a decision. This had clearly been acknowledged by the hairdresser who knew this information. We also saw a staff member bring two scarves down for someone to choose from to wear and waited whilst they selected which one they wanted to put on. This demonstrated that staff took the time to ensure that people had choice in even small details and showed respect for the person.

People who use services were encouraged to share their views and newsletters, forums and open days took place. People in the service had the opportunity to attend meetings which were held every three months and the next meeting was advertised in the reception and lounge areas of the home for everyone to see. Family and friends were welcome to attend these and the items on the agenda were the menu, activities, laundry, post and any other business. Discussions about what to use the funds from the amenity fund were discussed. This fund gave a meaningful purpose to the activities to fund raise during the year and meant that items or events could be purchased that people decided collectively they wanted to do. Following feedback, newsletters and family meetings had improved, and the service planned to continue to improve communications and responsiveness to people's needs and concerns. These newsletters included information on staff news, training staff had undertaken and other information to ensure people were kept up to date and aware of developments.

Good

Is the service caring?

People were assisted to have advocates if required. Advocates help people to ensure their wishes are taken fully into account around important decisions. A person who had no family was seeing the advocate monthly to support them with decisions. This ensured the person was supported by someone who was independent of the service and could help ensure their views were heard and supported.

Services had been organised to support people's wishes to pursue worship in the manner they are accustomed. Religious ceremonies were held weekly at the care home for both the Catholic and Church of England faiths. Staff also made arrangements with the churches for people in the service who wished to attend the Sunday church services to be picked up and taken to the service.

People were treated with dignity and respect. People looked smart and attention to their personal appearance had been made, such as people having their hair styled and nails painted and make up done. Staff knocked on people's doors and waited to be invited in before entering. We asked a visiting professional whether they felt people's dignity was respected by staff. They commented: "Yes, the staff are very mindful of people's dignity and treat them with respect. I notice things like that". Care was individualised to ensure people's privacy and independence was respected. One person chose to spend the majority of time in their room. We spoke with the person and their relative who confirmed they were happy that this choice was respected. The person said they were encouraged to join in and did on occasions. The care plans reflected this information, showing respect for their privacy. We saw notes for staff to be aware that a person liked getting up early but that they 'didn't want to be a nuisance by using the call bell'. This was so staff could visit him early, 6.30 am, when he chose to get up. There were also notes that a person should be offered 'time alone' during showering if they expressed this.

Advanced care planning was discussed with people unless they chose not to, and if so this choice was respected. This planning helps to ensure a person's wishes are known and that their care plans support their wishes and preferences when they reach their end of life care. Advanced decisions are discussed and if the person wishes to have an advanced directive in place, this is discussed with their GP from the point of referral.

People who were approaching the end of life were provided with outstanding care to both themselves and their families. Bereavement leaflets had been designed by staff members. The registered manager told us the home supported people at the end of their life and worked closely with a local hospice. A professional said "The home always calls us appropriately for advice and assistance". They also described about the sensitive management of a person who did not wish to discuss nearing the end of their life. This was respected and managed well and the person had a peaceful death in the home as they wished. The staff referred the person's relative to the hospice to support them at this time. The kitchen staff were aware of the importance of the sensory importance of people having small tastes of food. They recognised that even when people were eating very little towards the end of life, even small tastes of food were important in addition to the other supplements they were receiving. Staff had given visitors a lift home when they had sat with their friend/family all day when nearing end of life. We were told of a person who was nearing the end of life and they felt they did not want their spouse to visit them as they were concerned about the person getting to and from the service safely over the road due to their own disability. Staff reassured the person and made a commitment to meet the person every day to support them over the road from the bus and help them at the end of the visit. This meant the person felt less anxious and the couple were able to spend time together at the end. The home had received 25 compliments over the past year. These were mainly thanks for care and support given to the person and their family for care at end of life.

Good

Is the service responsive?

Our findings

People's lives were positively enhanced by the individual approach to their care and support. People's past and current information had been gathered and recorded to increase understanding by staff of each person. People had life stories on their records which assisted staff to have discussions with them about important life events, and to see each person as different and individual with interesting lives. The care plans had information about people's former professions, their families, significant dates such as family birthdays and whether religious holidays were important to them. Hobbies were listed as well as food likes and dislikes. For example, a record stated that the person liked to have a hot drink before going to bed. Small details like this were recognised as being important to be included so the person received the same routine, despite which carer was on duty. The impact of staff having this detailed information on people's history, enabled staff to engage with people who may have difficulty at times remembering past events. It meant staff could have conversations and reminisce with the person.

Other information included, interests, recreational needs, life choices, cultural and religious beliefs. For example, people had spiritual and cultural care plans and regular religious services took place in the home for people to attend should they wish. Volunteers were also available to take people to church services if required. The service kept people at the centre of their care even in the event of hospital admissions. People's care plans contained detailed information about how care should be delivered and staff were aware of the information in the care plans. Records contained 'grab sheets' to be used if hospital admittance was urgently needed. These 'grab sheets' had important information on such as current medication and any relevant wishes, such as resuscitation. This ensured that if people had to go to hospital, distress was decreased as information was readily at hand for staff to relate to in hospital.

People told us they were aware of their care plans and had been involved in developing them. We were told that when people were being assessed it was emphasised to any relatives present that the person would be the primary decision maker. Other people, such as relatives could then offer any useful information for the assessment. Comprehensive information was sought from other sources such as social care assessments to gain a full picture of the person's life and support needs.

People had outstanding support from a service that recognised and valued the importance of social inclusion and friendships. The home had made many efforts to link with the community. Many of the people were local to the area and therefore being able to remain a part of this was important to them and their families. People were escorted by staff to the local community centre to attend garden competitions and displays. People visited local pubs and garden centres. The local school children visited the care home for harvest festivals, concerts and Christmas carols.

The service also organised their own 'Strictly come dancing' evening and several members of a local dance group gave up their time one evening and went to the care home to dance for and with people in the service. It was reported that both people and the staff put on their best 'bib and tucks' and joined in with all of the dancing and fun. They had also linked with Swindon Circles, a voluntary organisation and hoped to have a volunteer from there to go with a person to a weekly dance group. The home worked closely with family members in continuing to encourage and support people in pursuing their hobbies and interests, such as art/painting and gardening. For example, one person had their own small greenhouse and was cultivating their own plants for the garden this summer. This was organised so the person could continue enjoying an interest they had before moving to the service. Last year the care home gained first place inthe local front garden competition which was held by the Wroughton and District Gardeners Society. One person in the service took a very active role in planting and organising the display for this and a photograph was taken of both the entry and a person receiving the award

The importance of one to one social and personal interaction and support was acknowledged. This would take place either at a protected, designated time or during personal care, meal times or other care routines through discussion and reminiscence. For example, there were several people that liked having a manicure and a few of the staff team were excellent in doing these. The staff and the person enjoyed this one to one time, talking and reminiscing. On occasions staff had taken people out with them in their own car after finishing work for a 'drive round'.

Good

Is the service responsive?

Staff had brought in their dogs to the care home in their own time to visit some of the people in the service. A staff member's family, who comes from the north of England, often brought back local delicacies for one person originally from that area. This brought back nice memories for the person and also helped them feel valued that someone had gone to the effort to think of them.

Although there was not an activities co-ordinator in post, the deputy manager said three members of the staff team had taken on the additional role of providing people with entertainment and activity. "We don't have activities every day, but most days I would say". People were involved in all fund raising events and that formed part of their activity programme. A staff member said "In a way, it's nice we don't have one person organising activities because we ask people what they want to do and tailor make the activities to suit them. That way, they get to do what they want, when they want to do it. I think it's more person centred that way, don't you?"

We were told people had visits, for example to a wildlife park or the beach. We were told the home had an 'amenities' fund which paid for people's outings and entertainment. We saw a dovecote and doves in the garden which had been bought with money from the amenity fund. We saw a staff member go and feed the doves who flew down to the window where people could enjoy watching them being fed and help with this when they wanted. The home raised funds by having tea parties, fetes and holding events throughout the year. People were involved in making crafts to sell at the fete. As well as fundraising for the amenity fund, there was an opportunity to take part in fund raising for a local hospice, by holding raffles and staff donating money instead of sending each other Christmas cards.

A national building society had chosen Lansdowne Hill as their community project. To date, two departments had been out to the home. On the first occasion they (with staff) took some people out to lunch at the local garden centre, and the others stayed behind at the home and played prize bingo, baked cakes and made handmade Christmas cards with people. The other occasion was at Christmas time, when they put on a carol concert for the people in the service. It was stated they came laden with song sheets, sherry and mince pies and Christmas jumpers which was enjoyed by all.

Other, entertainment included karaoke, a piano player, visiting shop and the 'Grumpy Old Men's' club. A group of men in the home enjoyed each other's company and were given the space to spend time with each other. We observed them sat together watching a darts competition on television during our visit and they were relaxed, chatting and clearly enjoying their time together.

One of the lounges was well equipped with games, puzzles, radio, TV, books, rummage box and puzzles for people to enjoy. Other activities on offer to people included preparing for celebrations throughout the year such as Easter and Christmas, a food and nutrition week, a visiting zoo that sets up in the garden and arts and crafts.

The service valued people's feedback to support ongoing improvement within the service. People knew how to make a complaint and were informed about how to do this during the admission process. People and their relatives said they would speak to staff or the registered manager if they needed to. Records we reviewed showed complaints were recorded in detail and had been handled in a timely manner by appropriately qualified members of the staff team. We saw information about how to complain signposted around the home. The complaints management policy ensured that any concerns are acknowledged, investigated and responded to outlining the findings of the investigation and any actions taken as a result. People are invited to escalate their complaint to their local authority, to CQC or to the Local Government Ombudsman if they are not satisfied with the outcome.

Good

Is the service well-led?

Our findings

The home had an open and transparent culture, with clear values. Staff were enthusiastic and were encouraged and supported through training and clear leadership from the registered manager. The service worked closely in partnership with key organisations, including specialist health and social care professionals. The registered manager was supported through a continuous professional development process including management training and regular meetings. The manager and senior staff team in the home worked closely and effectively to motivate staff and nurture a caring and supportive working environment through effective use of the staff supervision, support and communication policies. Lessons learnt about good practice from compliments received were viewed as equally important as sharing information from findings following complaints investigations and outcomes.

The staff showed great commitment and this was largely attributed to the registered manager and their determination to ensure people were well supported. Staff had helped at short notice at times when incidents had occurred such as a water pipe bursting at midnight. We were told "Staff were contacted and asked to come into the care home to help out and they did with no hesitation, some of them bringing in their partners to help as well". Another comment from a staff member was "The manager has really high standards about everything. I can't praise this home highly enough". A staff member said "[Manager] is very supportive, we can go to her anytime and she will help us with whatever we need, we only have to ask. We all support each other". Staff were encouraged to share their views and were consulted via staff meetings, surveys, supervision and appraisal. Notice boards in the staff room contained a variety of information for staff such as staff duty rotas, holiday requests and information leaflets. There was a 'Communications' book on the desk in the staff room where staff could leave each other messages. Staff looked in the book at the beginning of each shift to see if there were any messages for them. This meant staff ensured vital information was shared with each other and they were kept up to date with events.

The service's management company, Agincare had a clear set of values to support an open and supportive culture. This open culture meant people who use services, those that support them, staff, health professionals and local authorities share information about good practice and about concerns. The senior management at Agincare provided a supportive infrastructure with services such as personnel support, payroll and finance, facilities management and operational management.

The registered manager said the home was assisted to continuously improve by Agincare, through policy review, managers meetings, senior operations meetings and board meetings. Good practice was then disseminated through the company through meetings, electronic communication, newsletters and intranet. The ethos of the service was that being responsive to people's needs, changing needs, communications (whether positive or negative) helped the culture of the home.

People's views were listened to and acted upon and this was assisted by an internal quality monitoring process. The home had strong links with local community services including health care professionals and voluntary groups.

The home was active within the local community, having strong links with the local infant school and often being invited to attend assemblies, plays and celebrations.

Surveys were carried out yearly and the last one had been conducted in August 2015. The survey questionnaire went out to people in the service, their relatives, advocates, staff, and visiting professionals. Results of the survey were freely available to people. Results from the survey were positive. We saw a comment from a staff member stating 'I have been totally supported since coming to Lansdowne'. A comment from one person was 'The home is very well run and the staff are very helpful'. A question to relatives and advocates asked 'Do you have information about the care service to help you make decisions'? The answer was that people felt they did. These comments demonstrated to us people were happy with the service they received at the home. We saw where action needed to be taken it had been dealt with appropriately and in a timely manner. The action plan included a target date for completion of any action taken. For example, records showed staff supervisions were to be scheduled and carried out four times a year. Records showed all staff were to be included in the supervisory programme, who was to carry out the supervisions and a target date for completion had been set.

Good

Is the service well-led?

Regular staff meetings were held. The registered manager told us these were used as an opportunity to share information and to involve staff in improving the quality of care. Staff told us the meetings were useful and enabled them to share ideas for improving the service.

The service had been monitored to ensure it was run safely. Audits had been carried out monthly and included accidents and incidents, complaints, health and safety, infection control, medicines, staff files, dignity, tissue viability and nutrition. All audits carried out had been signed and were up to date. Policies and procedures were reviewed annually or as necessary. The policies and procedures we looked at were dated 2015. This showed us the folder had been kept under regular review. Accidents and incidents had been monitored. For example, the accidents and incidents audit included detailed information such as who, what, where, when, actions taken, debrief notes, manager review, learning opportunities noted and investigation analysis

Risk assessment audits included environment such as door guards, building access, key pad security, general décor of building, stairs and stair wells, lift and water checks. Records were seen and up to date. We spoke with the maintenance person, who told us he carried out daily 'Walk rounds' of the building, grounds and all people's rooms to maintain standards of safety and good repair. He told us all staff had responsibility for carrying out daily observations during their normal working duties and could report any concerns to him at any time.

Information was kept in the reception area of the home and was freely available to people. This included information on dementia, end of life care, domiciliary care, activities and mental capacity.