

Four Seasons (No 10) Limited

Lansdowne Care Home

Inspection report

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Date of inspection visit:
14 February 2023

Date of publication:
08 March 2023

Ratings

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

Summary of findings

Overall summary

About the service

Lansdowne Care Home is a service for older people who need nursing care. Lansdowne Care Home provides accommodation to a maximum of ninety-two people some of whom may have dementia. The home is split into 3 units. On the day we inspected there were 91 people living in the home.

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

The service demonstrated a compassionate awareness and understanding to end of life care. They had made improvements to end of life support for people since our last inspection.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

People's care was planned and risks to their safety and wellbeing were assessed. The service reviewed these plans regularly, involving people in these reviews and asking for their opinions.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Medicines were managed safely.

People told us they enjoyed the food and were referred to dieticians when required, however the recording of daily fluid charts were not always accurately recorded. The registered manager took immediate action after our inspection to address this issue.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

Staff consistently strived to ensure that people had the best possible care, and that they were supported in a compassionate, dignified and safe way.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

Care plans contained information about each person's individual support needs and preferences in relation

to their care and we found evidence of good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

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

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 31 October 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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.

Lansdowne Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008,

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

Inspection team

The inspection was carried out by 2 adult social care inspectors, a nurse specialist advisor and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lansdowne Care Home 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

The inspection was unannounced. We visited the location's service on 14 February 2023.

What we did before the inspection

Before our inspection, we reviewed the information we held about the service which included statutory notifications and safeguarding and the Provider Information Return (PIR). The 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, the activities coordinator, 4 care workers, and 3 nurses, 5 people who used the service and 2 relatives. We also spent time observing care to help us understand the experience of people who could not talk with us. We looked at 6 people's care records and 3 staff records including safe recruitment and supervision; we also looked at various documents relating to the management of the service.

Following our visit, we received further information from the registered manager, which included provider audits and survey results. We also received feedback from local authority social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- People were safe and protected from avoidable harm. Legal requirements were met .
- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and who to report if to they had any concerns about people's safety.
- Staff had completed safeguarding training and staff we spoke with were able to demonstrate how they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident actions would be taken.
- The registered manager had a robust approach to managing safeguarding incidents and followed the provider's policies for reporting such incidents to the local authority safeguarding team.
- All the people we spoke with told us they felt safe and looked after by the staff.
- Staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and choking.
- Clinical staff were very knowledgeable in wound care and care staff knew the importance of regular repositioning of people. We also found people who spent the majority of their time in bed were on pressure relieving equipment that automatically adjusted according to the person's weight.
- The service employed a team of maintenance people who ensured that the building was kept safe and in good decorative order.
- Regular checks of the building and equipment took place, including fire safety equipment.
- Fire drills were regularly held, and people had individual personal evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs . We observed that people were attended to in a timely unrushed manner. The manager used a dependency tool to determine staffing levels required.
- Staff had been recruited in a safe way. Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was very little staff turnover. Most staff had worked at the service for many years which provided consistency and continuity for people living in the service.
- At the time of our inspection the service was not using any agency staff.

- People were very complimentary about the staff. Comments included, "They talk to you; they sort you out and if you can't sleep, they sit with you" and "Staff are fantastic." People also pointed out that, "Everybody wants to do everything for you."

Using medicines safely

- Accurate records for the receipt, administration and disposal of medicines were kept. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required'.
- People received their medication safely and at the right time. A staff member said, "No one gives out medication unless they are trained to do so."
- Medicines were clearly recorded within people's medication administration records.
- Regular audits of medication administration took place to ensure continuous safety.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance in relation to visiting in care homes

Learning lessons when things go wrong

- The service had an electronic system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any re-occurrences.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law • People's outcomes were consistently good, and people's feedback confirmed this .

- Initial assessments of people's needs before they started to use the service were in place and were completed to ensure the service could meet the person's needs before they made the decision to move in.
- Care was planned in partnership with people and their relatives. Staff told us they spoke with people, so they had a good understanding of people's individual needs and preferences. They explained how this information enabled them to engage effectively with people and provide person-centred care. One staff member told us, "I've had time to get to know people and what they like."
- The assessments were individualised, detailed and appropriately completed.
- The service used nationally recognised assessment tools, such as the Malnutrition Universal Screening Tool (MUST) and Waterlow pressure ulcer risk assessment tool. This is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.
- People's preferences and care needs had been recorded and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The manager considered people's protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- Staff were positive about the training they received and told us they had completed the required training to meet the needs of the people they supported. One member of staff said, " The training here is good and regular"
- A formal induction process was in place when staff commenced work. Staff told us it had provided a good first understanding in care which enabled them to be confident to carry out their roles.
- Supervisions were happening to allow staff the time to express their views and reflect on their practice.
- Staff felt very well supported. A staff member told us "This is such a nice place to work in. We are very supported."

Supporting people to eat and drink enough with choice of a balanced diet

- People were given the required support to meet their nutritional requirements.
- We observed positive interactions between staff and people at lunchtime. Staff closely observed People who liked to take their time eating and those who hadn't really eaten much encouraging them to do so and helping them when required.

- Food and fluid intake charts were kept for people staff had concerns about. However, we found that some fluid charts were not always tallied and available on people's care plans. This meant it may not have always been possible to accurately assess if people's food and fluid intake had been appropriate. The registered manager took immediate action after our inspection to address this issue. We found no evidence that people had been at risk as staff knew people and their needs well.
- Referrals were made when required, to appropriate professionals who provided guidance and support with managing people's intake of food and fluids safely.
- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences were set out in people's care plans.
- The menus were regularly discussed with people who lived at the service. Food was available to accommodate cultural preferences, for example we saw that Indian food was available for people from Indian backgrounds.
- A person told us, "The food is good, the portions were far too big for me so now I get given a portion that I'm happy with."

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

- The service documented people's health conditions in their care plan.
- People's care plan had details of their GP and any other health professional's involvement. People were supported to attend annual health checks, screenings and primary care services.
- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and manager for escalation and action.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.
- A person told us, "I've been in another care home and Lansdowne is far better and my health is improving".

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

- People lived in an environment that was suitable for their needs. Corridors and communal areas were clean and clutter free and each room had its own en-suite.
- People's rooms were personalised to their individual tastes and communal areas were well presented and homely. People said staff kept their rooms clean.
- Where people required specialist equipment such as a wheelchair, hospital bed or mobility aid, we saw these had been provided for them. One person told us, "They're getting me a new wheelchair in time for my birthday, so I'm thankful and look forward to that."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Mental capacity assessments (MCA) were completed for people. These had followed best practice and current guidelines. MCA's were decision specific, such as, can someone consent to bed rails being used, or

do they consent to remaining at the care home. It was clear if a person was able to understand, retain, weigh up and communicate their decision. When someone was not able to do this, a best interest checklist was completed with all relevant relatives and healthcare professionals.

- Staff empowered people to make their own decisions about their care wherever possible.
- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- Staff confirmed that they had undertaken training in relation to the MCA.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service demonstrated a compassionate awareness and understanding to end of life care. They had made improvements to end of life support for people since our last inspection.
- When people were receiving end of life treatment specific care plans were developed and they had evolved from the last inspection. This was to ensure people were made comfortable and received the right care and attention and the service kept up to date with end of life guidance and practices.
- The service had recently arranged for a local funeral service to give a presentation to relatives.
- Staff confirmed to us they received training in end of life care training. This demonstrated the registered manager understood the importance of providing end of life support and how this should be delivered.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they continued to receive a service that was personalised to their needs and promoted their wellbeing and independence in the home. We saw this in people's care planning. They were person centred and designed to promote independence.
- Care plans were developed which reflected people's individual needs across a range of areas such as health and social care needs.
- Care plans were reviewed with the person/relative on a regular basis or in response to changing needs. This ensured they remained up to date and accurate. Plans also contained each person's history and preferences so that staff had information that would support them to provide quality care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly recorded in their care records.
- People were supported to make choices and express themselves, even if they could not do so verbally.
- People were referred to speech and language therapy to look at alternative means of communication and there was thorough guidance for staff on how to communicate with the person, using gestures, simple words and explanations and giving them extra time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The home employed 3 activities co-ordinators, who were highly regarded by people who use the service.

- There was a varied programme of events and activities to provide entertainment and to occupy people. These were advertised so people were kept informed. People were also supported to attend religious services and numerous cultural events took place throughout the year to support people from different cultural backgrounds .
- Staff maintained an oversight of people's participation in activities to ensure that people were offered regular opportunities to participate. It was respected where people did not want to be involved and staff provided 1-1 activities for these people. For example, 1 person enjoyed reminiscing about his occupation as a journalist and was supported in this by staff members .
- The service had won numerous nationally recognised awards for their activities program which also included community based activities in partnership with a local school and the Salvation Army.

Improving care quality in response to complaints or concerns

- We saw evidence that complaints had been dealt with promptly and appropriately
- Relatives we spoke with told us they were happy with the service but felt they could speak with staff if they had a problem.
- Records demonstrated complaints were thoroughly investigated and responded to. Any changes to policies or practice as a result of the complaint were recorded in detail, together with how these changes had been communicated to staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff were complimentary about the registered manager and said they were very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious and cultural needs.
- Staff and people spoken with described a caring, relaxed environment to live and work.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- People using the service told us the service was well managed. Comments included, "If he can't be home, then I couldn't wish for a better place for him to be than here."
- We had no concerns regarding duty of candour. We found the manager was open and transparent throughout the inspection.
- There were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were completed on either a daily, weekly, monthly or quarterly basis.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- The manager had a very good understanding of people's needs and maintained a good oversight of the

service .

- Staff were positive about working at the service and felt valued they told us they were well supported.. Comments included, "The manager is hands on ", "He listens to staff and residents" and 'The manager is very helpful. I can call on him if needed'
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In November 2022, Lansdowne Received a Four Seasons Company Award 'Succeed as a team'- For commitment to team retention, innovative and effective practise in creating a great working environment and 2 staff won Awards at The Great British Care Awards in Nov 2022.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- A survey was carried out with relatives and people who used the service in November 2022 which showed high levels of satisfaction.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Monthly relatives/residents meetings were also in place.

Working in partnership with others;

- Staff worked well with people, their relatives and professionals to ensure people were supported safely and in the way they wanted.
- Records showed people were supported to access services in the community including GPs, the local clinical commissioning group (CCG) and specialist professionals to promote people's health and wellbeing when required.
- Information showed the service worked closely with others. For example, the Local Authority and other healthcare professionals and services to support the delivery of quality care provision.