Lansglade Homes Limited

Lansglade House

Inspection report

14 Lansdowne Road
Bedford
MK40 2BU
Tel: 01234 356988

Date of inspection visit: 28 September 2015
Date of publication: 19/10/2015

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

Lansglade House is a residential home providing personal care for up to 31 people with a variety of physical, psychological and social needs. On the day of our visit, there were 29 people living in the home.

The inspection took place on 28 September 2015.

The service had a registered 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.

People felt safe living in the service.

Staff were able to identify different types of abuse and the safeguarding procedures that should be followed to report potential abuse.

Risks to people's safety had been assessed, with plans in place to mitigate these. Staff had taken into account the risks to which people were exposed.

Accidents and incidents were recorded and the causes of these overviewed, so that preventative action could be taken to reduce the number of occurrences.

Summary of findings

People were supported by competent staff that had been recruited using a robust process, to ensure they were safe to work with people.

There were appropriate numbers of staff on duty, at day and night, to ensure that people's needs were met in a safe and timely manner.

Medication was administered in a safe and appropriate way.

Staff were supported through a system of induction and on-going training, based on the needs of the people who lived at the service.

Staff gained people's consent to care before any support was provided. The requirements of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS) were met.

People were supported to have a sufficient amount to eat and drink.

People were referred promptly to other health professionals where this was required to ensure their health and well- being.

Staff knew the people they cared for and supported them in a friendly manner, ensuring their needs were met. They were knowledgeable about how they should support people with their care and support needs.

People were treated with respect by staff, which ensured that their dignity and privacy was maintained.

The choices, likes and dislikes of people were documented within their care records and discussed with those people concerned.

People had opportunities to participate in a variety of activities within the service.

People and their relatives knew who to speak to if they wanted to raise a concern. There were appropriate systems in place for responding to complaints.

The quality and safety of the service was monitored on a regular basis through a system of internal audit checks. Action plans took into account where improvement could be made.

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?
The service was safe.

Staff had received training on the safeguarding of people and felt able to raise any concerns they had about people's safety.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Safe systems for the management of medicines ensured they were administered appropriately.

Good

Is the service effective?
The service was effective.

Staff were well trained and knowledgeable about how to meet people's individual needs.

The registered manager was aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

Good

Is the service caring?
The service was caring.

People were supported by kind and caring staff who took the time to encourage them with making choices.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

Good

Is the service responsive?
The service was responsive.

People were involved in planning care, which was centred on their individual needs.

There were processes in place to make sure that people and their relatives could raise any complaints about the care provided.

Good

Is the service well-led?
The service was well led.

Systems to assess and monitor the quality and safety of the service were in place to ensure all aspects of service provision.

People had confidence that they could make suggestions for improvement and that these would be acted upon.

Good

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with five people who used the service and one healthcare professional. We observed a further five people who were unable to communicate effectively with us because of their complex needs. We also spoke with the provider, operational manager, registered manager, four care staff and one member of kitchen staff.

We looked at six people's care records to see if their records were accurate and reflected people's needs. We reviewed four staff recruitment files, four weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People felt safe living in the service. One person said. "I always feel safe here." Another person told us, "I'm never worried as I know they will look after me." We observed that people were relaxed in the presence of staff; their demeanour suggested they felt comfortable talking to staff about any aspect of their care and safety.

Staff were able to explain how they identified and reported any safeguarding concerns that they had, as well as describe the types of abuse that people might suffer. One member of staff said, "I would go straight to a team leader or the manager." Another member of staff told us, "I would always report potential safeguarding matters." Staff knew who to report any concerns to, how to respond to allegations of abuse and knew what to expect as a result of reporting such concerns. We found that staff had undertaken regular training in respect of safeguarding and that to further support them there was a current safeguarding policy in place. Information about safeguarding was displayed in the service, together with details of the telephone numbers to contact should people wish to. Records showed that staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these.

One person told us that staff helped to keep them safe by ensuring they remembered about risks. They told us, "They always make sure I have my frame with me." Another person said, "They help me to remember to put on my slippers so I don't fall." Staff and the registered manager confirmed there were risk assessments in place for each person who lived at the service. Risk assessments included assessing whether a person was at risk of falls, their moving and handling ability and whether they were at risk of developing pressure wounds. We found that all risk assessments had been reviewed regularly and were linked to any relevant decisions made when appropriate. Risks were managed in such a way as to keep people safe.

The provider and registered manager ensured that the premises were well maintained. We saw that there was accessible maintenance staff to check the building and equipment on a regular basis and to carry out any required works. We found that environmental risk assessments had taken place within the service; these included fire risk assessments and the checking of portable electrical equipment. The service also had a continuity plan in place, in case of an emergency. This included information about the arrangements that had been made for major incidents, such as the loss of all power or the water supply.

Accident and incident forms were completed appropriately and overviewed to identify ways in which the risk of harm to people who lived at the service could be reduced.

Staff had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the service. New staff told us that they were not allowed to commence employment until all relevant checks had been undertaken. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People thought there was enough staff on duty. One person told us, "There is always enough of them about if I need anything." Staff also said there were enough of them to meet people's needs safely. One staff member said, "We get done what we need to and we are not over stretched." Another staff member told us, "Yes, there are enough of us. We get through what we need to." The registered manager told us that the staffing ratio was flexible and reviewed on a regular basis. Our observations confirmed that the number of staff on duty was sufficient to support people safely and enable them to receive the care they required. Staff were not pressured or rushed and ensured that people's care was delivered in a safe and timely manner.

People told us that they received their medication when they needed it. One person said, "I can't always remember if I have had my tablets, but I know they make sure I get them." Staff told us that they only administered medication if they had been trained to do so. One staff member said, "It's important that we get it right." We observed a medication round both in the morning and at lunch time. Where appropriate, people were reminded what their medication was for and were given time to take them. Medication administration records (MAR) charts were completed accurately, showing whether people had taken their medication, refused them or did not require them. If people refused their medication, they were asked at a later

Good

Is the service safe?

time if they would then like to have it. Records were updated accordingly. We found guidance available for medications prescribed for occasional use. Those medications to which it was relevant were dated as to when they were opened so that staff could ensure they remained safe and effective for use. We saw that the medication trolley was locked when it was not in use.

Good

Is the service effective?

Our findings

People told us that staff knew them and their care needs well. One person said, "They know everything that I need to be done." Another person told us, "They all understand me and what I need."

There was an induction and training programme in place within the service, which was reflected in the knowledge base of staff providing care. Staff told us that they had been provided with induction training when they commenced employment. One staff member told us, "It was long enough for me; it made me feel confident about what I was going to do." They said that this process ensured they were equipped with the necessary skills to carry out their role. We discussed with the operational manager the changes that the provider was due to implement in respect of induction training. This was based upon the Care Certificate and would ensure that all new staff had a robust introduction to care.

Staff told us that they had the training they required for their specific roles. One member of staff said, "Training is good, we get lots and we get reminded when we need a refresher." Staff confirmed that if they had a specific area of interest, for example, diabetes or health and safety, that they were supported to develop their skills in these areas. We found that some staff had been given a 'Champion' role in these areas so that they could gain further knowledge and impart this to other staff members. Staff undertook training, which included first aid, infection control, safeguarding and mental capacity. Training records confirmed that staff had received appropriate training to meet people's assessed needs.

Staff received supervision and confirmed that they felt supported in their roles. They said that these sessions were useful, allowing them to discuss any training needs or concerns they might have about their performance. One staff member said, "The manager has an open door so we can just ask things when we want to." Supervision records were kept in the staff personal files and the registered manager was aware when the next supervisions were due so that they could be kept on top of.

During our observations we found that staff asked people for their consent before undertaking any aspect of care. We found that where appropriate, they used gestures and showed people items to gain consent, or give them choices. Our observations confirmed that these methods were used effectively to gain consent and understand people's needs.

Arrangements for acting in accordance with the Mental Capacity Act (MCA) 2005, and the associated Deprivation of Liberty Safeguards (DoLS) were in place. We saw evidence that these principles were followed in the delivery of care and that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals. Applications for the deprivation of liberty had been made for some of the people who lived in the service, as they could not leave unaccompanied and were under continuous supervision. This made sure that people's rights to liberty were protected if they were subject to any restriction on their freedom of movement.

People were happy with the food they received at the service. One person told us, "It is always very nice." Another person told us, "They come and ask us each day what we would like." We observed people having breakfast and lunch and found that the experience was relaxed. People chatted with each other and were encouraged to eat at their own pace. Staff also supported and assisted people when required to eat their meal. Meals could be eaten in the dining room or in individual bedrooms, if that was the person's preference. Hot and cold drinks were regularly offered, along with snacks and were also provided at peoples' request. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake that provided detailed information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietician or GP.

People told us they were assisted to see healthcare professionals to maintain their health and well-being. One person said, "If I need the doctor then they get them for me." Staff were able to give us clear information about people whose health had required intervention from healthcare professionals. They confirmed the action they had taken to support people to recover. The registered manager told us that it was important that all staff acted on changes in people's condition. They said they had worked hard to build good links with the local district nursing team and GP surgeries so that this would benefit the health of the people living in the service. We spoke with a visiting

Good

Is the service effective?

healthcare professional who had no concerns about the way in which the service referred people to them. Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to the dietician, dentist or district nurse.

Good

Is the service caring?

Our findings

People told us that staff treated them well and said they felt valued because of this. One person said, “I get a bit anxious, I know I do, but they help me.” Another person told us, “They smile, even though they are busy. It’s nice to get a smile every now and then.”

We noted that the service had a friendly and welcoming atmosphere. There were several communal areas and people also had their own bedrooms which they were free to access at any time. We observed that visitors were welcomed and encouraged to participate in the planning of their loved ones care, should this be appropriate.

During our discussions with staff we were shown that they had a good understanding of the people living in the service. One staff member said, “I know [person’s name] gets anxious so I explained to them what had happened, we might have to do that a lot but if it helps them, then that is good.” We observed that staff addressed people in the way they preferred and that they gave frequent explanations as to what would happen next. For example, in the event of manual handling, on-going explanations were given to reduce the risk of anxiety for people.

We observed interactions between the registered manager and one person who was anxious and struggling to remember something that was important to them. The registered manager got down on their level and spoke in quiet tones. We observed that they dealt with the person’s issue with compassion and professionalism. Staff dealt with any issues between people in respectful and empathetic ways and tried to ensure that all people were happy with the outcome.

People and their relatives had been involved in making decisions about their care. We discussed this with the registered manager and saw that regular review meetings had been arranged, so that people and their relatives could review care plans and ensure that the care provided was appropriate for them. We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed and people confirmed that they were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day, whether they participated in social activities or not and the time they went to bed.

People’s dignity and privacy was respected. One person we spoke with said, “They always make sure I am covered up.” We observed people were supported to be suitably dressed in clean clothing and saw that personal care was offered appropriately and discreetly to meet people’s individual needs. Where people spent time in their rooms, staff knocked on their doors before entering and greeted people in a friendly manner. Where information was needed to be shared with other staff, this was done discreetly, maintaining people’s confidentiality.

The registered manager told us that one person had previously used the services of an advocate and that another was due to do so. We saw that the service had available information on how to access an advocate.

Good

Is the service responsive?

Our findings

Staff we spoke with gave us examples of their knowledge and understanding of people's different requirements and we saw that staff were attentive to people's needs throughout the day. Staff told us that there was an effective handover system in place which helped them to keep up to date with people's needs. One staff member said, "If people's needs change, we are expected to read the new care plan so we can provide the right care." Staff held daily meetings to pass on current information or concerns about people who used the service. When changes took place, this information was communicated in a timely manner to all relevant staff.

Staff and the registered manager told us that care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. Care plans were based upon the individual needs and wishes of people who used the service. People's likes, dislikes and preferences were all assessed at the time of admission and reviewed monthly thereafter. Care plans contained detailed information on people's health needs and personal history, including people's interests and things that brought them pleasure. Each care file included individual care plans for: personal hygiene, mobility, communication, health, continence, infection control, pressure care, and nutrition.

The registered manager told us that a needs assessment for each person was completed regularly to ensure that the support being provided was adequate and that staff were responding to people's changing needs. We saw that people had been involved in planning their care where possible. Where this was not possible, efforts were made to involve relatives and appropriate health and social care professionals. Reviews of care plans took place on a monthly basis and a full review of care took place every three months.

We found a regular programme of activities in place within the service. People told us there was something taking place most days but that they did not have to join in if they did not want to. A display board provided people with information about what was taking place each day. Activities included arts and crafts, religious services and music. When possible, staff also spent time with people reading the newspaper or discussing a variety of things that were important to that person.

Meetings took place for people and their relatives, and they were also given the opportunity to give feedback through satisfaction questionnaires. Feedback and learning from these was shared with staff so that improvements could be made in the delivery of care. The provider and registered manager welcomed views and opinions about how to drive future improvement.

People we spoke with were aware of the formal complaints procedure, which was displayed within the service, and told us they would tell a member of staff if they had anything to complain about. One person said, "I have nothing to complain about." The registered manager said that they felt they were approachable which meant that small issues could be dealt with immediately; this was why they had a low rate of complaints. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Records confirmed that although there had been some complaints since our last inspection, these had been dealt with in accordance with the provider policy.

Good

Is the service well-led?

Our findings

The service had a registered manager and provider who were knowledgeable about the people in their care. On the day of our inspection, the provider arrived at the service and went to ensure that people and staff were happy, asking them questions about their day. The 'open door' policy within the service meant that anyone living in the service, relatives or staff could openly discuss their views or concerns with the registered manager. Our observations and discussions with people who lived in the home showed that they were felt relaxed and comfortable around the registered manager.

When we spoke with the registered manager we found that they had good knowledge of the needs of people, which staff were on duty and their specific skills. This meant that the service was structured to enable staff to respond to people's needs in a proactive and planned way. We observed staff working well as a team, providing care in an organised, calm and caring manner.

We saw that the registered manager was always looking for ways to improve the service, by encouraging people to express their views and by obtaining feedback from relatives and discussing complaints with staff .This helped the service to work as a team to discuss what went well, what didn't go well and determine what lessons had been learnt.

Staff told us that there was positive leadership in place which encouraged an open culture for them to work in. Staff were aware of their roles and responsibilities and as a result, none of the staff we spoke with had any issues or concerns about how the service was being run and were very positive describing ways in which they hoped to improve the delivery of care. Staff described the morale of the team as good and said that they worked together for the benefit of people. We found that staff were motivated, and trained to meet the needs of people using the service.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An overview of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had sent appropriate notifications to CQC as required.

Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate. Feedback from meetings was shared and people were free to make suggestions as to how to make improvements.

The provider undertook frequent visits to the service and the provider's operational manager maintained good links with the registered manager, undertaking quality monitoring visits, whilst providing the registered manager and staff with additional support.

The registered manager and staff told us that they wanted to provide good quality care. It was evident they were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure that this took place, we saw that staff worked closely in cooperation to achieve good quality care.

We saw that there were audits in place, backed by quality assurance policies and procedures. Regular reviews of care plans, medication and risk assessments took place, along with infection control audit checks and catering checks. It was evident that quality checks were built into the daily practice of staff, along with being overviewed on a monthly basis as well. We found that as an additional method of monitoring service provision, the provider undertook annual quality surveys and we found that the 2015 questionnaire had been reviewed and the outcome discussed at a recent meeting with people. These results acted as learning points for improvement.