

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Landona House

Love Lane, Wem, Shrewsbury, SY4 5QP

Tel: 01939232620

Date of Inspection: 11 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Landona House Limited
Registered Managers	Miss Katey Marie Harding Ms Deborah Smythe
Overview of the service	Landona House provides accommodation and personal care for up to 41 older people, some of whom may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

In this report the name Miss Katey Marie Harding appears, who was not in post and not managing the regulatory activities at this location at the time of this inspection. Their name appears because they were still identified as the registered manager on our register at the time.

This is a summary of what we found:

Is the service safe?

The people we spoke with said they felt safe and comfortable in their home and were well cared for. One person told us, "I would recommend living here."

We had received concerns from a person who wished to remain anonymous, who alleged that there were insufficient staffing levels to meet people's needs. One person who used the service said that staff were always around if and when you need them. We observed that staff were available at all times to assist people when required. Another person who used the service told us, "The staff are marvellous you couldn't ask for better."

Discussions with the registered manager confirmed that the majority of people who used

the service required assistance to take their prescribed medicines. We found that the management of medicines was not entirely robust. For example, one person told us that they had recently been prescribed a new medicine which they were able to take themselves. We found that this medicine had not been recorded. This meant that not all staff would be aware of the person's current treatment and this could compromise the care the person received.

Care records contained risk assessments relating to people's daily activities. This provided staff with information about how to promote people's independence and ensure their safety whilst doing so. For example, one person who used the service told us about the level of support they required to mobilise and the equipment required. The risk assessment contained the information the person shared with us. We also found that staff were aware of the support this person required.

Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted policies and procedures were in place. Relevant staff had been trained to understand when an application should be made and how to submit one. This meant that people who used the service were protected from avoidable harm, abuse and breaches of their human rights.

Is the service effective?

We spoke with a relative who confirmed that an assessment of their relative's needs was carried out before they were admitted to the home. They told us that they and their relative were involved in the assessment. The registered manager said that an assessment of people's needs was carried out before a placement was offered to a person. This assessment enabled the registered manager to find out whether they had the capacity to meet the person's needs before they were admitted to the home.

Is the service caring?

One person who used the service told us about the level of support they required to meet their needs. They confirmed that they were provided with the relevant support. We spoke with three care staff who demonstrated a good understanding about how to care for this person and others. This meant that people were assured that their care needs would be met. We observed that people were well cared for and that staff were attentive to people's needs. For example, we saw a care staff sat with a person in the garden talking with them in kind manner and saw the care staff discretely rearrange the person's clothing to preserve their dignity. One relative told us, "When staff walk into the room X's face lights up, they are so well cared for."

One person confirmed that they had access to other healthcare professionals when needed and this was also identified in the care plans we looked at. This meant that people could be confident that their physical and mental health care needs would be met.

Is the service responsive?

Prior to our inspection we had received a complaint about staffing levels within the home and the impact this had on the care people received. We had shared these concerns with the registered manager who was prompt in providing a written response to the concerns identified. During the inspection we found that this complaint had been recorded and showed what action had been taken to address this. This meant that complaints were taken seriously and acted on to improve the service provided to people.

People who used the service said that they had no complaints about the care and treatment they had received. However, they told us they would share any concerns with staff or the registered manager. One person told us, "If I had any complaints I would speak to the manager, they always sort things out."

Is the service well-led?

The home was managed by a registered manager and a recently appointed deputy. We found that they both had a good understanding of people's care needs. The people we spoke with who used the service, relatives and staff were complimentary about the way the home was run, to ensure people received an effective service.

The registered manager told us that they had various audits in place to monitor the quality of service provided to people and we saw these. The people we spoke with confirmed that they were happy with the service they had received.

The registered manager told us that meetings were carried out with people who used the service and their relatives and this was confirmed by the people we spoke with. Access to these meetings gave people the opportunity to have say about how the home was run.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The registered manager told us that a needs assessment was carried out before people were admitted to the home. One person who used the service said, "The manager interviewed me before I moved into the home." "I am glad I moved in." A needs assessment enabled the registered manager to find out if they would have the capacity to meet the person's needs.

One person told us, "I can wash myself but I need support to have a shower or a bath, the staff help me with this." We found that this information was also identified in their care plan and the staff we spoke with were aware of the support this person required. This meant the person was assured their needs would be met.

One person said, "It's good living here, the staff always have time for you, I am well looked after." Care plans were in place for each person, these provided staff with information about people's care needs and how to meet them. We spoke with a social worker who was complimentary about the level of information contained in care plans. People's signatures throughout their care plan confirmed their involvement in their care planning. The people we spoke with said that staff did ask them how they would like to be cared for. This meant that people were assured that they would receive care and treatment that would meet their specific needs. One relative told us about their involvement in their relative's care plan as their relative lacked capacity. The relative said, "X is well looked after and always well-presented and well groomed." "I am happy with the service provided."

One person told us, "When I am ill, the staff will call the doctor out." Discussions with the registered manager and the care records we looked at confirmed that people had access to other healthcare professionals. On the day of our inspection we observed district nurses visiting the home. One relative said, "I am informed of any health changes to my relative and if the doctor has been called out." Access to other healthcare services

ensured that people's physical and mental health care needs would be met.

Two people who used the service told us how much they enjoyed going into the garden. One person told us, "I use my walking frame to help me get into the garden and I can help out if I want to." Another person said, "I enjoy going into the garden, I work in the shed and I am growing tomatoes at the moment." One person told us that they were sometimes bored and that there were not enough activities to occupy them. The provider informed us that they were in the process of recruiting additional staff and would be making changes to the staff rota. This would ensure that more staff were available to engage people in a larger variety activities.

Care records contained risk assessments in relation to people's daily activity and their healthcare needs. This promoted people's independence and ensured their safety whilst doing so. For example, staff had access to risk assessments that told them how to assist people with their mobility safely. Risk assessments were also in place regarding people's nutritional needs; this ensured that staff knew how to support people to eat a healthy diet. The staff we spoke with had a good understanding relating to potential risks and how to reduce them.

Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made and how to submit one.

People should be given the medicines they need when they need them, and in a safe way

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines but some action was required to ensure systems and practices were entirely robust.

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## Reasons for our judgement

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The registered manager confirmed that people who used the service required support to ensure they received their prescribed treatment. Senior care staff were responsible for the management of medicines. We spoke with two senior care staff who confirmed that they had received training in relation to the management of medicines. Access to this training ensured that staff had the skills and competence to assist people with their medicines.

We observed that a number of people had been prescribed 'when required' medicines. These medicines had been prescribed to be given only when needed. For example, medicines prescribed for the treatment of pain relief. We observed staff ask people if they required these medicines and found that people's wishes were respected. A record of people's decision was maintained. We observed that people were offered a drink to take their medicines and staff stayed with them until their tablets were taken. These practices ensured that people were supported to take their prescribed treatment.

One person who used the service told us that they were able to manage some of their prescribed medicines. They told us that they had recently been prescribed a new medicine which they were able to take themselves. We observed these medicines in their bedroom. The person told us how and when they took these medicines and understood what the treatment was for. We found that the newly prescribed medicine had not been recorded and the registered manager acknowledged this. This meant that not all staff would be aware of the person's current treatment and this could compromise the care the person received. The registered manager assured us that prompt action would be taken to address this.

Further discussions with the registered manager confirmed that a risk assessment or monitoring system was not in place for the other prescribed medicine that the person managed them self. This meant that the registered manager was unaware if the person had been taking their prescribed treatment. The registered manager said that they would ensure that these systems were put in place to ensure that the person received their medicines as prescribed. After our inspection visit the provider sent us with a copy of an 'assessment for self-administration of medicines.' This assessment showed that the person had capacity to manage their medicines and were provided with a secure area to

store them. The assessment showed that the person had capacity to request a new medication order when required. The provider told us that weekly audits would be carried out to ensure the person received their prescribed treatment.

We looked at a number of medication administration records (MAR). A MAR is a record of a person's prescribed medicines which should be signed by staff to show when medicines had been administered. We found that the MARs had been signed to show people had received their prescribed treatment.

Discussions with the registered manager confirmed that they had recently started to monitor the room temperature where medicines were stored. On the day of our inspection we saw that temperature was over 24°C. The provider told us that they would take the appropriate action to ensure that temperatures did not exceed 25°C. The potency of medicines stored above 25°C could be less effective and compromise people's treatment.

A fridge was in place for medicines that required cold storage. We found that the minimum temperature was recorded but not the maximum. This meant that medicines may not be stored in accordance to the pharmaceutical manufactures instructions and could compromise the effective of medicines. The registered manager acknowledged this and said this would be addressed with the staff.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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Prior to our inspection we had received a complaint that alleged that there were insufficient staffing levels to meet people's needs. One person who used the service said, "You just have to press the buzzer (nurse call alarm) and the staff are there to help." Two care staff informed us that staffing levels and working patterns had improved since the appointment of the registered manager. One care staff said, "The rotas have been changed to ensure there is an overlap at each shift." This meant that staff were provided with a handover about what care and treatment people had received. One staff confirmed that there were adequate staffing levels provided to ensure people's needs were met. We observed that staff were nearby if and when people required support.

Discussions with the deputy manager confirmed that each shift had a mix of skilled staff. They told us that an observation exercise had recently been carried out to establish whether there were sufficient staffing levels. The outcome of this exercise identified that additional staff were required and this was actioned.

The registered manager confirmed that there were two part time care staff vacancies and these hours were covered by the existing staff team. The registered manager said that interviews had taken place and they were hopeful that they would be able to appoint new staff in the near future.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The registered manager said that meetings were carried out with people who used the service and their relatives. On relative said, "The meetings enable us to make suggestions; the meetings are usually very friendly." Access to these meetings enabled people to have a say in the way the home was run.

The registered manager informed us that staff meetings were routinely carried out and this was confirmed by the staff we spoke with. Access to regular meetings ensured that staff were aware of changes to policies and procedures that may have an impact on the service provided to people.

The registered manager confirmed that an accidents/incidents audit was place and we saw this. This audit enabled the registered manager to find out if there were any trends and to take the appropriate action to reduce the risk to people. For example, the provider informed us that where necessary the person would be referred to their doctor. This would enable them to find out if there were any health reasons for the falls and frequent accidents. Risk assessments would be reviewed to ensure that the person was equipped with the appropriate walking aids and support.

A medication audit was in place to ensure the safe and effective management of medicines. During our inspection we identified some shortfalls with medicine management. The provider may find is useful to note that this audit may need to be reviewed to ensure that it is more robust.

Quality assurance questionnaires were given to people, this enabled people to share their experiences of using the service. The provider said that these questionnaires were distributed every three months. These focused on the care and treatment people received, food, social activities and the cleanliness of the home amongst others. Access to this information enabled the provider to improve the service provided to people.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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One person who used the service said, "I am able to talk to staff about any problems I have and they always sort it out." The home's complaint procedure was displayed in the main entrance of the home. We found that the procedure needed to be reviewed to ensure that it provided accurate information relating to the registered manager. This would ensure that people were aware of who they could share their concerns with. The registered manager assured us that this would be addressed.

Discussions with the registered provider confirmed that the complaint procedure was not available in any other format such as large print, pictorial or different languages. The provider said that if this was ever required efforts would be made to provide the complaints procedure in a format to suit the person's specific needs.

Prior to our inspection we had received a complaint about staffing levels and the impact this had on people who used the service. The registered manager had responded to this complaint in writing. At this inspection we found that this complaint had been recorded and showed what action had been taken to improve services. This meant that people could be confident that complaints would be listened to, taken seriously and acted on.

The registered manager said that people's relatives acted as advocates. However, people also had access to an advocacy service if and when needed. An advocate is a service that helps people to say what they want, securing their rights, representing their interests and obtaining the services they need.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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