

# Lansdowne Care Services Limited

## 182 Bromham Road

### Inspection report

182 Bromham Road  
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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

182 Bromham Road is a care home for up to six people with a learning disability. There were six people living in the home on the day of our inspection.

This inspection took place on 16 July 2015 and was unannounced.

The home has a manager who has not yet been registered with the Care Quality Commission (CQC). The manager was able to show us that he had begun the registration process. 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.

There were processes in place to manage identifiable risks and to support people, but they were not always consistently followed. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

Staff had been provided with essential training and support to meet people's assessed needs; however, they had not yet been provided with formalised training in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's consent to care, support and choice was not always consistently sought in line with best practice guidelines.

People were supported to eat and drink and to maintain a balanced diet. They were not always provided with the support of choice of drinks that they needed or liked.

There were quality assurance systems in place to monitor the quality of the service provided and to continuously improve on the service delivery; however, improvements were required to ensure the submission of all legally required notifications.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

There were systems in place to ensure people were supported to take their medicines safely and at the appropriate times.

The service worked to the Mental Capacity Act 2005 key principles, which states that a person's capacity should always be assumed.

People were registered with a GP. If required they were supported by staff to access other healthcare facilities.

Positive and caring relationships had been developed between people and staff.

People were encouraged to maintain their independence and staff promoted their privacy and dignity.

Pre-admission assessments were undertaken before people came to live at the service to ensure their identified needs would be adequately met.

A complaints procedure had been developed to inform people and their relatives on how to raise concerns about the service if they needed to.

# 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 not always safe

People's risk management plans were not always consistently followed to prevent the risks of harm to people and visitors.

Staff had a good understanding of the different types of abuse and how to protect people from harm and abuse

There were sufficient numbers of staff to support people with their needs.

There were systems in place for the safe management of medicines.

Requires improvement



### Is the service effective?

The service was not always effective

Improvements were required to ensure all staff had formalised training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were not always provided with the support of choice of drinks that they needed or liked.

Staff had been provided with training and support to carry out their roles and responsibilities.

If required people had access to health care professionals.

Requires improvement



### Is the service caring?

The service was caring

People were treated with kindness and compassion.

Staff and relatives supported people to express their views.

Staff ensured people's privacy and dignity were promoted.

Good



### Is the service responsive?

The service was responsive

People received care that met their needs.

There was an effective complaints procedure.

Good



### Is the service well-led?

The service was not always well-led

A new manager had been appointed and was in the process of applying to be registered with the Care Quality Commission.

Improvements were required to ensure the submission of all legally required notifications.

Requires improvement



# Summary of findings

There was a positive, open and inclusive culture at the service.

There was a quality assurance system in place, which was used continuously to monitor improvements.

# 182 Bromham Road

## 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.

The inspection was unannounced and was carried out on 16 July 2015.

The inspection was undertaken by one inspector and an 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also checked 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. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service. This was because some people had complex needs and were not able to talk with us about their experiences. We spoke with and observed the care provided to the six people who lived at the service. We also spoke with three support workers, the manager and two relatives over the telephone.

We looked at two people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

# Is the service safe?

## Our findings

The manager told us about the arrangements in place for making sure the premises were maintained appropriately to promote people's safety. We saw evidence that the fire panel, fire extinguishers, electrical and gas equipment was serviced regularly. We observed there was a trampoline in the garden and the netting and crash pads were broken. The manager told us that the trampoline belonged to a specific person and not the service and that they only used it to lie on. We found this was not always so. During our inspection we observed the person jumping on the trampoline. There was not always a staff member present in the garden. This posed a potential risk of harm to the individual.

The manager told us that people had risk management plans in place, to manage identifiable risks and to promote their safety. We found the risk management plans in place to support identified risks were not consistently followed. For example, there was a risk assessment in place for the meal preparation activity and when people were in the kitchen area, to promote their safety. An incident occurred in the kitchen area during our inspection and the risk management plan had not been followed appropriately. The measures that had been put in place to support the identified risks had not been followed. This left people who used the service and visitors at risk of harm.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they or their relative felt safe living at the service. One relative said, "Yes very safe." Staff told us they had been trained to recognise the signs of potential abuse and how to promote people's safety. They had a good understanding of the different types of abuse and the organisation's safeguarding process; also who to contact in the event of suspected abuse. Staff also said that safeguarding was regularly discussed at team meetings

Staff told us there were sufficient staff available to keep people safe and to meet their needs. They confirmed there was always a senior member of staff on duty who knew people well, to provide advice if needed. The manager told us that agency staff were not used at the service. He also

told us there was one part-time vacant post which was being filled by a relief staff member. We looked at the rota over a three week period and found there were three staff covering the morning and afternoon shifts. The night shifts were covered by a waking person and a second staff member who slept on the premises. On the day of our inspection there was an extra member of staff on duty who was supernumerary because they were on induction.

There were safe recruitment practices followed at the service. The manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the appropriate recruitment documents were in place.

Relatives told us that their family members' medicines were managed safely. Staff told us they had been provided with training on the safe handling of medicines. The manager described the service's medication process and said that two staff were responsible for administering people's medicines. He also told us that some staff had been provided with specialist training from the district nurse on the administration of midazolam. This is a medicine that is given to people who suffer with epilepsy seizures. Training records seen and staff spoken with confirmed this.

We saw medicines were stored appropriately. The temperature of the room where they were stored was checked daily to maintain their conditions. There was an audit trail of all medicines entering and leaving the service. The Medication Administration Record (MAR) sheets provided information, which reflected medicines that were not dispensed in blister packs were checked regularly to ensure the balance in stock was correct. We checked a sample of MAR sheets and found they had been fully completed. Some people had been prescribed for medicines on an 'as required' basis; and there were individual protocols in place for the use of those medicines. We also saw that each person had a sheet which detailed all the medicines they had been prescribed for. The manager said that the sheet had been devised to ensure if a person had to be admitted to hospital; it was sent with them to make the healthcare professionals aware of what medicines they had been prescribed for.

# Is the service effective?

## Our findings

We looked at the training record and found staff had received essential training as well as up-dated training in a range of subjects such as, safeguarding, moving and handling, medication awareness, fire awareness, Control of Substances Hazardous to Health (COSHH), food safety and epilepsy awareness. The training record reflected the date when training had been provided and when it was due to be updated. Staff told us they had not received formalised training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They said the manager had undertaken training in those subjects and had cascaded it down to them. Staff told us the topics were regularly discussed at staff meetings. The manager confirmed that arrangements were being made for all staff to undertake formalised training in these subjects.

Staff told us people had adequate amounts to eat and drink. They told us hot and cold drinks were readily available to people. The manager told us two people were able to make themselves drinks with minimum assistance from staff. One person who used the service made us a cup of tea with support from the manager. We observed staff offering people tea; however, no other choice of drinks was offered.

The manager and staff told us the service had a four week menu, which was reviewed on a six-monthly basis. One staff member said, "We sit down at a table and look at pictures of food to prompt people to choose." We found people had their main meal in the evening and this was prepared by staff with minimum assistance from people. There was only one choice on the menu. We were told if people did not like what was on the menu, an alternative would be provided.

During the inspection we observed one person displayed behaviours that challenged others. The manager told us that this may have been as a result of our presence as the individual was not able to understand why we were in the service; and may have felt that we were invading their private space. The behaviour persisted for some time until we suggested to the manager that the person may wish to go for a walk. The manager thought the suggestion made was a good idea and said, "I didn't think of that."

Staff told us they had been provided with induction and updated training to support them in their roles. The

manager told us that new staff were required to work alongside an experienced staff member until they felt confident to work alone. Staff confirmed they had completed induction and updated training. We saw that the induction work book had been revised and was now linked with the new care certificate. We saw evidence that a staff member was in the process of completing the care certificate with support from the manager.

Staff told us they received regular supervision from the manager. The manager told us he had increased the frequency of supervision from eight weeks to six weeks. We saw there was a supervision schedule in place. This enabled staff to be aware when supervision was due to take place. We saw evidence that the manager had recently completed appraisal training and arrangements were being made for staff to be appraised.

We found that the service had policies and procedures in place in relation to the requirements of the Mental Capacity Act 2005. People's mental capacity had been assessed and those who had been assessed as not having capacity; best interest decisions had been made. The manager told us that three people had monitors in their bedrooms because of their conditions and Deprivation of Liberty Safeguards (DoLS) applications had been made and approved by the statutory body. A further two people were not able to go out unless they were accompanied by staff; and DoLS applications had been submitted and were pending. We saw evidence that DoLS applications had been made to the statutory body.

Staff told us they supported people to maintain good health and to access healthcare services if required. They also told us that people were registered with a GP in the local area who they visited if they had a problem. We saw evidence that people had yearly health checks with the GP who monitored their health and well-being. We found people's health action plans were updated as and when their health care needs changed.

Relatives told us they were made aware of their family members' medical appointments and were given the option to attend appointments with them. One relative said, "I don't attend all appointments; if it is something more than routine I would go." Relatives also told us that the manager always gave them feedback on any medical appointments their family member attended. The manager told us that the service was involved in a special project to promote better oral health. This meant that people had

## Is the service effective?

regular dental checks. We saw evidence that people had access to the chiropodist and the optician as and when required. The manager also told us they felt supported by external healthcare professionals, who they could contact if specialist support was needed.

# Is the service caring?

## Our findings

Staff told us they had developed positive and caring relationships with people who used the service. Staff also told us that people were treated with kindness and compassion. The manager told us that promoting people's dignity was a regular agenda item at staff meetings and in supervisions. We observed interactions between people and staff. For example, when people returned from the day centre we observed the manager engaged them in conversations to find out how their day at the day centre had been. However, some interactions were not always positive. For example, during the evening meal a staff member who was assisting a person with their meal, stood throughout the activity and was not able to make eye contact.

Staff and the manager were able to tell us about the people they supported; and how individuals were cared for. One staff member was able to describe how they supported a person who used the service to promote their spirituality. The staff member said the person attended church regularly and commented, "They enjoy the music and meeting friends."

The manager told us that staff had been trained to communicate effectively with people and to provide them with reassurance and make them feel that they matter. He told us that some people were able to communicate using Makaton which is a language programme using signs and symbols to help people to communicate. (It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.) We saw information in the person's care plan to support this.

We found staff and the manager were aware of people's preferences and personal histories to a certain extent. The manager said, "We try to get as much information as possible from family members as our clients are not able to verbalise. I know from intuition and by the reaction on their faces if they are happy." We observed that one particular person expressed themselves by being tactile and looked comfortable and at ease in the company of staff.

The manager described how people's well-being and needs were responded to in a caring way. An example given

was how people's health was closely monitored; and if they showed any signs of discomfort, medical attention would be sought promptly. We observed this happening in practice. For example, during our inspection the manager had to liaise with a health care professional. This was because a person who used the service was not responding to a particular prescribed treatment and an alternative had been prescribed.

The manager told us that the staff and family members supported people to make choices and express their views. For example, people had their own bedrooms and they were encouraged and supported by staff to paint and personalise them however they chose to.

At the time of our inspection there was no one using the services of an advocate. The manager told us arrangements for accessing the services of an advocate were being sought. We found that group meetings with people who used the service did not take place; but informal one to one meetings were held. The manager told us he was keen to have an independent person to facilitate group meetings and to support people to express their views.

Staff were able to demonstrate how they ensured people's privacy and dignity was promoted. One staff member said, "We knock three times. If after the third time we do not get a reply we can enter." Staff also told us when supporting people with personal care they ensured they were not exposed and curtains were always drawn. We observed a staff member encouraging a person to change their trousers because they were ill-fitting. The staff member spoke in a quiet and discreet manner to promote the person's dignity.

Staff and the manager told us there were no restrictions on visiting. Therefore, family members and friends could visit at a time that suited them best. The manager told us if family members were not able to visit, staff would take people to visit them if they wanted to. He also told us that social gatherings such as barbecues and Christmas parties were organised at the service and family and friends were invited to attend.

# Is the service responsive?

## Our findings

People received care that was appropriate to their needs. The manager told us that before a person was admitted to the service a comprehensive needs assessment was carried out with the involvement of family members. We saw evidence that people had been provided with pre-admission assessments.

Relatives told us that people's support plans were developed with their involvement. Staff and the manager confirmed this. We found the plans were personalised and contained information on people's assessed needs and all aspects of their care requirements, including their personal history, individual preferences and the level of support people needed to maintain their independence. We saw evidence that staff monitored people's health and well-being and reported on their progress in the daily notes and monthly evaluation sheets. Where changes in people's care needs had been identified, the support plans had been amended to reflect the new changes. We found that in addition to the support plans being evaluated on a monthly basis, yearly reviews of people's assessed needs were carried out, which involved family members, staff and care managers.

Staff told us that people who lived at the service attended a day centre daily. They also told us that at week-ends

people enjoyed activities that were specific to their needs; and the staff rota was designed to ensure that people were supported with their individual preferences. We saw evidence in the support plans we looked at that staff supported people with their preferred activities. For example, some people enjoyed looking at DVDs, attending discos, going out for coffee or to the pub, for walks, or for drives in the car.

Staff told us that some people had links with the local church and regularly attended service where they would be provided with refreshments and meet other people and form new relationships to avoid social isolation.

The manager told us that there was a complaints process and complaints made would be acted on and used to improve on the quality of the care provided. We saw the complaints procedure was displayed in the office and it was written in a pictorial format to enable people and their relatives to be aware of the process if they wished to make a complaint. We found that there had not been any recent complaints made.

The manager told us that people and their relatives were asked for feedback during their support plan review meetings and to complete regular satisfaction surveys. We were told the responses were analysed to enable the service to identify areas that required improvements.

# Is the service well-led?

## Our findings

The manager told us that systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC), as required. On the day of our inspection we found that the manager had sought advice from the safeguarding team in relation to a safeguarding alert. The incident did not meet the safeguarding threshold; however, the manager did not submit a notification to CQC in line with current guidelines and legislations. The manager acknowledged that this was an oversight on his part.

The manager told us that risk management plans and accidents and incidents were reviewed by them. This was to ensure if any patterns that arose would be looked at and strategies put in place to minimise the risk of them occurring in the future. We found improvements were needed to ensure that the strategies implemented to prevent risks were consistently followed.

Staff told us that there was a positive, open and inclusive culture at the service. They said the manager was approachable and competent. The manager said that he was open, fair, transparent and supportive to the staff team. He also said that he ensured staff were kept informed about changes to the service.

Staff told us that regular meetings were held and they were provided with information and able to give feedback to the manager in developing the service provision. Staff also said

they were aware of how to whistle blow and raise concerns. We saw minutes of meetings held where staff were able to give their views and share ideas on how the service could be improved.

Staff told us they were clear about their roles and responsibilities and felt valued by the manager. They were aware of what was expected of them to ensure people received the appropriate level of support they required. We observed that staff communicated with each other in a respectful manner.

The manager told us that he sometimes worked shifts and by working alongside staff he was able to pick up on issues and areas that required improvement. He further commented, "I am happy to support staff in areas that are usually reserved for management. I believe this gives the staff an understanding of what the management team do and helps them to feel they can progress to a more senior post."

The manager told us that people, relatives and stake holders completed satisfaction questionnaires on a yearly basis. This ensured their views on improving the quality of the care provided were sought and acted on.

The manager told us there were quality assurance systems in place. These were used to monitor the quality of the care provided and to improve on the service delivery. We found audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis. Where areas had been identified as requiring attention, action plans had been developed and were regularly reviewed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People's risk management plans were not followed consistently to prevent the risks of harm to people and visitors. Regulation 12 (2) (b).