

Lansdowne Hill Care Home Limited

Lansdowne Hill Care Home

Inspection report

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Date of inspection visit:
20 March 2018

Date of publication:
21 May 2018

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Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Outstanding  |
| Is the service safe? | Good  |
| Is the service effective? | Good  |
| Is the service caring? | Outstanding  |
| Is the service responsive? | Good  |
| Is the service well-led? | Outstanding  |

Summary of findings

Overall summary

We undertook an unannounced inspection of Lansdowne Hill Care Home on 20 March 2018.

Lansdowne Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 46 persons who require personal care. On the day of our inspection 43 people were living at the service.

At the last inspection, the service was rated Good. At this inspection we found the service had improved and was meeting the characteristics of outstanding in Caring and Well-led domains. When the two or domains are rated as Outstanding the overall rating is also Outstanding.

People were at the heart of Lansdowne Hill Care Home. We saw examples of staff wanting to make a positive difference to people's quality of life. This reflected the values that staff held and the culture of the service 'being more than a job'. People said they felt well cared for and were offered emotional support when needed. Relatives said they felt encouraged to maintain important relationships with their loved ones and could visit at any time. They said the management team were good at keeping them informed about people's care. People's dignity was always respected and people were able to build meaningful, caring relationships with staff.

The service was led by a longstanding, registered manager who promoted a service that put people at the forefront of all the service did. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was very passionate about working with people and their aim was to ensure the service met people's physical and emotional needs. There was a very high level of confidence in the leadership and management of the service expressed by people, relatives and external professionals. The registered manager ensured ongoing development opportunities were available for staff and their development. The team worked closely with other agencies and promoted an open and transparent culture

that promoted a strong emphasis on continually striving to improve the service. There were effective systems in place to monitor the quality of the service provided and appropriate action was taken promptly when required.

The atmosphere at Lansdowne Hill was one of calmness, order and positivity. This enabled staff to embed a strong culture that valued people, relatives and staff and promoted a caring ethos.

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and these promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff that had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored. Professionals said staff worked collaboratively with them to ensure people received high standards of care.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs. The registered manager saw feedback and concerns as a learning opportunity and complaints were managed in line with the provider's policy.

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 remained safe.

Staff had received training and showed an understanding of safeguarding principles.

People had risk assessments in place to minimise hazards to their safety and welfare.

Staffing levels ensured people received timely care.

The service had a rigorous recruitment procedure to safeguard vulnerable people from the employment of unsuitable staff.

People's medicines were managed safely.

Good 

Is the service effective?

The service remained effective.

People's physical and social care needs were assessed prior to them moving to the service.

People had their nutritional needs assessed and complimented the food provided.

Staff received MCA and DoLS training and they had a good awareness of how to apply this in practice.

People were supported to access appropriate external professionals in a timely manner.

Good 

Is the service caring?

The service improved and was exceedingly caring.

Outstanding 

Staff had empathy and showed a desire to ensure people experienced high quality care.

Staff demonstrated caring natures throughout the inspection.

Staff showed the same respect, care, empathy and kindness to relatives and they valued those important to people they cared for.

Is the service responsive?

The service remained responsive.

People and where relevant, their relatives, were involved with their care planning. Care plans were personalised to guide staff to provide responsive, person centred and holistic support.

People were supported to engage in activities and interests that they enjoyed.

The provider had arrangements to manage complaints and concerns so these could be addressed in a timely manner.

Good ●

Is the service well-led?

The service improved and was extremely well-led.

The provider and management demonstrated they looked for initiatives to improve the service delivery and improve people's quality of life and experiences.

The registered manager and all staff worked to positive values and displayed a desire to deliver a high quality. Staff were enthusiastic and well-motivated to improve people's life.

The management team had effective systems in place that monitored and maintained the high level of quality support provided by the service.

Outstanding ☆

Lansdowne Hill Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 20 March 2018 and was unannounced. The inspection was carried out by two inspectors 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, we asked the provider to complete 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 looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted external professionals who have contact with people and the service to obtain their views. We heard back from four external professionals.

We spoke with eight people, five relatives, the registered manager, deputy manager, six care staff, maintenance person, chef and one external professional. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Our findings

People continued to feel safe. A person told us, "They look after us well, but they don't look over us". Another person said when asked if they felt safe, "I've never really thought about it, but there is always someone around. If you ever need anyone they're always there". A relative commented, "Yes, [person] is safe, we all have to sign in and we have to sign out which makes it safe".

Medicines were managed safely. Records relating to the administration of other medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the Medicine Administration Record (MAR).

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. A member of staff commented, "We have training and I'd raise any concerns with the manager or if they were involved I would whistle blow or go to the council". There were safeguarding procedures in place and records showed that any concerns had been taken seriously, fully investigated and appropriate action taken.

People's care records contained individual risk assessments. These included risks assessments relating to the use of profiling beds, skin integrity, medicines, and nutrition and hydration. People's risk assessments were reviewed when necessary such as when changes in a person's care needs occurred. We saw that one person was known to be at risk of falls, but there was no falls risk assessment in place. However, the information was detailed in care plans which indicated good risk management of falls was taking place. We discussed this with the registered manager and deputy manager who agreed they would review how this information was recorded and stored to ensure this information was clearer. We saw that the risks were managed safely, reviewed regularly and referrals made where necessary in relation to falls.

The registered manager had systems in place to ensure adequate staffing levels. We saw there were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and

chat with people. A person told us, "We all have call bells in our rooms, and they come quickly, more quickly at night". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. A member of staff was an infection control lead. The home was clean and free from malodours. We asked people if they felt the home was always clean and one person commented, "Yes, the home is always nice and clean, and our rooms are nice and clean, and they clean them every day". A relative told us, "Yes, the home is clean, and they clean his room every day and they deep cleaned it last week".

The service learnt from events and when things went wrong. Records confirmed that following a medicine error, protocols for administering medicines were updated and staff were briefed regarding the changes. Accidents and incidents were also recorded, investigated and audited each month. This meant that action was taken in a timely way, such as making referrals to the appropriate services and following these up to ensure an effective outcome.

Our findings

The service continued to provide effective care and support to people in line with best practice. People were supported by staff that had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training records were maintained and we saw planned training was up to date. Staff received support through regular meetings with their line manager. A member of staff said, "I feel I can progress as have courses and training. I feel I can ask questions at any time. I'm learning every day".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "It's about a person having their own choices. If they cannot make certain decisions there is a process called best interests". Throughout our inspection we saw staff routinely seeking people's consent. We asked people if they were involved in decisions. One person said, "I make all my own decisions with help from the staff". Where people lacked capacity, family members, Independent Mental Capacity Advocates (IMCA) and Deprivation of Liberty Safeguards (DoLS) representatives would be involved. We received feedback from an independent advocate who said the service referred to them appropriately.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS and all appropriate applications had been made and monitored to ensure the least restrictive practice was adhered to.

People's needs had been assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. This included people's individual preferences relating to their care and communication needs. Staff were aware of people's support needs and preferences and records confirmed these preferences were respected.

People were given choice and had access to sufficient food and drink. People's feedback in relation to food was positive. Comments included; "Well it suits me, and sometimes it is so good. And yes, we get a good choice of menu"; "We don't have a favourite meal, we like everything" and "We always get enough food and can always ask for more. We can always get food at night".

We observed the dining experience was positive with people chatting with each other and staff. Where needed, staff supported people appropriately. We also saw members of staff joined people to eat with them. People's feedback on food was regularly sought and suggestions followed up. The head cook said they attended resident meetings to get feedback about people's likes and dislikes. They were happy to put new suggestions on and also monitored mealtimes to see if food was left which may indicate it was not popular. Picture menus were available in people's rooms.

People's specific dietary requirements were met. The kitchen maintained up to date records ensuring people received diets appropriate to their needs. People's weights were regularly monitored. People were supported to maintain good health with referrals made to professionals such as dietitians, district nurses and speech and language therapists. Visits by healthcare professionals were recorded in people's care plans. We asked a relative about this and they said, "Yes, she has had some tests done and we are looking at the results with the GP".



Our findings

At the last inspection, we found the registered manager had ensured that Lansdowne Hill Care Home provided good quality and person centred care. At this inspection, we found the service further improved and staff provided people with care that was over and above good and met the characteristics of an outstandingly kind and compassionate service. The registered manager had achieved this by ensuring staff demonstrated the right values during the recruitment process. This then continued through with the training, support and close monitoring of staff. This ensured staff worked to the values of kindness, respect and compassion.

We found that staff cared for people in ways that exceeded expectations with staff often going extra mile. A staff member had observed the comfort people got from small robotic therapy pets. This staff member had watched a television programme about a larger robotic dog and the impact it had on a people living in a care home. The robotic dog responded to instructions and commands such as sit, lie down, speak and beg and its ears pricked up when spoken to. The staff member did some research and found a website that provided them. They decided to purchase this robotic dog, named Biscuit. We heard that Biscuit was a real talking point for people and their visitors. The registered manager said, "He really has made such a positive impact on the happiness of our residents, creating smiles and laughter (and tears) to all that come into contact with him". Another person also adored animals. They would often get upset early evening as they looked for their spouse. The registered manager told us, "Along with a port and lemon, we get Biscuit [dog] and she fusses him, kisses him and tells him how much more you can trust animals rather than humans!" Another person with advanced dementia was unable to verbally express her needs and often walked with purpose. When Biscuit was with them, they remained seated for longer periods of time, talking and stroking him, calling him a good boy and asking if it wanted a treat. The registered manager said, "The look on her face and the enjoyment the dog has brought to her brings tears to all of our eyes". This meant staff effectively used information about people to provide them with compassionate approach that increased their emotional well-being?

The team ensured people were involved in all decisions about support received and the care provided was led by them. Staff helped people explore their needs and preferences in relation to personal and family support. One person had moved away from Lansdowne Hill to be closer to their family members. Staff kept in touch with the person and when they were visiting the local area, the registered manager popped in to see the person. During the visit it was apparent that the person was not unsettled and said they missed everyone back at Lansdowne Hill. After discussions that were held with the person and their family that supported the person's decision they returned to Lansdowne Hill. The registered manager ensured the

person even got the same room they had occupied back which made them really happy. This meant people were supported to live their life in a way that made them happy and the staff put the people's well-being at the centre of service delivery.

The service ensured that additional help was sourced when required. For example, the use of advocates. Advocacy means getting support from another person to help a person express their views and wishes, and help them stand up for their rights. They are used when there is no one independent of services, such as a family member or friend, who is able to represent the person. We heard from an advocate who said, "Whilst visiting Lansdowne I have always felt very welcomed by friendly staff. Staff have always provided me and the client with a private space. Staff showed appropriate concern and care for my client due to not having access to her finances and needing personal items".

People were supported to develop friendships outside of the home. A new scheme had been initiated with a local junior school. This was for the children that needed extra support with reading. The children would visit the home to read aloud to a small group of residents. It was hoped this would provide a source of interaction and stimulation for residents as well as increasing the children's confidence. The project was going to be extended to creating a pen pal scheme with them. This arrangement provided mutual benefit to both the person and the children providing meaningful input back into the local community.

The caring nature of the service was also demonstrated towards the families. The level of care received had an impact on relatives even when their loved one was no longer at the home. We saw a letter from a person to the staff following the death of their relative. This described how they were 'Welcomed, shown around, met staff, and witnessed the caring and loving way in which all staff interacted with residents. I knew straight away that my [relative] would be cared for and respected'. They went on to say that, 'I saw [person's] face light up when staff entered the room, seen how [person's] was treated with care and love, seen staff go out of their way to make [person's] comfortable and happy. I have nothing but respect for your staff, they are truly wonderful people. During the last few weeks of [relative's] life you treated her with total respect and dignity and your kindness to me will always be remembered. I will be forever grateful that I walked through your door'. This meant the team also influenced the quality of life of people's relatives.

People were cared for by staff that knew them well and we saw staff were sensitive to people's emotional needs. For example, care plans described the emotional support people may require if they experienced confusion. It explained that due to the dementia, a person could be isolated as they were not easily able to express themselves. A person told us, "Sometimes I get down and the staff come and put an arm around me, they are very good".

Staff demonstrated a caring approach and told us they enjoyed their job. One member of staff told us, "You get to know people by just spending time with them. Find out things such as how they like their personal care delivered. You learn what annoys them and who they get on with. Ask them about their backgrounds". The staff member also explained the importance of working closely with families. They said, "Important to reassure families. I tell them they can ring at any time if they are concerned, even 3 am!"

Staff ensured people were always treated with kindness. We observed a person trying to go out of the patio doors. A care worker approached them in a gentle manner and said "Are you okay (name)?" The person said they wanted to go outside but it was very cold. The member of staff used appropriate distraction techniques, they pointed to the doves and they started chatting about them with the person. The care worker then said, "I'll get you a nice cup of tea and some biscuits". They brought the tea through and offered the person biscuits or a piece of fruit. The person was given a choice of biscuits with the care worker describing each one. The person settled into a chair to drink their tea and eat their biscuits and the care

worker said "See you in a little while" This interaction was a positive experience with the staff displaying warmth, respect and patience.

People were consistently positive about the caring attitude of the staff. We asked people if they were happy at Lansdowne Hill Care Home and if they felt cared for. All people we spoke with praised the team and we had comments including, "Yes, I do like it here. The staff are very good and the home is very nice". A relative commented, "Oh yes, we were looking for a home and when we came in here we knew it was the right place. It was warm and friendly, but we had to wait seven months to get in here! The staff are great they are always chatty and pleasant and they're just great". Another relative said, "It's a really nice atmosphere here; it's like home and my [relative] really likes it here". Another relative said, "Oh yes its good here. [Person's] relatives went everywhere trying to find somewhere that they liked. And when they came here they were so happy. Their [relative] comes in every morning before she goes to work to see her. If I had to come anywhere it would be here".

People were supported to maintain and develop relationships with those close to them. There were no restrictions on when people could visit their relatives. A person told us, "Yes my [relative's] come and see me, and they can come anytime with no restrictions". The home had a number of small sitting rooms decorated in a very homely style with tweed armchairs and a fireplace. People were able to meet with their relatives in comfort.

A human rights approach to supporting people's privacy and dignity was evident. The service had an Admiral Nurse who worked closely with Dementia UK and provide specialist dementia support to people with dementia and those caring for them, offering guidance and practical solutions. The service also had a dementia and dignity champion. The role of the 'champion' is used to ensure the service receives news and updates from organisations such as the Dignity in Care network and the Alzheimer's Society. People told us that the privacy, dignity and choices were respected. One person said, "I have a bath when I request one and I have a strip wash every day and I prefer a female and I would protest if I didn't". When people did not wish to be disturbed by staff at night this choice was respected by staff listening at the door instead of entering the person's room to check their wellbeing. A member of staff told us about supporting someone who did not like undressing in front of people. They explained how they held the towel up and passed them the clothing over it. This allowed the person to feel in control and to have more dignity.

Staff files reviewed showed that staff were required to sign a confidentiality agreement which clearly stated the need to preserve the confidentiality of people who used the service. Staff were seen to discuss people's needs appropriately avoiding communal areas of the service. People's files were kept confidential and stored securely.

Our findings

People continued to receive individualised care and support which met their needs. Care planning was focused on a person's life. Staff were provided with information about each person's needs and the support they required. There was information about people's backgrounds and families. For example, what career they had, where they were born and lived and information about parents and siblings. This is important so that care staff can find out what may interest the person and have conversations with them about their past.

People using the service, their relatives and, where appropriate, health and social care professionals were involved in reviewing people's support plans. Care and support plans were updated to reflect changes in people's needs. Staff told us they received updates on people's health which enabled them to provide care that was responsive to people's changing needs.

People continued to take part in a wide range of individual and group activities. People had a weekly activities programme and told us they were supported in carrying out activities of their choice. The home integrated with the local community to maintain positive relationships by attending local events such as the village carnival, afternoon tea dances held at the local community centre and using the local amenities such as the local café or health centre. They had also established relationships with the local churches who visited the home to provide religious support, and also wardens collected people if they wanted to attend the services held at the local church. The home also had strong links with the local schools, and people in the service were often invited to the schools to join in with events. The children also visited the home at Christmas, Easter and for a harvest festival, performing plays and concerts for the residents.

The staff had also organised for some more unique animals like alpacas to visit the home, which included going up in a lift to visit a person on the first floor! The team was in the process of organising another 'special' animal experience in the near future. The registered manager said people really enjoyed the visits and said that it helped to encourage social interaction and help to build relationships with fellow residents.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people get information that they can understand. The service identified, recorded, and shared information and communication needs of people with dementia or sensory loss. Where people had communication requirements, information could be given a different format.

People using the service and their relatives knew how to make a complaint if they were dissatisfied with any

aspect of the service. A person told us, "No, I have never made a complaint but if I did I would start by speaking to the staff or [registered manager] and I think she is doing a really good job." A relative said, "No, I wouldn't have any reason to complain, but I know if we did, we know how to go about complaining." The complaints process was displayed within the service so that people could easily access it. Staff told us they would support people to make a complaint or get an independent advocate where required. We reviewed the complaints log run since the last inspection and found they had been resolved in line with the procedure. The service used complaints to improve service, for example, improvements had been made on written and recorded information after feedback from health professionals.

No people received end of life care at the time of our inspection. According to the provider's policy when people became terminally ill or reached old age, end of life care plans would be created in order to address people's end of life wishes.

People were supported to make decisions about preferences for end of life and families were appropriately involved in developing care and support for this time. People were supported by staff that had an understanding about end of life care as they had received training to ensure that care and support was in line with best practice. The service ensured staff were aware of people's wishes and made sure they were treated with dignity, comfort and respect at end of life. The registered manager said accommodation could be arranged if family wanted to be close in the last days of a person's life. The deputy manager advised that specialist services were provided by a local hospice to support people who were end of life. The hospice also supported care home staff very well. Specialist equipment and medicines were made available at short notice.

We received feedback from a local hospice that showed the service worked collaboratively in order to achieve person centred care, including managing people at the end of life, administering medication as prescribed and when required. They stated that staff attitude and conduct was very welcoming and professional. If needed multidisciplinary meetings were arranged between the person, their family and relevant others and health care professionals. They confirmed that people received good oral hygiene, had their comfort and dignity promoted.



Our findings

At the last inspection, we found the service was consistently well managed and well-led. At this inspection we saw this had not only had been sustained but also improved in other areas. This resulted in outstanding quality management for this service.

We had only extremely positive comments from people and their relatives about the management of the service. The comments showed there was high level of trust between the management and the relatives. We spoke with a relative who visited frequently. They said, "This is a great home; the staff and [registered manager] are fantastic. I come in here and help out with the gardening and some of the maintenance. The community is very good with the care home, we get involved at Christmas time and the care they get is second to none. If they have any issues they get in touch with you straight away. We raise a lot of money with the fete which has helped buy the projector". Another relative said, "The [registered manager] is very friendly and transparent and she is doing a good job. She seems to be the right person in the right place and she is very good". A person commented, "Yes, I think the staff and the manager are doing a good job. I see and speak with the manager".

The registered manager worked in partnership with other organisations to make sure they provided an innovative and a high quality service. The registered manager had arranged for the home to be involved in a pilot scheme called 'Care Home Volunteers (CHV)'. CHV had undertaken research and identified the challenges that care homes faced in getting the support of volunteers. Some of the barriers included vetting and administration problems; day to day management of the work of volunteers; the consistency of support that volunteers can give and the lack of a tradition or culture of volunteering in care homes. They had therefore designed a recruitment, training and support programme for volunteers to overcome some of these barriers. The care homes involved hosted open day events to attract potential volunteers. We saw that the registered manager had arranged for coffee mornings to be hosted in the home to encourage local people to become involved. Once volunteers were recruited the care home benefited from using the volunteers. Volunteers can provide an additional resource to give friendship, conversation and companionship to people.

The home had also pledged their support with John's Campaign. John's Campaign supports the belief that families must be welcome to support their relatives as often as they are able and be seen not just as 'visitors' but as an integral part of a person's life and identity and often their last, best means of connection with the world. This provides a platform from which to promote the importance of links with families. The home had ensured they took all measures such as providing a 'Welcome to Lansdowne Hill pack' given to family

members when they come to the care home. Families and friends are encouraged to maintain contact such as taking people to appointments as well as going out for lunch, tea and coffee. Family members were invited to go on any trips arranged. Encouraging a partnership between staff and family members and actively encourage any fund raising events. The feedback we received during the inspection evidenced that families did feel welcomed in the home and their views were valued.

We spoke with the registered manager about their vision and values of the service. They said, "This is like a family to me in that I think of it as an extension of my own family. I am very hands on and I think that's the only way to be and (deputy manager) is exactly the same. The staff here are fantastic and I'm only as good as my staff". This was very much demonstrated in our findings during the inspection. The registered manager and the deputy manager lead by example by being good role models who promoted a positive culture meaning people felt positive and secure and staff who enjoyed their jobs. This resulted in people receiving outstanding caring approach and responsive care.

The home worked in partnership with other organisations such as the local hospice and the dementia and later life liaison team to ensure the best quality of care. We heard from professionals who provided support to the service. One commented, "Lansdowne Hill has a good and safe reputation in the village. Several family friends have reported good care of their relatives in Lansdowne Hill. I would happily entrust a relative to Lansdowne Hill and would go there myself". Another professional said, "Management and staff have always been open and transparent whilst working with me. I feel I have been communicated with well". A professional who provided training said, "I'm quite impressed. Practice is very good and I've observed good care. There is a nice feel about this place. I like coming here". This demonstrated the service ensured it worked with others to improve care outcomes.

Staff understood their roles and responsibilities and were motivated and confident in the leadership of the service. There were 'champion' roles and leads in the home such as dementia and dignity champions, an infection control and health and safety lead. The champions and leads then updated management and staff on any significant updates in these areas. The service also had an Admiral Nurse who worked closely with dementia UK. Staff were happy in their roles. We had comments from staff including, "You've got to have a good manager and team. The manager leads by example and there is a very positive culture here". Another said, "[Registered manager] is a very hands on manager, supportive, passionate and always at handover meetings". We spoke with the registered manager and deputy manager who said they hoped they enabled an open culture in which staff felt comfortable to come forward with any issues or concerns. They advised they have an 'open door policy'. The registered manager said, "I see the guys on the floor as my eyes and ears". They said the culture was reinforced at staff handover meetings and during staff supervision. The registered manager said the process of instilling in staff that they must come forward to report concerns started right at the start of employment.

Staff meetings were held where good practice recommendations from managers meetings and management development training were passed on. For example, the provider held a monthly policy review group that reviewed all policies, guidance and documentation to ensure it stayed abreast of current best practice guidance and changes in legislation. Staff said they were encouraged to contribute to these meetings and felt able to make suggestions on improvements. A member of staff said, "The registered manager is approachable and I feel I can discuss any concerns. We are treated fairly; they have just increased our lunch breaks".

The provider ensured relevant policies and procedures were in place. For example, an equality, diversity and inclusion policy. The registered manager said they were always mindful of ensuring reasonable adjustments were made for people. For example, ensuring physically disabled people had access to all areas and activities by making sure necessary equipment and assistance were in place, and that the premises were

modified as required. The manager advised that it was planned for steps up to several upstairs bedrooms to be replaced with a ramp.

The provider assessed the service's quality from people's perspective alongside other systems. A yearly survey was organised to gather opinions of people who used the service, their representatives and health and social care professionals. The 2017 survey had a low response rate but we saw the registered manager had fed back on points raised and encouraged people to provide feedback on an ongoing basis not just yearly. A visiting health or social care professional's feedback form was provided alongside a suggestion box. People's views were also sought at residents' meetings and relatives were also invited to these. Minutes of the most recent residents' meeting showed issues discussed such as menus and activities. We asked a person if any changes could be made to make improvements. They said, "No, I don't see the need to make any changes here." A relative said, "I think it's great here and I don't want to change it. (Person) is very happy and has always been happy here which we were surprised with".

The provider continued to use an effective quality assurance system to identify and manage the quality and safety of the service. This helped identify what the service was doing well and areas it could improve on. Audits had been carried out monthly, including accidents and incidents, complaints, health and safety, infection control, medicines, staff files, dignity, tissue viability and nutrition. All audits carried out had been signed and were up to date. Audits were scrutinized to identify where any trends or patterns may be emerging. There was a strong framework to monitor risk. The service subscribed to many services for updates including the local authority, various community groups, information from the CQC, Social Care Institute for Excellence (SCIE), Skills for Care (SfC), Health and Safety Executive (HSE) and the Medicines and Healthcare Products Regulatory Agency (MHRA). This means that the service stays up to date and alert to any action necessary, for example, the MHRA may update providers of the safety of a particular drug or side effects. This meant the provider could ensure that where needed, timely and necessary improvements could be made to the service to ensure people were kept safe.

The management continued to submit notifications to the CQC with information about the welfare of people and measures taken to keep them safe. The provider's audits were in line with our regulations and effectively identified how to meet each of them. For example, the service's most recent CQC rating was promptly displayed on the provider's website and in the premises.