

Landermead Investments Limited

Landermeads Care Home

Inspection report

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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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected this service on 20 and 21 July and the 17 August 2016. The inspection was unannounced.

Landermeads Care Home is situated in the Nottingham suburb of Chilwell. The service is provided from four buildings based around a Grade II listed central house which has been adapted to meet the needs of people living with dementia, young people with a physical disability and people who require neurological care and support. At the time of our inspection 85 people lived at the service although the capacity can be extended to 89 as some larger rooms can be converted to double occupancy if required, for example for married couples.

The service had a registered manager, who was also the joint owner, in place at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Landermeads Care Home and did not have any concerns about the care they received. Staff showed a high level of understanding of how to keep people safe and protect them from harm. Safeguarding referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. Innovative methods and materials were used to ensure that people were kept safe with as few restrictions as possible. People were supported to take positive risks which enhanced their experience and enjoyment of life.

The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Landermeads Care Home.

People received their prescribed medicines when required and these were stored and administered safely.

People received very effective care from staff who received thorough induction to the service. The provider and staff worked together to identify further training and support that ensured they could meet people's current and future needs. This had helped to ensure people were able to lead a full and active life. Ongoing training and assessment for care staff was scheduled to help maintain and further develop their knowledge.

The provider kept up to date with latest research guidance and developments and had strong, established links with organisations that promote and guide best practice. The service had achieved and maintained

accreditation from nationally recognised agencies for care. Staff had access to guidance and training which helped drive improvement of the service and enhance people's quality of life.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and a strong emphasis was placed on ensuring people had access to sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. Staff used innovative methods to encourage people who were reluctant or had difficulty.

Excellent links were established with healthcare professionals and people had access to these when required. Staff worked in partnership with healthcare professionals and followed their guidance which resulted in people maintaining good health.

People told us they were treated with compassion dignity and respect and staff ensured their privacy was protected. We observed very positive, caring relationships between staff, people using the service and their relatives, which helped to promote a calm family atmosphere where people were safe. Staff always ensured that people and their relatives were involved in making decisions about their care and their wishes were respected.

Staff demonstrated an excellent understanding of people's support needs and used skill and innovative methods to ensure they received personalised responsive care. Forethought and innovation was used to ensure that people had the opportunity to take part in enjoyable, constructive activities that reflected their interests and life history. There was an open and transparent culture throughout the service. People were encouraged to raise any issues or complaints and could be assured these would be listened to and acted on by the provider.

The provider had involved all levels of staff to design and implement effective quality monitoring systems. These were reviewed and updated regularly and action plans developed to maintain standards and drive the continual improvement of the service..

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of well trained staff who showed excellent understanding of and commitment to, keeping people safe.

Staff were committed to ensuring people were protected from harm whilst encouraging them to take positive risks that enhanced their life.

Thorough systems were in place for the safe storage and administration of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had specialist skills and knowledge to meet their needs and promote health and well-being.

Staff used innovative methods to ensure people were supported to maintain healthy nutrition and hydration. Strong links were established with other health professionals to enable this.

Systems were in place and staff had a very good knowledge of the Mental Capacity Act which ensured people's rights were protected

Is the service caring?

Outstanding ☆

The service was very caring.

There was a strong, visible person centred culture and people and their relatives had very positive caring relationships with staff.

Staff were committed to using innovative ways to ensure people could express their views and understand their environment.

People were always treated with dignity, kindness and respect

and their privacy was protected.

Staff used a range of methods to ensure people were involved in the design and review of their care.

Dedicated, compassionate End of Life support was provided for people and their families

Is the service responsive?

The service was very responsive.

Innovative methods were used to ensure that care was provided in accordance with people's individual preferences and needs.

People were enabled to participate in meaningful activities that were based on best practice. People were also supported to be part of their local community where possible.

Staff regularly sought people's feedback about the care and this feedback was used to improve people's care.

Outstanding 

Is the service well-led?

The service was very well-led.

The owner, who was also the registered manager, promoted a clear ethos which put people at the heart of every decision. The views of people, staff and visitors were sought to identify further improvements which could be made to the service to benefit people.

There was a very positive atmosphere and high quality care and support was provided as effective systems were in place to regularly assess, monitor and improve the quality of care.

Outstanding 

Landermeads 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 and 21 July and 17 August 2016 and was unannounced.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from the local authority, commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

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.

During the inspection, due to the nature of people's conditions, we were only able to speak with one person who used the service. However following our inspection we spoke with and received feedback from two further service users and nine people's relatives. We spoke with the registered manager, the provider, three house leaders, two care staff, an administration manager, the maintenance man and two nurse liaisons. We observed staff delivering care in communal areas and reviewed four people's care records. We also reviewed other records relating to the management of the service such as quality monitoring audits, minutes of meetings and the recruitment files of six members of staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Landermeads Care Home and did not have any concerns about the care they received. One person told us, "They keep me safe". A person's relative told us, "I know [my relative] is absolutely safe here." A second relative said, "Since [my relative] came here, they have improved in every respect and never looked back. They feel completely safe and at home." The staff we spoke with demonstrated a commitment to and understanding of, the need to keep people safe. They were aware of safeguarding procedures including signs and types of abuse and their role in raising a concern. A staff member told us, "We've all had safeguarding training." Training records showed that the majority of the 175 staff had completed recent safeguarding training and that further training was scheduled for those that required an update. All of the staff we spoke with were aware of the service's whistleblowing policy and told us they could raise an issue without fear of reprimand. A staff member said, "I'd know how to whistle blow and speak to people." We saw that, when required, referrals were made to the local safeguarding authority and that the provider carried out their own investigation into incidents. The outcome and learning from these investigations was shared with staff and where appropriate people's relatives.

The provider used imaginative and innovative ways to manage risk and keep people safe, whilst ensuring that they were able to have a full and meaningful life. For example, in order to provide a stimulating and pleasant environment for people using the service, tactile boards of items and images of interest and relevance to people were displayed in corridors and communal areas. Additionally, staff had created innovative and interesting seating areas throughout the different buildings. A fire service inspection identified these as a potential fire risk and said they should be removed. Staff worked with the fire service to produce a risk assessment and measures of control that would allow them to maintain the displays and homely atmosphere. This included use of materials for displays, rebuilding seating areas and testing fire retardance of materials. The work and assessments were passed by the fire service and used as an example of best practice by local and regional fire and rescue services.

People were encouraged and supported to take positive risks and make decisions that enhanced their enjoyment of life. The provider had completed assessments to identify the least restrictive way to manage risk for a number of areas. For example, assessments were in place to support people to drink beer and smoke in their room, and for people with reduced mobility to take part in adventure sports. We saw that taking part in these activities enhanced people's quality of life and they told us they valued and looked forward to these. Assessments for trips and falls, environment and fire safety were also in place. The assessments include information for staff on how to manage risk and were reviewed monthly or when a person's needs changed. One person's relative provided us with feedback, commenting, "In an environment where safety is paramount special attention is paid to potential hazards. All staff are alert to any spills which are cleaned up immediately, residents clothed with proper footwear and help is always present when at risk patients start to move. Bedrooms, where necessary, are equipped with sensitive mats to detect movement during the night."

Staff we spoke with were aware of people's needs and the support they required to reduce risk. The provider had allocated staff to the different areas of Landermeads Care Home based on how they best met people's

needs.. We saw that this approach not only promoted excellent positive interactions between staff and people, but enabled staff to have a thorough understanding of people's needs and abilities to enable them to take positive and appropriate risk in their lives. A staff member told us, "People aren't told what they can't do, they're supported to achieve what they can." We observed and were told about numerous examples of how this approach enhanced people's enjoyment and gave them a sense of purpose. For example, a relative told us how one person liked to help with serving drinks including tea at mealtimes. Although they occasionally spilt the drinks or knocked things over, they were clearly very happy and content in performing this role and staff did not try to stop them but supported and encouraged them whilst maintain safety by mopping up spilt drinks or picking up cutlery. We saw a similar incident was referred to positively during an accreditation assessment for the service to maintain its Butterfly Home status. Butterfly Approach training is an accredited scheme developed by Dementia Care Matters, a nationally recognised specialist in dementia care.

The provider regularly reviewed records of accidents and incidents and carried out audits and investigations which enabled them to identify any trends or concerns to help manage future risks. For example, following a number of falls in one area of the service, staffing rotas were changed to provide extra cover during the times most incidents occurred. We saw that this had helped to reduce the number of incidents in that area. The provider was in a research project with the University of Nottingham (FINCH project) to trial a new tool to assess and reduce the risks of people falling which they had accessed through the ENRICH (Enabling Research in Care Homes) forum.

People we spoke with and their relatives told us they felt the building was clean and well maintained. One person said, "Everything is clean, if it wasn't I'd tell them." A team of five maintenance staff oversaw the maintenance and safety of the buildings including carrying out regular fire, electrical and gas safety checks. We saw records that showed regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks. Staff told us any requests were dealt with quickly. One staff member said, "We've got a good maintenance team, so if anything needs repairing it can be done quickly".

People we spoke with said they felt enough staff were employed to meet their needs. One person told us, "They are always around doing things." This opinion was echoed by people's relatives and staff members. A relative told us that their loved one always received the one to one support they required and if additional staff were needed they were always available. Additionally a second relative told us staff were always available to support their loved one to hospital appointments. They told us they valued this as previously they had struggled to support their loved one on the journey between car and appointment and the staff had made this much easier.

A member of staff told us, "I feel that we've got enough. We have staff who have worked in other parts of the house who we can call as bank staff if we need extra. It's good because all bank staff understand the people and their needs." In the PIR the provider told us, 'We ensure that our staffing rota is responsive to need. On several occasions over the past year we have altered the combination and number of staff we have on duty at particular times following audit findings and response from staff and family members,' (the provider identifies people using the service as 'family members'). Additionally they stated, 'At times our rotas need to be looked at to be more flexible to the needs of our family members. For example recently we changed the hours worked in one house so that there was an extra member of staff in the evening as many of our family members were not wanting to go to bed until late so the extra person helped primarily in ensuring there was meaningful occupation at this time'.

The provider had processes in place to ensure staff employed at Landermeads Care Home were of good

character and had the necessary skills and experience to meet people's needs. They had developed a recruitment checklist based on the requirements of current legislation. We looked at the recruitment files of four members of staff and found all contained evidence that the provider had carried out appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check allows employers to make safer recruitment choices. Staff we spoke with confirmed they were asked to supply this information prior to commencing work at Landermeads.

At our inspection of 23 March 2015, we found that appropriate systems were not in place to ensure the safe management and administration of medicines. During this inspection we saw these issues had been addressed and medicines were managed and administered safely. People told us they received their medicines when required and had not experienced any difficulty with this. One person told us, "I take them, not in abundance. They trust me to take them myself but there is always someone around." People's relatives told us they did not have any concerns with medicines and felt they were managed well. A relative said, "(My relative) gets them when (relative) needs to. The doctors have been and changed them. (Relative) was struggling to take tablets so they switched them to syrup." A second relative told us, "There's no problem with tablets, the nurses are the experts."

Members of staff and the registered manager told us they received regular training on the management and administration of medicines. We saw weekly audits of medicines administration record (MAR) charts and medicines were carried out by staff and checked by the nurse responsible for medicine management. A member of staff told us, "There are no issues (with management of medicines); if there was I'd speak to my nurse." Additionally we saw that the provider carried out regular competency assessments for staff administering medicines. Where medicines errors were identified, a full investigation was carried out and additional training and assessment carried out for the staff member.

We reviewed the MAR charts for four people living at the service. All four included information about the person including a preferred method of administration for medicines and a photograph and date of birth to help care staff ensure the correct medicine was given to the correct person. Medicines were stored securely and the temperature was monitored. We saw that any creams and lotions used were labelled with the person's name and the date of opening.

Is the service effective?

Our findings

People's relatives and one person we spoke with told us they felt care staff had the skills and competency to meet their needs and that they appeared well supported. One person who lived at the service said, "They are always there, they work very hard." One person's relative told us, "They definitely practice whatever they've been taught. They're not afraid to ask another member of staff if they don't know. Somebody, somewhere always knows what to do and that's important to me." We found that people were cared for effectively as staff were supported to undertake training, beyond that identified as mandatory by the provider, that helped them meet people's needs. All staff had successfully completed, or were working towards completion of, the Care Certificate. The Care Certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. In order for staff to attain the first aid element of this training the provider had accessed Basic Life Support training for all staff which meant staff were able to provide emergency lifesaving assistance if required. A staff member told us, "The management are always open to your ideas for training. We asked them for additional training on Huntington's Disease and they organised it." Staff told us that this training had helped them to understand and better meet the specific needs of a person using the service. We saw that the provider had supported a staff member to gain a qualification in animal therapy to benefit people using the service and that training for music therapy was scheduled. A staff member told us, "We are always asked if we want additional training." A second staff member said, "When you say in your supervision that you need additional training, you will see very quickly that the training will happen."

Throughout each day of our inspection we saw numerous examples of all staff using their Butterfly Approach training to support people and enhance their lives. Butterfly Approach training is an accredited scheme developed by Dementia Care Matters, a nationally recognised specialist in dementia care. Landermeads Care Home is one of only 35 care homes nationally to be awarded Butterfly House status and had retained the highest level of accreditation for three consecutive years. Staff we spoke with told us they welcomed the training they received and felt it helped them to better support people and understand their requirements. We saw that people responded positively to staff interactions founded on the Butterfly Approach and this had enhanced their quality of life. A relative told us, "It (the home) was always good, even before, but since the Butterfly it's improved 100%. It's a wonderful family atmosphere, my relative is so happy here." A second relative said, "The change in ethos had a profound effect on my relative (they) responded and blossomed under their loving care. They became more relaxed and laughed often and our visits were loving, pleasurable and fun though my relative was still able to let you know when they were not well pleased!! Any difficulties were handled by the staff with great sensitivity, knowledge and skill, diverting attention where necessary from whatever the problem scenario was."

At our inspection of 23 March 2015, we found the service did not always provide effective care as we observed a number of people display difficulty in locating their private rooms. During this inspection we found that people were well orientated to their environment. The provider and staff used a mixture of distinguishing, personalised decorative features and thoughtful support to ensure people knew not only where their personal room was located but where they were in the building. People appeared happy and comfortable in the service and we did not observe any signs of distress associated with orientation in the

home. A relative told us, "(My relative) often calls out to go to her 'flat'. (Staff) assist to her room which feels like her flat due to us being encouraged to make it her own space. We changed the curtains, put up pictures and photos, brought in some of her own furniture and surrounded her with familiar items."

The registered manager had implemented a system to ensure the service was always responsive to people's needs. They told us, "If someone is displaying what we used to call 'challenging behaviour', we assume we (staff) are doing something wrong and see what we can do to change it and help them. A monthly audit of 'expressions of emotion' is carried out to see what can be improved. We find this has helped tremendously." During our inspection we saw a number of occasions when staff had changed how they were supporting a person or engaged in a different activity to help reassure the person. In all cases we saw this had a positive calming effect on the person. The registered manager told us, "We found that 90% of people's behaviour comes from our mismanagement, so we are always looking to audit ourselves."

Staff told us they felt supported by the registered manager and team leaders and were able to talk with them and discuss any issues. One staff member told us, "I feel totally supported 100%. If ever there is a problem between supervisions I can bring it up anytime. Even when I'm away or on holiday I keep in touch. If there is anything I need to discuss I know I can." A second staff member said, "I can go and sit up in the office and have a coffee and (registered manager) will ask if I'm okay. I can send them a text at 10pm and I'll get a response." We saw that all staff received a regular face-to-face supervision meeting with their team leader or the registered manager. Staff told us they valued these meetings and felt able to be open and honest. One staff member said, "Supervisions are meaningful. It's rewarding when you say something at supervision and it is acted on. They (provider/registered manager) value all staff for their skills and values. They recognise we are unique and have different support needs." This was echoed by all staff we spoke with. New members of staff undertook a period of induction upon commencing work at Landermeads Care Home including shadowing experienced staff and role specific training. In their PIR, the provider told us, "All new staff receive induction training from their house leader - this builds up a bond that is carried through supervisions, personal development and general support. It also gives the opportunity to identify training needs."

Care plans we saw confirmed that where possible people or their relatives had signed to indicate their consent to any changes and reviews and we observed their wishes were respected. For example in regard to what time they liked to wake up or go to bed, how they preferred to take medicines or their preferred routine for personal care. Staff we spoke with were committed to ensuring people had choice in their daily activities and promoting their independence. A staff member said, "Choice is huge. Staff are trained to offer at least two choices of meal or drink."

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care plans we looked at showed that the principles of the MCA had been followed with assessments carried out for each decision or activity. This meant that where people had capacity in some areas but not in others they were still able to have an involvement in their care planning. Staff used innovative methods including picture cards, photographs and showing the person objects to enable people to have as much involvement as possible in decision making. Additionally staff were given as much time as was required to sit with people and discuss care and support to ensure the decision best reflected the person's wishes. Staff we spoke with displayed a good understanding of the MCA and had received training in its application. The provider reinforced the importance of MCA to staff for all decisions. In their feedback they told us, 'In order to reinforce this on a daily basis we have visual representations on the stairways in

each house. These are in the form of 5 large flowers in which the 5 principles of the MCA are summarised. These are in areas which the staff pass on a daily basis and are worded and presented in a way which is colourful and enticing but are not in areas which family members have access to so as to maintain their dignity'.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit appropriate DoLS applications had been submitted to the relevant authorities but no decisions had been returned.

We observed two meal times and saw that people enjoyed the food at Landermeads Care Home and that care staff supported them to maintain healthy nutrition and hydration. People and their relatives told us they enjoyed the food provided. One person said, "It's all perfectly cooked, it's good, nice and hot." A relative told us, "There are always titbits about as well as regular meals. First thing they (staff) do in the morning is ask what they want for breakfast. (My relative) will never go hungry." Staff used innovative methods to encourage people who were reluctant to eat or drink. For example, tables were set and displayed invitingly and contained a range of interesting and stimulating activities including books, flowers and snacks that encouraged people to sit at the table. People received one to one support where required and were engaged in conversation by staff and encouraged to eat.

People were offered a minimum of two choices of meal or staff prepared another meal if requested. Staff communicated well with people including taking people platters of food, or describing the food to enable people to make an informed choice. We saw that staff and people using the service sat together to eat their meals. People were sat in small groups of their own choosing with plenty of positive, happy, lively conversation. We noted that staff were supporting one person with their meal and saw this was done with dignity and discretely whilst still allowing the person to engage in conversation with their friends. Another group had chosen to sit outside; again staff and people using the service were sharing a meal and engaged in a positive happy conversation with lots of laughter. The registered manager told us, "Staff eat with the family members. We don't sit and serve and watch. The principle is this is a home environment, we sit around small tables as they would at home."

We saw that people had access to drinks and snacks throughout the day and that staff were aware of any dietary requirements such as people who required a diabetic or softened diet. Where people required food to be pureed it was presented in an attractive way that encouraged people eat and enjoy their meal.

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. One person's relative told us, "Whenever they need to they always get the doctor in." A second relative told us of a time when their loved one had gained weight. Staff had requested input from a dietician and the GP and with their intervention the person was able to manage their nutrition and weight more effectively. A second person was referred to the Speech and Language Therapy team as they had difficulty communicating and swallowing. A staff member told us, "Everyone has a key worker and named nurse. They'll make appointments and go with them or the dentist will come out. The GP is brilliant."

People's care records showed regular appointments with the optician, dentist, chiropodist and district nurse. Staff told us about incidents when they had requested medical support for people and told us they would not hesitate to seek help. A staff member said, "We've got close relationships with all the local GP's

they just pop down as soon as we ask them. They work really closely with the carers and nurses, they really do listen to us. They know we understand people's needs."

Is the service caring?

Our findings

People we spoke with and their relatives told us they were happy with the care at Landermeads Care Home. They said they had a good relationship with care staff and felt they treated them with care, respect, dignity and compassion. One person told us, "I like this place, its lovely. The staff are all nice." This was echoed by people's relatives. One person's relative told us, "I love it; it's the most amazing place. It was a brilliant decision to choose this place. We instantly loved it, it feels so chilled and so lovely." They also said, "It's a wonderful place, I'd recommend it to anyone." We also reviewed feedback from the relatives of one person who had recently moved to Landermeads Care Home. The feedback read, 'What a transformation has occurred to my relative in this short time. I cannot express my thanks to everyone for the care, concern and genuine love for our loved one. Thank you so much for putting our family at ease for the first time in over a year. Just amazing.'

We observed positive, caring interactions between all staff and people living at Landermeads Care Home. A staff member told us, "The wellbeing of the people that live here is amazing. The emotional difference is outstanding. People greet you with hugs and kisses. It makes you happy; you feel part of their family." A second staff member said, "I love the people that I look after. Coming to work every day and helping the people that live here have a meaningful life makes me happy."

As part of the Butterfly Approach, staff used '30 second connections' whereby they did not walk past a person without engaging them in conversation or activity or affection which offered the person support and comfort. We saw that people using the service responded very well to this and the service had a very caring, homely atmosphere. For example, at one point during our visit our inspector was walking with a member of staff who had been asked to complete a task, when they observed a person using the service who appeared agitated. The staff member stopped what they were doing and spent the next ten minutes talking with the person offering comfort, empathy and reassurance about their concern. Following the intervention we saw the person was much happier and content. A relative told us of a similar example, "We were struggling with (relations) hearing aid when a member of staff going off duty saw us. They immediately abandoned their coat etc. and came to help us. We pointed out it was after their finish time, but they just said 'it's no problem, I'm not in a hurry.'" A staff member told us, "If something takes an hour, it takes an hour. There's no need to rush, just get it right for the person". We saw that all staff were fully committed to the philosophy of the Butterfly Approach and were inspired to offer care that was kind and compassionate. One staff member said, "Before we were taught to care and now you are allowed to care." Also, "It's the difference between having a job where you have to do something, to being in a place where you want to. People want to be here."

The provider used accessible and creative methods to ensure people using the service were able to communicate their opinions. The registered manager told us, 'Our family members (people who use the service) have regular meetings at which they are able to express their views. These are recorded and any constructive feedback given to the relevant house managers. Our family members are involved in decision about their home - for example, when we recently 'transformed' Lander House, our family members were involved in the choice of colour and decoration. We are very aware that our family members who live with a

dementia are unable to voice any concerns or complaints in any formal manner. We do however believe that they should be given a voice. Our Expression of Emotion records and audits look at this and allow each person to raise a concern through their behaviour. This prompts us to look at how we are supporting them and to think how different approaches may be better for them. Our staff are always encouraged to think outside the box - there is nearly always a solution if we look for it.'

Care was provided in five separate units, known as houses, each set up to meet the specific needs of people using the service. Lander House supported people without or with very early stage dementia. The Meads supported people who required additional care as their dementia progressed. Buttermeads provided specialist support for people living with later stage dementia and those approaching the end of their life. The Catherine Tam unit provided community living for people with complex neurological or physical needs. Staff were allocated to specific units based on where their skills and personalities would best support people. This meant that people were supported to express their views and understand their world in a safe caring environment that met their needs. A staff member said, "We match staff personalities to the needs of each house. It makes the people happy and the staff happy." A second staff member added, "It works so much better since we matched people and staff to houses. People would get lost in a busier house, here (Buttermeads) they get the support and attention they deserve." People's relatives told us they felt this system had a positive effect on their loved ones and that staff understood their needs and personalities. A relative told us, "The staff all take time to talk and get to know all the residents and their backgrounds, and make sure they spend quality time with them. They also make every effort to get to know the family members and visitors and make everyone feel very welcome. Their attitude is always positive, cheerful and 'can do'."

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and that they gave them a very good understanding of the person, In addition to this, the provider had worked with an internationally renowned external service to produce one page profiles for both people who use the service and staff. People who use the service, their relatives and staff we spoke with told us they found these profiles helpful. The registered manager told us, 'The purpose is to look at what is important to each individual and then have a personalised programme of relevant and meaningful interaction and dedicated time to do this. This is facilitated by staff who are given the time to meet with family members and their relatives to create the profile and then dedicated time to ensure that identified wishes are met. The emphasis is, if at all possible, to facilitate time outside the home (for the person) to pursue an interest.

Landermeads Care Home had achieved Beacon status accreditation from the Gold Standards Framework for End of Life Care. A member of staff was designated as the end of life care co-ordinator and had received training and support to enable them to fulfil this role. End of Life care is the term used for support given to people who have a life limiting illness or are dying, and their families. Support was available for people's families who were involved in discussions and decision making with the person, including advance care planning. Staff demonstrated empathy and understanding and a strong commitment to enable people to have a comfortable, dignified and pain free death.

We received numerous positive comments from people's relatives regarding the support they and their loved one received. One person's relative told us, "At the very difficult time at the end of (my relatives) life they and I were so well supported. The preparation for their passing was carried out very sensitively and appropriately for our family. I knew I could ask for support at any moment. When they did pass away I was supported by on duty and off duty staff who came in especially. They showed such love, care and affection for (my relative). Two staff members stayed and dressed (my relative) for the final time ready for them to leave the home which meant so much to me. I will be forever grateful to them for that act of kindness.' One

person's relative told us that four members of staff had attended a funeral where their relative had thanked staff for the love and care given to their loved one. We saw that one member of staff had attended on their day off from work and the others had worked with colleagues to arrange cover for their shifts so they could attend the funeral.

We found that people's cultural and religious needs were identified and supported where possible. For example, people were able to attend regular church services at the service or at places of worship. Culturally appropriate food was provided for people who required it. People were supported to express their individuality and identity. For example a relative told us, "(Relative) always wears their own clothes, own glasses, own jewellery. They dress how they would always have done. Their room is full of their furniture and nice pretty things. So the room looks like their cottage. They (staff) understand their sense of humour, they know they are daft and cheeky. It suits (my relative) perfectly here." Another relative echoed this by saying, "(My relative) thinks it's their house. They feel it's their home. They are very happy."

Staff offered people support where required but encouraged people to be as independent as possible when they could. For example, one person had expressed a desire to visit the nearby town to go shopping. However due to their diagnosis this was considered potentially unsafe. Staff worked with the person to develop a support plan and measures to reduce risk including giving the person a mobile phone to enable them to contact staff and accompanying the person on their initial trips. We saw that with the support, the person's confidence and independence grew to the point that they were able to catch the bus to go shopping independently. On the day of our inspection the person had returned from a shopping trip on their own and was very proud to show us items they had purchased. They told us they valued and looked forward to these trips and praised staff for their help and support. As a result of the positive outcome from the independence plan, we saw that this person was also now involved in providing training to new staff, talking about, support, capacity and staff involvement.

At the time of our visit none of the people at Landermeads Care Home used an advocacy service although one was available. The registered manager told us they had used an advocacy service in the past when required. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

At our inspection of 23 March 2015, we found that people did not always receive care and support in a way that protected their privacy and dignity. During this inspection, people and their relatives told us they were treated with dignity and respect and their privacy was protected. One person told us, "They always knock before they come in." We observed that staff were polite and respectful when speaking with people and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. For example one staff member said, "We knock on doors, keep curtains shut. We respect previous wishes, like if they've said they prefer male or female carers. We don't leave continence aids out or leave cot sides up to make it homely." Staff ensured people's dignity was respected at all times and had taken steps to enable them to do so. A staff member said, "We have a cupboard in the toilet with people's essential items in them so we don't have to walk through communal areas with underwear." Staff told us that if a person required a tabard to protect their clothes during meals then they (staff) would wear one too. We saw that if a person had an illness that presented an infection risk, staff used a small yellow flower on their door rather than an infection warning notice, which helped preserve people's dignity and privacy.

People's confidentiality was protected as we saw the staff did not discuss care and support in public areas and ensured telephone calls to or meetings with health professionals were conducted behind closed doors. People had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected

their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time, the registered manager told us, "Visitors can come at any time day or night. There are no restrictions on visiting." This was confirmed by visitors we spoke with.

Is the service responsive?

Our findings

People were cared for by staff who had a very good understanding of their personality and care needs and ensured that the care was provided at the right time. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required. One person using the service told us, "They are always around when I need them." One person's relative told us, "The staff are all helpful and obliging, they can't do enough for you."

A staff member said, "We tailor everything we do to people's mood, for example with music we are quite careful what we play to keep people uplifted." The service used innovative methods to ensure care was provided in a way that was responsive to people's needs. For example, staff on night duty wore pyjamas to help orient people to place and time. A staff member told us, "Often there will be music on and activity. If people (want a different routine) it's what's right for them."

The service was truly person centred with the needs of people at the heart of every decision. It was clear that the provider was committed to providing an environment where people were able to have a meaningful input on how the home was run and care and support provided and used a range of innovative methods to enable this. For example focussed small group meetings, the use of picture cards and using an iPad to help people visualise information. We saw that people and their relatives were involved in all decisions relating to the service, from choice of meals and activities, to decoration and staff recruitment. A relative told us, "The upper management at Landermeads obviously strive for continuous improvement and this is reflected in the care that our relative receives." All staff we spoke with embraced and were committed to the ethos of the service. They were aware of their role in providing this as they received clear instruction and direction from their managers.

People received a comprehensive assessment before they came to the service, including a detailed life and medical history. This was used to develop care plans that were effective and person centred. These included recording of their preferences for male or female member of staff, support needs, treatment plans, capacity and dietary requirements. Staff we spoke with demonstrated a very good understanding of people's characters and needs and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided.

During our inspection of 23 March 2015, we found that care plans were not always accessible or presented in a person centred way. During this inspection we found that care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they gave a very good understanding of the person, their needs and personality. A staff member told us, "They're very personal. We've got rid of all the negative language and focus on what people can do rather than what they can't do. We make them very person centred and specific in each area. They aren't just general they are written by the care staff that know the person best."

Effective systems were in place to ensure that staff were informed of changes to people's planned care; this included, daily communication records, a handover of information between shifts and regular team

meetings.

Care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. The provider had suitable systems to ensure people were involved in the design planning and review of their care and recording people's consent to treatment. A staff member told us, "Those that live here, that can, are involved in their care plan. They can access it, they are involved in the planning process. The family of people are very involved. We like to get as many views as possible in the care plan". This was confirmed by a person's relative who told us, "We have a meeting with two nurses here. We discuss what's going on and I got a copy of the report." A second relative said, "I feel I am part of a team discussing (my relatives) care. With of course, (my relative), having the final say." A staff member said, "I'd hate to think that anyone I cared for didn't like something in their care plan because we hadn't involved them."

A relative of a person told us how their loved one had experienced an illness that required regular emergency hospital treatment and how staff support for their loved one and the responsive care they provided had enhanced their life. They told us, "This usually involved an overnight stay, anti-sickness medication, and return home (which) was extremely upsetting. In order to put an end to this misery (the provider) entered into discussions with the doctor to arrange for the treatment given in A&E to be undertaken at the service. This was made possible and I was approached to agree to this. This was a major step forward, typical of the response I had come to expect from the provider and greatly enhanced my relative's life."

We reviewed feedback from a survey of visiting health professionals carried out by the provider. The comments were overwhelmingly positive including, 'Genuinely caring staff in a lovely environment where patient's needs are at the forefront of care' and 'Staff appear to take on board advice and findings from our team'.

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, each house had an open door policy which allowed people access to safe garden areas. This meant that people were able to walk around the houses without restriction. A staff member told us, "Its reduced people's anxiety. We used to get people banging on doors wanting to get out, it's helped tremendously." The provider told us, "Following some incidents between family members and by recording these as expressions of emotion we identified that in one house the period of time from 6-9pm was one in which several people enjoyed walking up and down the hallways. When it became very busy this resulted in jostling and frayed tempers – we set up an activities area at the end of the hallway and assigned a dedicated member of staff to this area each evening. The result was that many of the people were invited to join in activities and so reduced the risk and also facilitated some lovely meaningful activity."

Each house had its own secure garden area which included meaningful activities and occupation for people. For example, one area contained a row of shop stalls with produce for people to pick up, a post office, a bar area as well as comfortable seating. Additionally the provider had purchased and installed the front half of a car which people could sit in, polish or tinker with. We observed people engaging with these during the inspection and saw people gained comfort and enjoyment from them all.

The home had been adapted and decorated to meet the specific needs of people living at the service. Staff had worked with people and their relatives to ensure the decoration and themes were relevant. People had

provided various items and photographs from home to help with this. For example, in the Catherine Tam unit, a graffiti artist had decorated the rooms of two people with images and references that reflected their life and interests. In other units, boards were displayed in corridors containing items of interest and relevance to people, for example sports, horse riding and baking. One person's relative told us, "We discussed my relative's life history, they gave us a form and then we sat down and chatted with them."

At our inspection 23 March 2015, we found that people did not always have access to meaningful activities or the opportunity to engage with the wider community. During this inspection, we saw that a wide the range of meaningful activities were provided and people enjoyed taking part in them. A staff member told us, "We focus on what people would be doing at home. People wouldn't have been playing bingo with their husbands. We prepare meals, we dance, peel spuds, wash the car, make a cup of tea. We make it as normal to day to day living as we can. We recreate what they did for a job." A person using the service said, "I make myself a cup of tea, lay the table. I've washed the pots before."

All staff wore activity belts which contained items of interest. A staff member told us, "The belts are full of things that inspire people to talk or interact, i.e. photographs, sparkly things, one person has a tail that the people love to pull." Throughout our inspection we saw people interacting with staff using these belts and other activities that gave them comfort and enjoyment.

One person's relative gave us feedback about the activities their loved one had taken part in and how much they had enjoyed this. They told us, "The staff ensure the highest quality of life possible and (my relative), together with others, enjoyed regular day trips out to places as far as Cardiff and Hull, as well as many outings to local venues. A highlight was when all residents were taken by train to London, each with their own carer. This was an event that they talked about for many years. Holidays are very important to residents and for many years short breaks have been arranged at Centre Parcs, all residents were accompanied by their own carer provided by the provider. The holiday highlight was a week cruise to the Norwegian Fjords in 2012. Organised by the provider and attended by seven carers and a nurse. Six residents and three relatives enjoyed an unforgettable week abroad."

Landermeads Care Home employed 175 staff at the time of our inspection making it one of the largest single employers in the local community. This helped staff establish very strong links with the community and enable integration and opportunity for people using the service. For example, on one day of our inspection the service held a music festival attended by relatives and the local community including local musicians, dance groups, a choir and local businesses. Entertainment was provided throughout the building to ensure everyone was able to take part.

At our inspection of 23 March 2015, we found that people were not always aware of how to raise a complaint. During this inspection, people and their relatives told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. One person said, "Everything is good, if it wasn't I'd tell them. Also my son would go and tell them if anything was wrong". One person's relative said, "I would absolutely feel comfortable to speak to anyone here." A second relative said, "There's no problem. I could go and talk to (senior staff), they are always available."

A clear complaints procedure was displayed in all houses of the service and included in people's care plans. Staff were aware of the complaints procedure and knew how to advise complainants. The registered manager was aware of the duty of candour and told us they encouraged people to raise any issues or complaints directly with them as they recognised it as an opportunity to improve the service. They said, "It's actually been very positive, families have come to us and been so grateful for the feedback and being involved." We reviewed complaints received since our last inspection and found these were investigated

thoroughly and openly and the findings shared with the complainant. For example, following one complaint additional monthly meetings were set up with staff and the person to allow them to monitor progress and have involvement in developing solutions to the issue. Notes of these meetings and feedback showed that the issue was resolved and the person and their relative were satisfied with the outcome. The person commented, 'I feel I am listened to and where action is needed they (staff) have demonstrated this by their actions. They may not always get it right but they have the ability to listen and turn things around and develop further good practice. They are good at reflective practice.' We saw that any learning from complaints and compliments was shared with all staff. For example we saw notes of meetings were the outcomes of complaint investigations were discussed and staff had the opportunity to discuss these and suggest ways to implement any findings. Staff told us they found these meetings helpful and felt they were able to contribute and that their input was listened to and acted on.

Is the service well-led?

Our findings

Throughout our inspection we found that Landermeads Care Home had a skilled, visible, management team who lead by example, had a clear vision for the service and a commitment to its continuous improvement and development.

The service had achieved and maintained nationally recognised accreditation on quality standards including, Gold Standard Framework - End of Life Beacon Status, Dementia Care Matters - Butterfly Care Home Level One and the Dementia Quality Mark from Nottingham City Council. Additionally, Nottingham School of Nursing had awarded Mentor status to the service and staff had received two nominations for Dementia Carer and Dementia Leader of the year. This meant that people were receiving care that was continuously independently assessed and recognised as meeting the highest standards.

Everyone we spoke with knew who the registered manager was and felt she was always visible and available. One person told us, "She's ever so nice, she's always around." A relative said, "The owners (registered manager) are always around, it's reassuring to see them." A staff member said, "They (registered manager) run this place like it's their family. The support around us is really good." This meant that people, their relatives and staff were able to access the registered manager when required and able to raise questions and concerns or receive guidance.

Each house of the service had its own mission statement which had been developed by staff to reflect how they would meet the needs of people they supported. Staff we spoke with were proud of working at Landermeads. A staff member said, "I love working here, it's like my second home, I can't imagine being anywhere else." This showed that staff were committed to and had an input in the direction and quality of the service.

During our inspection of 23 March 2015 we found that people and their relatives did not always have the opportunity to give feedback about their experiences of the service or have a say in future developments.

During this inspection we found there was an open and transparent culture at Landermeads Care Home where people felt able to have their say on the running and development of the service. Throughout our visit, we noted a relaxed homely atmosphere and saw people were comfortable speaking with care staff, the registered manager and each other. People and their relatives told us they were very happy with the standard of care, felt the service was relaxed and they were encouraged to give their feedback about the home. A relative commented, "This is a first class and well run organisation. I am so very glad that my (relative) is living here where they are safe and content. This makes me feel at ease knowing (they) are happy." A second relative said, "I think the home is great. The staff and workers have always helped and looked after (my relative)."

Staff we spoke with told us there was an open culture at the service and would feel comfortable in raising an issue with or asking for support from, managers. One staff member said, "They (registered manager) have got the right managers in place for the different homes. My manager is completely on board with what we

are doing."

The provider used creative methods to ensure people, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. These methods included resident and relative meetings, regular quality surveys and a private Facebook page that only relatives and staff had access to. We saw that the Facebook page was very well received and updated several times each day. Relatives told us they valued this as it kept them up to date with what their loved one was doing and allowed them to give instant feedback to the service.

Feedback from the regular quality surveys was discussed at leadership meetings and action plans developed to address any issues. Comments from the survey were overwhelmingly positive including, "I find staff helpful and caring, (my relative) seems very happy here." Health professionals had commented positively about the service including, "Genuinely caring staff in a lovely environment where patients needs are at the forefront of care" and, "Staff appear to take on board advice and findings from our team."

People's relatives and the person we spoke with told us they found meetings useful and they were able to have their say. One person's relative said, "Every now and then we have meetings and they let us know what's going on and any changes we've had. We've had various meetings at management level." A second relative said, "I went to the relatives meeting and they asked for feedback to tell them what needs changing." We saw that where people made comments or suggestions these were acted on. A relative said, "At the meeting someone said they didn't have their own clothes on. The home went and bought a special label machine straight away." This showed that the registered manager and provider listened to and acted on people's feedback regarding their experience of the service.

During our inspection of 23 March 2015, we found that, although quality monitoring systems were in place they were not always effective at identifying areas for improvement.

During this inspection we saw that in order to monitor and continuously improve the care and support offered at Landermeads Care Home, regular meetings were held for each house and the service as whole. These included meetings for, leadership, staff, infection control, complaints and incidents. Notes from these meetings showed that issues including; training, feedback from audits and surveys and development of the service were discussed. Staff had the opportunity to contribute to these meetings and raise issues and these were acted on. A member of staff told us, "We have leadership meetings every Tuesday and house meetings every two months. We are very responsive to any issues. We do action plans from the meetings so everything is followed up." A second staff member said, "The meetings are useful. When you are on the floor working there isn't always time to problem solve or share an issue so I find the meetings help to keep things together."

Following the inspection of 23 March 2015 and subsequent ratings award, the provider developed a plan aimed at reviewing and improving the standard of care provided. This included; working with the leaders in all areas of the service including, the leadership team, the different houses, maintenance, the and nurses to produce a mission statement that was developed with the staff with whom they work. The aim was to encourage honesty among staff teams in identifying areas that highlighted good practice and those which required development. From this each area produced a mission statement referred to earlier that encompassed what it is they want to achieve. Family members and their relatives have also been invited to take part. We saw during our inspection that these statements were developed and displayed prominently in the respective houses. Additionally in the PIR the provider told us "We are developing a nurse leadership structure in which there will be a senior nurse in each area with overall responsibility for the clinical aspects of support. Two new staff will be in post in March to do this. In addition we are looking to localise specific

nursing responsibilities in each areas - for example, end of life, tissue viability, and continence. This will start to roll out in March and we aim to have it in place by June 2016. It will be the responsibility of the senior nurse managers." We saw that these developments had been implemented and had a positive effect on improving the service and helping to maintain that improvement throughout the year. The quality of service people received was further assessed by the management team through regular auditing of areas such as maintenance, infection control, medication and care planning. Staff were involved in completing the audits and used them to improve the service. For example, a dedicated team was responsible for auditing care plans. Each care plan would be awarded a rating of red, amber or green, depending on the amount of information missing or if they had been updated. We saw that staff used this as healthy competition to aim to get as many green ratings as possible. Staff completing the audits told us that since introducing the review process the number of green ratings had increased.

The service had been proactive and innovative in its use of quality monitoring and audits. For example, the provider commissioned an independent audit of falls at the service. The action plan suggested times and locations to allocate further staff and as result the number of falls had decreased.

Additionally, analysis of the way the service managed people's expressions of emotion (challenging behaviour), confirmed that this had led to a decrease in incidents and upset to people. The registered manager told us, "It has helped staff to understand which methods work best for supporting people."

Provider's are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way. Where events prompted investigation by the service CQC also received copies of the findings. The rating from the services last inspection was displayed in communal areas and on the providers website. We also saw notes of meetings with staff and residents where the rating was discussed and action plans developed by the provider and staff aimed at reviewing the service and improving the rating awarded.