

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

Landona House

Love Lane, Wem, Shrewsbury, SY4 5QP

Tel: 01939232620

Date of Inspection: 29 August 2013

Date of Publication:
September 2013

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Landona House Limited
Registered Manager	Miss Katey Marie Harding
Overview of the service	Landona House provides accommodation and personal care for up to 30 older people, some of whom may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Staffing	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We talked with people who lived in the home and they said that they were well looked after. They said the staff always asked them how they would like to be assisted. They said staff were always mindful of their privacy and treated them with respect.

People told us that they felt able to raise any issues with the proprietor, the manager or staff should they have any concerns. Staff spoke of their awareness of how to keep people safe from harm. They told us about the training that the home had arranged for them to attend so that they would recognise abuse and how to report it.

People told us that staff were always available when they needed help. They said that the staff were friendly and always acted professionally. One person said, "They take good care of me" and another said, "These staff are lovely".

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We talked with a number of the people who lived in the home. They told us that the staff had explained to them what care and treatment they would be receiving.

People told us that their needs were met in ways that they preferred. They said that they were given a choice of meals each day. We saw that people were encouraged to get around the home with as little assistance as possible in order to maintain their independence.

During our visit we talked with a number of the staff. They showed a good understanding of the issues involved in maintaining people's privacy and dignity. We heard and saw them behaving in a way that confirmed they put those principles into practice.

People told us their privacy and dignity was respected by staff and we saw how they were taken to their own rooms when they needed their personal care needs to be met. We also saw and heard staff knocking on bedroom and bathroom doors before entering.

We saw other instances of care being delivered sensitively and discreetly. A number of the examples we saw were at meal times or when people were being moved around the building. People told us that they felt reassured and confident with the support that was given.

We looked at the records of three of the people who lived in the home. They reflected the views and preferences that people told us they had. This gave staff accurate information to refer to when arranging to meet people's needs.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We talked with a number of the people who lived in the home. They told us that the staff had explained to them what care and treatment they would be receiving. They told us the alternatives and their benefits were explained to them.

We saw that many people were not fully able to express their views or tell us what they thought of the service. We watched how they responded to the staff. People appeared relaxed and comfortable with the carers. We saw that the staff had a good knowledge of people's support needs. We saw that staff respected people's choices as they made day to day decisions.

We talked the proprietor and the manager about Do Not Attempt Resuscitation orders (DNAR). These are agreements that can be made about whether or not a person should be resuscitated. They can only be drawn up if they can be shown to be in the person's best interest. They showed a good understanding of how and when such an order could be put in place and when it could be lawfully over-ruled.

We talked with and observed the staff working with the people who lived in the home. They showed that they understood people's right to refuse care or treatment.

The staff confirmed that none of the people living in the home were subject to any formal decisions (Deprivation of Liberty Standards often referred to as DoLS) that deprived them of any of their liberty. When we talked they showed a good knowledge of their and the home's duties under the Mental Capacity Act 2005.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We talked with a number of people about the care they received. We also watched staff working with the people who lived in the home. When we looked at the records the home maintained we saw that they reflected what we saw and what people had told us. They had all recently been reviewed and updated giving staff up to date information about how they should meet people's needs.

The records contained information about people's medical conditions and why and when medical professionals had been contacted. Actions taken as a result of those contacts were also recorded in a way which showed what progress had been made in meeting a particular medical need.

We saw specific assessments for each person such as falls assessments, skin care assessments and moving and handling assessments. The records also described what action should be taken as a result of those assessments and there were records of the actions that had been taken.

We saw that the home had an admissions process that identified people's social and medical needs. We were told that those assessments were developed as soon as possible after an admission had been agreed. We saw the care plans for somebody who had been admitted as an emergency the evening before. All of the documents that identified areas of risk and gave guidance to the staff on how to meet the person's needs were being completed.

Generally people told us that staff looked after them well and that their care and support needs were met. People said such things as, "I love it here" and "It's a very nice home".

We talked with the people who lived in the home about the activities that were arranged for them. They told us about activities such as armchair aerobics, 'knit and natter' sessions, flower arts and crafts, reminiscence sessions and dance and coffee mornings. We talked staff about the range of activities. They told us that these had been developed and others were being developed to provide stimulation, exercise and therapy for participants. All of the staff we talked to had a good understanding of the objectives of those kinds of

activities.

As we observed the care that people were receiving we saw and heard a lot of positive interaction between them and the staff.

All the people that we talked with told us they thought the meals provided by the home were of good quality and served in good quantities. During our visit one person said, "The dinners are very nice" and another said "Nice, very nice dinners". At lunch time we saw the meals were presented in an appetising manner and in good sized portions. We saw people were getting help from the staff to eat independently. Some people were given more direct help and others received prompts. This showed that people were being supported to remain as independent as possible.

We talked to the staff about the choice of meals. They told us meals were provided to meet the needs of people with medical conditions such as diabetes.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We talked to a number of the people who lived in the home. They all told us that they felt able to raise issues with the staff should they need to. One person said "I would say soon something in the office".

We watched and listened to the staff as they worked with the people who lived in the home. We saw that some people had difficulty in expressing themselves. When we talked with and watched the staff we saw that they noticed changes in people's behaviour that might indicate that they were unhappy and therefore possibly subject to abuse.

The staff also told us that they would report any suspicions that they might have about possible abuse. They confirmed that they had undertaken adult protection awareness courses. This was training that ensured that everyone was aware of the local policies and procedure for the protection of people in their care. Talking with them confirmed that they understood the principles involved and how they should put them into practice. They showed a good understanding of what constituted abuse.

Throughout the visit we saw and heard staff talking with the people in a pleasant, sensitive and professional manner. We saw and heard them responding to people's needs quickly and discreetly.

Staff told us that they had read the home's whistle blowing procedure. It was clear that they were aware of what it contained.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us when they asked for assistance from staff they always received it promptly. They told us they felt confident the care they received from each member of staff would be professional and friendly.

During the lunch time we saw staff were available to help those people who needed assistance with their meal.

We saw that call bells were answered promptly.

We talked with people in groups and individually. They told us that they were able to regularly take part in the activities that they needed to or enjoyed.

We saw staff regularly checking the whereabouts and wellbeing of the people who were in their rooms.

The proprietor and the manager told us and the staff confirmed that staffing levels were reviewed as the needs of the people living in the home changed. They also told us that staffing levels were increased if a person required more assistance than was usual.

We were also told by the shift leader and those working on the day of the visit that more or alternative staff were called in when the home was affected by staff absence or the need to provide escorts for people attending medical appointments and family were not available to help.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Throughout our visit the people who lived in the home were very complimentary about the staff and the way that they delivered their care. They made comments like, "These staff are lovely".

We watched and listened to the staff as they worked with the people who lived in the home. We saw staff helped people at mealtimes. We saw them talking and helping them in a sensitive and professional manner.

Throughout the visit we saw that staff asked questions clearly and watched and listened to each person's response.

Staff told us that they had been able to regularly talk with their line manager about their role or about the people they provide care, treatment and support to.

Staff told us that they had received a variety of training in such things as food hygiene, infection control, the handling and administration of medication and manual handling. We saw the training records which confirmed what they had told us.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We talked with some of the people who lived in the home and some of their relatives. They told us that they felt able to approach the manager and the staff team to discuss any issues should they need to.

We saw records that showed that people's care files were reviewed regularly. Reviews of the assessments of the risks were carried out to guard against the risks of inappropriate or unsafe care and treatment.

We were told the home had been visited periodically by the proprietor. During those visits they checked that various elements of people's care were being delivered effectively and their safety was protected. During our visit the proprietor was in the home. We heard them talking to individual people that lived there. It was clear that they had a detailed knowledge of their needs and what progress had been made towards meeting them.

We talked with the staff and it was clear that they understood their own and other people's functions within the staff team. During the visit we saw how staff who held different positions talked with each other so that they could resolve issues as they arose. They also told us that staff meetings were held regularly to discuss ways in which care could be improved and we saw the minutes of meetings that confirmed this.

People told us that the home's management met with them to discuss ways in which the service could be improved. We were told that such a meeting had taken place earlier in the week. The manager told us that they were doing this as another way of getting people's views.

We saw records that confirmed that regular checks were carried out on the fire alarm system. This was to ensure that it would work should the need arise enabling people to be moved to a place of safety if necessary.

We looked at our records of notifications made by the home to us. We saw that these were made appropriately enabling us to monitor issues that arose within the home.

We saw that there was a copy of the home's complaints procedure available to the people who live in the home and those who may represent them. This contained the information necessary if they wanted to raise an issue.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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