

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: 21 January 2013

Date of Publication: February 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
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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'.

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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 21 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people who lived at Landona House. There were 22 people living at the home on the day of the inspection. We also spoke with the manager, two members of staff, a relative that was visiting and the hairdresser.

People were very satisfied with the way they were looked after and the standard of the service at the home. One person said that, "It's perfect here". A relative told us that the home always had a, "Very good atmosphere".

We saw that people were offered choices about how their care was delivered and how they spent their time. We observed staff being kind and courteous towards people.

Care records were kept securely and generally detailed people's needs and how these were to be met. Staff knew how to find information about each person's care needs in the care plans. Some people were able to remember being asked about how they wanted their care to be provided.

Measures were in place to protect people from the risk of healthcare associated infections.

Recruitment procedures made sure that the people working at the home were suitable.

Systems were in place to make sure that people were safe and could raise any concerns or complaints.

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

People told us that they were able to make choices about what time they got up, went to bed and how they spent their time. One person told us they could, "Do what I like". Some people were able to tell us how they expressed their views and were involved in making decisions about how they were cared for and supported at the home.

People said that they were able to visit the home before they had made a decision about moving in. This ensured it was the right home for them.

The manager and staff told us that anyone was welcome to come and live at the home. People were seen as individuals and their lifestyle choices and preferences were respected. We saw this was included in the statement of purpose. This told readers that the service offered people the right to receive an anti discriminatory service that respected people's race religion, culture, gender and sexuality.

We saw that staff were courteous and respectful towards people.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that they felt very well looked after by staff. One person told us that staff were, "Really good to me". Some people said that staff sat with them to ask if they agreed with how their care was provided. People told us that they liked the food provided. One person said, "There's always something I like". A relative told us that they were, "Always made welcome" and described staff as, "Very helpful".

The manager told us that people and their relatives were encouraged to visit the home at any time before they made decisions about whether they wanted to move in. The manager told us that they always completed a pre admission assessment before people moved into the home. This was to make sure that people's needs could be met.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at three care records. Care records were organised and kept securely. All records had been reviewed regularly, and were updated as people's needs changed. The manager told us that they were updating the care records to make them more person centred. We looked at the new format and it included more detail about people's needs and how these should be met by staff. The provider may find it useful to note that some risk assessments in the new files had not been completed.

The provider may find it useful to note that in one care plan there was no information about the person's medical condition. There was no guidance for staff on the symptoms of the person becoming unwell. The plan did not detail what staff needed to do if this happened. We spoke with staff who were knowledgeable about the person and were clearly able to take appropriate action if necessary. The manager told us that the care plan was updated immediately following the inspection.

We saw that some care records had been signed by the person to say that they agreed with how care was delivered. Staff spoken with were aware of people's needs, choices and preferences and how these were met.

The manager told us that the Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. They said that no one at the home needed this to be in place.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw that the home was clean and tidy. We saw the laundry was situated outside the main building. The washing machine was industrial. This meant that it had an inbuilt sluice programme to reduce the risk of healthcare associated infections. The provider may find it useful to note that clean and dirty laundry was stored in the same area. This increased the risk of cross infection. The manager told us that this would be addressed in the forthcoming refurbishment of the home.

Hand wash and paper towels were provided throughout the home so that staff could wash their hands. Protective equipment such as disposable gloves and aprons were provided. We saw that waste bins were foot operated to reduce the risk of cross infection.

We saw that all communal bathrooms and toilets were clean and tidy. We saw that flooring in several of these areas was clean but stained. The manager told us these would be replaced when the home's refurbishment started in February 2013. We saw that toiletries were stored in one communal bathroom. This was discussed with the manager and they were removed during the inspection.

The provider may find it useful to note that the underside of one bath seat was very rusty. This meant that rust flakes may be present in people's bath water. The manager told us that a new one had been ordered and would be fitted in the near future.

Regular infection control audits were undertaken by the staff.

We saw records that showed that 25 out of 29 staff had completed training in infection control.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People told us that they liked the staff and commented that they were, "Very kind" and, "Always there to help me". A visitor to the home told us that staff involved them in their relative's care and kept them informed of anything important.

We looked at three staff files. These showed that all the information required to make sure that staff were suitable to work with vulnerable people was in place before they started work. This included application forms, Criminal Record Bureau (CRB) checks and proof of people's identity. The manager told us that they were currently auditing staff CRB checks and would be reapplying for checks that were over three years old.

The manager told us that staff did not start working at the home until all the checks had been completed. They said that all new staff completed an in house induction training course and mandatory training as soon as they started working at Landona House.

The manager told us that they had revised the staff application form to make sure that it included all the necessary information. We saw that the new form made clear that applicants had to put down their current or previous employer as a referee and that any gaps in employment had to be explained. We also saw that the reference form had been revised to ask if applicants had ever been subject to disciplinary action.

All the staff spoken with had worked at the home for some time. They spoke positively about working there and told us that they had access to training and support from the manager.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the manager or staff to make a comment or complaint where they needed assistance. People told us that they would raise any concerns or complaints with the staff or manager. Everyone spoken with said that they had no complaints and were very satisfied with the service provided.

Staff were aware of people's rights to raise any concerns or complaints and knew how to report this to the manager.

The manager told us that they had not received any complaints since our last inspection in 2012.

A copy of the complaints procedure was displayed on a notice board in the home. It included the timescale within which a complaint would be investigated. It also included the contact details of external agencies which people could use if they were not satisfied with the home's response.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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