

Age UK Leicester Shire and Rutland Lansdowne House - Leicester

Inspection report

113 Princess Road East
Leicester
Leicestershire
LE1 7LA

Tel: 01162992233
Website: www.ageconcernleics.com

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Ratings

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

Summary of findings

Overall summary

Lansdowne House is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the service was providing personal care to 44 people.

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe with staff from the service. Care plans and risk assessments provided guidance for staff to follow. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People and relatives were involved in assessments of potential risks to safety and in identifying measures to keep them safe.

Staff went through a recruitment process so that the provider only employed suitable staff. People received their prescribed medicines when required. People were protected from the risk of infections through staff working practices. People had enough staff to meet their needs. Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People or their representatives were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely help to maintain their health and well-being.

People knew how to raise any concerns or make a complaint. The provider had a policy and procedure which involved investigation and solutions to put things right. This provided information about how these would be managed and responded to.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements in the service, though the system needed to be

more thorough.

People and staff spoke positively about the management and leadership of the service. People said staff were very friendly and caring, and they had good relationships with them. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last rating for this service was good. The inspection report for this inspection was published in July 2017.

Why we inspected:

This was a planned inspection based on the previous rating .

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

Lansdowne House - Leicester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that when a registered manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection.

What we did before inspection

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included checking any notifications (events which happened in the service that the provider is required to tell us about). We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We also spoke with three members of care staff, the registered manager and the office manager. The office manager ran the service on a day-to-day basis. The registered manager had oversight of the running of the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from management to validate evidence found, including amended procedures. We received this information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Assessing risk, safety monitoring and management.

- A relative said, "Since my mother has been supported by Lansdowne House she has had no falls in her home. The care staff check very carefully that she is safely moved around her home. They always make sure that there is nothing left in the wrong place before they leave her. The staff are very sensitive to her needs and are extremely professional."
- An assessment of health and safety of premises had been carried out for people's homes. This was largely comprehensive though had not included information about whether an identified issue would be discussed with a person to reduce a potential fire risk. The office manager said this information would be put in place.
- Individual risks to people's safety had been assessed. Information was in place for staff of action that needed to be taken to reduce these risks.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, checking a person's skin to check no pressure sores were developing.

Staffing and recruitment

- Prospective staff members were checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. One reference from a previous care employment had come from a work colleague, not from the management. This did not provide objective assessment of whether there was any concerns about the person's performance. The office manager said a system would be put in place to ensure references came from the management of previous employers.
- There were enough staff to meet people's needs. People and relatives said that sufficient staff had always been available to support them.
- Staff said there were enough staff attending calls to keep people safe.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives confirmed that people felt safe and secure with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. The whistleblowing procedure had contact details of relevant agencies for staff to contact in the event of an incident.
- Staff had safeguarding training to know how to safeguard people in the event of an incident.

Using medicines safely

- People said they were prompted by staff to take their medicines when prescribed. Records showed that people had received their medicines though there were a small number of gaps in medicine administration records. The office manager said this would be followed up with staff.

- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.
- Staff were knowledgeable about the procedure to supply people with their medicines.

Preventing and controlling infection

- People told us that they had no concerns about the cleanliness, appearance and standards of hygiene demonstrated by staff. Hygiene standards were described as very good, with staff wearing protective equipment when providing personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases. Staff were aware of the need to wear protective equipment and wash their hands thoroughly after completing a task, to prevent infections being passed to people.

Learning lessons when things go wrong

- The office manager said that the service was aware of the need to learn if situations had gone wrong. This had included preventing any further injuries to people using a wheelchair.
- This showed action to try to ensure this type of accident was prevented from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that care and support plans made sure they were able to provide care that met people's needs.
- People and relatives said needs were fully met by staff. Timely care had been provided to people.
- Staff understood people as individuals.

Staff support: induction, training, skills and experience

- People and relatives said staff had been well trained to do their jobs, so they knew what they were doing when providing personal care.
- People were supported by staff who had received ongoing relevant training. If staff requested more training, they said management would arrange this for them. Additional guidance information was available to staff for health conditions to assist staff to understand people's conditions. The office manager was following up staff who had not received training in a small number of issues. There was no evidence this impacted on the quality of the service provided to people.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- Nobody had concerns about nutrition or hydration issues. People who had their meals or snacks prepared were involved in discussions about what they want to eat and drink. Everyone said that staff left drinks for people before they left, if that is what the person wanted.
- A relative said, "They always ensure she [person using the service] is left with a drink close at hand too before they leave her."
- Staff were aware of people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social needs.
- A staff member told us that if people needed additional equipment, such as a pressure relieving cushion, they reported this to the office and a referral to the relevant agency was then made.

Supporting people to live healthier lives, access healthcare services and support

- A relative said, "The care team is well organised and punctual. They have my mother's best interests at heart. With their help we sorted things [health issue] out before it became a serious problem."
- People's health and wellbeing was supported by staff. Records of people's care showed this happened.
- People said that staff assisted them with their healthcare needs.
- Relatives told us that they would be notified if a relative was poorly and needed medical help. A relative said staff told her, her family member had a skin condition. "This meant I could get straight onto the GP and get immediate treatment. I find this professional approach very reassuring."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. We found that it was.

- Care records showed people's capacity to make decisions, though not all mental capacity assessments had been carried out. The office manager said this would be carried out. Staff said no person had restrictions placed on their ability to make decisions.
- People were able to consent to their care. Care plans stated staff must ask people for consent before providing personal care.
- People said staff always asked people's consent in providing personal care to them. This was reinforced by statements made in people's care plans. Training was provided to staff to ensure they thoroughly understood the impact on people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At the last inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke very positively of the care staff. A person said, "It is lovely to have [staff member's] help. She is so considerate and kind. Nothing is too much trouble." A relative told us: "The carers are lovely with [relative]. There is plenty of conversation and kindness. He does what he can reach and the carer does the rest."
- The service user handbook stated that staff should treat people equally whatever their backgrounds. This gave a positive signal to staff on treating people well.
- The service user's guide included information on ensuring people were not discriminated due to issues such as race, religion and sexual orientation. This gave a positive message to people using the service that they would be well treated and supported.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us that they had been involved in care planning at the beginning of their involvement with the service. They agreed with the care plan that had been drawn up for them. This was shown in records. A person said: "[Manager] from the office did my care plan and she was very thorough. We checked all the things that could cause me to fall." Another person said: "All my carers are lovely ladies. I am very, very happy with the support I get. I cannot praise them enough. The carers listen carefully to what I want them to do for me and we chat about all sorts of other things too."
- People and relatives confirmed they had been consulted about whether care provided still met people's needs. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. Staff gave examples of how they did this in practice.
- People said staff ensured people always chose their lifestyles, such as for food, clothes and personal care. Staff were aware of the need to ask and follow people's choices.
- People also said staff supported them to be as independent as possible. Care plans included this encouragement and direction for staff to follow. Staff provided many examples of how they encouraged people to do as much as they could such as washing themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said staff provided people with care that met their individual needs. Staff responded quickly to the requests made by family members.
- Care plans had information about people's preferences and their life histories, though did not have a lot of information about their likes and dislikes. The office manager said that the form to include that information was in place and would be checked. This will ensure more information is available to staff to support people with all their individual needs.
- Everybody said people's changing needs were reflected in their care plans. A relative told us her loved one's care plan was altered so staff prepared a meal if relatives were late returning from work.
- Staff members were aware of people's important routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- The office manager said that no one currently had information needs but large print documents would be made available for people with reading difficulties. There was awareness of other communication methods such as gestures and picture cards which could be used to help people who needed support to communicate.

Improving care quality in response to complaints or concerns

- No one said they had had cause to complain. People and relatives felt that they could approach the office if they needed to.
- Complaints received since the last inspection had been investigated and actions put in place to resolve issues. People had not received a written response to their complaints. The office manager said that this would be carried out in the future.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated. The procedure included information that people could refer their complaint to relevant outside agencies such as the local authority and the local government ombudsman.

End of life care and support

- End of life care and support was not needed at the time of the inspection visit. The agency had provided end-of-life care in the past and staff training had been put in place to ensure this was personalised and based on people's wishes.
- The office manager indicated that people would be consulted about their end-of-life wishes, if they wanted to discuss this issue.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us that individual care was provided to meet their needs and preferences.
- The management worked with healthcare professionals to improve people's health when needed.
- The registered manager was aware about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service and the duty of candour responsibility. The current CQC rating was displayed on the provider website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had opportunities to share their views about the service through reviews and surveys. The service was said to be well led and no one had any suggested improvements. In a response left on a care website, a person stated, "My carers are reliable, kind and very caring." Another person stated, "Excellent, reliable care."
- Staff were supported to share their views about people's care directly with management and in staff meetings. They told us they felt encouraged to share ideas to further improve the service. In a survey, a staff member stated, "I have never had a problem or an issue that wasn't resolved effectively [by management]."
- The office manager promoted positive team working. Staff were thanked for their work and positively encouraged to put forward their suggestions. There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- The office manager was always looking to make improvements to the care and support provided, to achieve the best possible quality of life for people. This included reviews of people's needs to ensure the care provided was appropriate, and reviews of the service to ensure people had the best care possible.
- The office manager demonstrated that she kept up-to-date with good practice by using the CQC website and other professional websites.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met. People were also referred to other services or organisation's to ensure their needs were met, for example, having effective heating in their homes.
- People were supported to use local services if this is what they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality audits were carried out to drive improvement of the service. Some needed to be more comprehensive to ensure all aspects were audited. The office manager said this would be followed up.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support to people using the service.