Lansglade Homes Limited

Lansglade House

Inspection report

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Date of inspection visit:
16 November 2023

Date of publication:
01 December 2023

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Langslade House provides residential care for up to 31 older people with physical disabilities and those who may be living with dementia. At the time of our inspection there were 25 people using the service.

Accommodation is provided over the ground and 2 upper floors with various lounges, a dining room, and an accessible garden.

People's experience of using this service and what we found
People received safe care and felt safe within the service. Staff we spoke with understood safeguarding procedures and felt confident their concerns would be listened to and followed up. Risk assessments were in place to manage risks within people's lives.

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; the policies and systems in the service supported this practice.

People received support from staff who had undergone a robust recruitment process. They were supported by regular, consistent staff who knew them and their needs well. Staff recruitment files were comprehensive and contained all relevant employment checks. Staffing levels were sufficient, and people received the support they needed from staff promptly.

Medicines were stored and administered safely, and staff were trained to support people effectively with their medication. The service was clean, and staff understood infection control procedures and followed them.

The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

The service was well managed. People, relatives, and staff were very positive and about the leadership of the service and praised the registered manager highly.

There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

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

Rating at last inspection
The last rating for this service was Good (published 06 October 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langslade House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Lansglade House

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Langslade House is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Langslade House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 8 people using the service, 4 relatives and a befriender to gain their view of the service. We had discussions with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We talked with 5 care and support staff including the deputy manager, senior staff member, support workers and the activities coordinator.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and 6 medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Langslade House. Everyone we spoke with said they felt safe and family members told us their relatives received safe care. One person said, "I feel safe here, they [staff] are always around if we need someone." A relative told us, "[Family member] feels safe living here, I would know if they didn't feel safe."
- People had access to call bells which made them feel safe. One person told us, "I press the buzzer and they [staff] come quickly. That makes me feel very safe."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us the management team would address any concerns and make the required referrals to the local authority. A staff member told us, "We've had safeguarding training. I've never needed to raise concerns."
- The registered manager was aware of their responsibilities for reporting concerns to the CQC and to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Systems were in place to protect people from avoidable harm. Risk assessments for falls, choking, skin damage, and specific health needs were in place. A staff member told us, "Risk assessments are changed quickly, so they are up to date, like when equipment changes."
- Risk assessments were reviewed and updated swiftly if there were any changes or incidents. For example, we saw that 1 person had been assessed to be at risk of choking, and another person at increased risk of falls. Their care plans and risk assessments had been updated and further actions implemented such as referral to the Speech and Language Team (SALT).
- We observed very good practice when staff were supporting people to mobilise. Staff gently prompted people to stand up straight, use their walking aids, and checked for hazards and ensured people's footwear was secure. Staff told us this helped to reduce the risk of falls.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Staff had received training about the MCA and DoLS. Staff we spoke with were able to demonstrate their knowledge and knew how to uphold people's human rights and support people in the least restrictive way.
● We saw people being supported to make decisions throughout the inspection visit.

Staffing and recruitment
● People told us there were enough staff so their needs could be met. One person said, "You don't have to wait too long. They are always busy but get to me quickly if I need them." A relative told us, "I don't have any concerns about staffing numbers. Whenever I visit there are always staff around to help."
● We observed sufficient numbers of staff to keep people safe. A staff member told us, "We have time to sit with people and chat. We are lucky we have enough staff." The service did not use agency staff, so people were supported by a consistent staff team who knew them well.
● Appropriate DBS checks and other recruitment checks are carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Systems in place to ensure medicines were administered safely were robust and people received their medicines as prescribed. One person told us, "I always get my medicines on time, I would forget otherwise."
● Staff had received training to administer medicines and their competency had been assessed. We observed staff safely administer medicines taking into consideration people's preferences for taking their medicines.
● Medicines Administration Records (MAR) were fully completed with no gaps. Records showed medicine reviews had been regularly completed and people's medicines adjusted to meet their needs.
● Medicines to be administered 'as needed' (PRN) had protocols in place to ensure they were given safely and consistently.
● There was a record to show medicine audits were completed so any errors could be identified and acted upon swiftly.

Preventing and controlling infection
● People were protected from the risk of infection because staff were following safe infection prevention and control practices. We observed this taking place on the day of our site visit.
● The environment was clean and hygienic, and people told us the service was always clean. One person said, "I'm pleased with how they clean my room, and they keep it spotless."
● Staff had access to personal protective equipment (PPE) such as gloves and aprons and people told us this was used. Staff had a good knowledge of infection control procedures. We observed PPE to be used appropriately and staff received training in infection prevention and control.

Visiting in Care Homes
● People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong
● Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. They said any learning that came from incidents, accidents or errors was communicated well to them through team meetings and supervisions. We saw evidence of this in the minutes of staff meetings.
● Accidents and incidents were recorded and reviewed by the registered manager to look for trends and

themes. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Good

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives expressed confidence in the staff and management team and told us of the positive impact the service had on their welfare. One person said, "I am lucky to be here. I wasn't coping at home but now I feel safe and that I don't have to worry." A relative commented, "The staff are emotionally invested in the welfare of everyone who lives at Langslade House. They give dignity at a time when dignity is lost."
- The service had a positive ethos and staff members were enthusiastic about their roles and committed to providing good care. A member of staff said, "I love working here and I come away feeling like I have made someone's life better. We get good support from the management. It's a good place to work."
- We observed outstanding staff interactions with people. Staff were patient, caring, and able to anticipate people's needs. For example, we observed staff supporting 1 person when they became anxious and through gentle persuasion, they supported the person to go outside for a walk. A relative told us, "I admire the calm, stoic way the staff go about supporting everyone. It has given me faith in a system that I had lost faith in."
- The registered manager led by example in their interactions with people. We frequently observed the registered manager interacting positively with people and they demonstrated a clear knowledge of their needs. People were observed to be happy and reacted positively when the manager approached them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. Investigating incidents thoroughly and sharing and learning from any failings.
- Effective quality assurance systems were used to continually monitor all aspects of the service. These were overseen by the registered manager and the nominated individual. Any areas identified for improvement had action plans put in place with timescales for completion. We saw the actions identified had been completed within the timeframes.
- Staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and supervision and we saw that staff wellbeing was high on the provider's agenda.
- A well-established staff team and clear communication meant all staff understood their roles and effectively contributed to a positive team ethos. A staff member said, "We work in partnership with people

and their families to get the best outcomes for them." Staff felt valued and listened to and they told us if there were any issues, they were quickly sorted out.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● Effective systems were in place to ensure people, relatives and staff had the opportunity to feedback on all aspects of the service. For example, staff had regular meetings and daily interactions with the registered manager.

● The provider sent out satisfaction surveys to people, family members, advocates, and staff. When the provider gathered the data, an action plan of what they needed to do to improve was implemented.

● The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.

● There were systems in place to learn lessons when things went wrong, and these were shared with staff in meetings and 1 to 1 supervision meetings.

Working in partnership with others

● The service worked closely with other organisations in health and social care and the local community. For example, they were working with a befrienders organisation to provide support and companionship to people. At the time of our inspection, we spoke with 1 visiting befriender. They told us, "I come regularly to see [person]. The staff are very welcoming, and I know [person] is well looked after."

● The registered manager and staff enjoyed good working relationships with people's GP, district nurses and other health professionals such as chiropody and the Speech and Language Team (SALT). These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for people's health needs.