

Mr & Mrs N & P Webb

# Landscore House

## Inspection report

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Date of inspection visit:  
20 April 2018

Date of publication:  
21 May 2018

### 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

Landscape House is a residential care home for up to 14 older people. At the time of this inspection there were 13 people living at the home. People who live in the home receive nursing care through the local community health team. The home provides both short and long term care. The care home accommodates people in one adapted building. There are two floors and people with limited mobility could use the stair lift to get up and downstairs.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

### Why the service is rated Good

People felt safe at the home. People told us there was enough staff to meet their needs and to spend time socialising with them. One person said "There are plenty of staff here. I leave my door open and they are always waving and stopping for a chat". Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People received effective care because staff had the skills and knowledge required to support them. Staff monitored people's healthcare needs and advice and support was sought from healthcare professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People enjoyed their meals at the home and were offered a wide variety of foods. One person said "The food is great. I get three roasts a week. I can always choose from the menu. If I didn't like anything, I could ask for anything else".

Staff provided a caring service to people. People told us, and we observed, that staff were kind, caring, and patient. Comments included "All the staff are lovely" and "If there's anything I want I ask". The atmosphere in the home was warm and welcoming and we saw laughter and warmth between people and staff. People were involved in decisions about the care and support they received.

Staff were responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. As the provider and registered manager were always visible in the home, people were able to talk with them if they had any concerns. Each person we spoke with told us they were happy with everything and didn't need to complain about anything.

The service was well led. People and staff told us the management team were open and approachable. The registered manager and provider sought people's views. Comments included "5 stars plus" and "This is such a lovely home, we cannot think of any way it could be better." The registered manager and provider had monitoring systems which enabled them to identify good practice and areas of improvement.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Landscore House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2018 and was unannounced.

One social care inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of older people. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with all 13 people living in the home. We spoke with the provider, registered manager, three care staff, five relatives and representatives, and one visiting healthcare professional. We looked at four care plans; medicine administration records; three staff files; staff training and supervision records; quality audits and records relating to the management of the service.

## Is the service safe?

### Our findings

The service continued to provide safe care. People told us they felt safe living at the home.

There were enough staff to meet people's needs and to spend time socialising with them. We saw staff met people's physical needs, spent time socialising with them, and provided reassurance to people who needed it. People confirmed there were always enough staff available and comments included "There are plenty of staff here. I leave my door open and they are always waving and stopping for a chat" and "I can ring the bell if I need anything but staff pop in so often." A staff member said "If a resident needs extra help that's ok. I am able to have the time to support them".

People were protected from the risks of abuse because staff received training on how to recognise and report any suspicions of abuse. Staff told us they felt able to report any concerns and were confident that if they raised concerns, action would be taken to make sure people were safe. There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with the people who lived in the home.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. When staff supported people to mobilise, they followed the care plan and ensured people were assisted safely and at their pace. This minimised the risk of falls and injuries. Where people had been assessed as being risk of skin breakdown, we saw equipment had been provided to prevent this risk.

People received their medicines safely. Medicines were stored securely. Records showed people had received their medicines as prescribed by their doctor to promote good health. There were systems in place to audit medication practices.

The premises and equipment were maintained to ensure people were kept safe. Checks were carried out at regular intervals to ensure the premises and equipment remained safe.

The home was clean and smelt fresh throughout. The registered manager quickly responded when a carpet needed cleaning and ensured this was completed. Systems were in place to prevent and control the spread of infection. All staff had completed training in infection control and hand washing audits which were carried out regularly. In February 2018, the local environment health team inspected the home and awarded a food hygiene rating of '5'. This was the highest rating achievable.

## Is the service effective?

### Our findings

The service continued to provide effective care. Staff had the skills and knowledge required to support people. Staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Staff were encouraged to work towards diplomas in health and social care. Training that related to people's specific needs had also been completed. One staff member told us "If any of the new residents have different needs we receive training and regularly refresh our training." A visiting health professional told us staff were very knowledgeable.

All the staff we spoke with told us they felt supported. They worked with the provider and registered manager every day. The registered manager regularly carried out observations of staff work practice. This helped to ensure staff were providing appropriate care and were respectful with people.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA). Staff told us each person living in the home was able to make day to day decisions. Staff told us they gained consent from people before carrying out personal care and respected people's choices. The registered manager had MCA documents available if they needed to carry out mental capacity assessments to check whether people had capacity to make decisions. Where people needed support to make significant decisions, relatives held power of attorney for health and welfare. This meant they could make decisions about their relative's care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no one living at the home was being deprived of their liberty.

Staff monitored people's healthcare needs, advice and support was sought from healthcare professionals when needed. We saw people had been visited by doctors, dentists, district nurses, opticians, chiropodist, speech and language therapist, and occupational therapists. When people needed specific equipment to meet their needs, this was purchased by the provider.

People's nutritional needs were assessed and meals were made in accordance with people's needs and wishes. People enjoyed fresh home cooked food. On the day of our inspection people had chosen fish in butter sauce, fish fingers, fish cakes, breaded haddock and tomato soup. One person said "The food is great. I get three roasts a week. I can always choose from the menu. If I didn't like anything, I could ask for anything else". People had a copy of the weekly menu in their bedroom. People were regularly offered a choice of drinks throughout the day. One person had a specific food allergy. The provider had bought them a range of snacks that were stored in their bedroom. When staff identified concerns about a person's weight or food intake records showed they had sought advice from relevant professionals. Staff followed advice given by health and social care professionals to make sure people received effective care and support.

## Is the service caring?

### Our findings

Staff continued to provide a caring service to people. The provider information return stated "We adapt our care to suit the individual" and "We follow our resident's wishes." The provider told us they "listen and do the little things that are important to people." For example, if someone wanted a particular food and it wasn't in the fridge, they would go out and get it for them.

People spoke very highly of the care and support they received. Comments included "All the staff are lovely" and "If there's anything I want I ask". The atmosphere in the home was warm and welcoming and we saw laughter and warmth between people and staff.

Staff spoke passionately about people. A number of the staff had worked at the home for a long time and staff knew people really well. Staff commented "I love working here" and "It's their home." Throughout our inspection, we saw interactions between people and staff were extremely kind and caring. We observed staff treating people affectionately. Staff spoke in a friendly manner and took time to listen to people and respond to them. Staff showed patience and supported people at their own pace.

People or their representatives were involved in decisions about their care. People said they were able to make choices. People's likes, dislikes, preferences, routines and histories were included in their care plans. One person's relative said staff "They are so good with mum we get whatever is in her care plan, whatever she needs to be looked after. The thing is it's up to mum, nothing is done without asking her." There were regular reviews where people and their representatives could express their views and make changes to their care plans.

People's privacy and dignity were respected. Staff had a good awareness of how to respect people. Staff identified one person's top needed changing and arranged this. People looked well presented and their clothes were clean and matching. People were supported and encouraged to be as independent as possible. Staff encouraged people to carry out their own personal care when they were able to.

Visitors were made to feel welcome. The provider information return stated "Relatives and friends are welcome to visit as and when they want." Visitors were able to spend time with people and encouraged to share mealtimes. One relative regularly had lunch at the home. The provider agreed a weekly menu with them and provided this free of charge. Where people's families lived away and were unable to visit, staff supported them to use video communication regularly.

The service had received a number of compliments. People and their relatives expressed their gratitude for the care and kindness they had received.

## Is the service responsive?

### Our findings

The service continued to be responsive. People received care and support which was responsive to their needs and respected their individuality. Each person had a detailed assessment of their needs before they moved to the home. People were offered the opportunity to stay for a short time so they could decide if the home was right for them.

We saw care plans were personalised to each individual. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. Each person's care plan contained information about people's backgrounds and histories. Care plans were reviewed monthly or when people's needs changed.

People's communication needs were clearly recorded as part of the home's assessment and care planning process. For example, one person had difficulties in hearing. We saw that staff ensured they had their hearing aids and they were working. They also used a white board to write messages and the person responded. This helped to ensure people's communication needs were known and met.

Staff responded to people's needs. For example, one person who was sitting in the lounge said their legs were cold. Staff gave them extra blankets to keep them warm. Whilst they were in their bedroom, their chair was positioned by the window allowing the sun to warm their legs.

People enjoyed spending time and chatting with staff and visitors. People were offered the opportunity to take part in a variety of activities and social events. A musical entertainer visited regularly and people enjoyed doing puzzles and quizzes. One person went out regularly and attended their church. Another person liked to watch the fish swimming in the tank in the lounge. As they now spent most of their time in their bedroom, the provider had found a dvd of the same type of fish. This person still enjoyed sitting and watching the fish.

People had enjoyed outings to local places of interest. The provider supported one person to go on holiday with their family. Another person's family lived abroad. The provider arranged for community transport to take the person to meet up with their family for a meal. Events such as Birthdays and Christmas were all celebrated. The providers bought each person a gift that they knew the person would like or needed.

As the provider and registered manager were always visible in the home, people were able to talk with them if they had any concerns. Each person we spoke with told us they were happy with everything and didn't need to complain about anything. People told us the staff and provider would listen and resolve any issues.

People's care plans contained information about their end of life care wishes where these were known. At the time of the inspection no-one was receiving end of life care. Staff had previously supported people at this time in their life.

## Is the service well-led?

### Our findings

The service continued to be well led. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff told us the management in the home was very open and approachable. The provider information return said "We are totally committed to the health and wellbeing of our residents and our staff." Staff said "I feel supported in my role, everyone gets on and helps each other out" and "We've got a really good team, it keeps the atmosphere nice for everyone."

The provider recognised the importance of having staff who felt valued. Staff morale was high and the atmosphere within the home was relaxed, happy and supportive. Staff were committed to providing the best possible care and told us they looked forward to coming to work.

The provider and registered manager asked for people's feedback. People and their representatives had completed questionnaires about the quality of the care provided at the home. Comments included "5 stars plus" and "This is such a lovely home, we cannot think of any way it could be better."

The service had worked in partnership with GPs, district nurses, occupational therapists, and social workers to ensure 'joined up' care was delivered to people. A health professional told us they had a good relationship with the home and were confident staff would contact them if they had any concerns.

There were effective quality assurance systems in place. There were regular audits of the premises and care practices. People's care records were accurate and up-to-date. The provider and registered manager were as very visible in the home and they divided their time between the office and working with staff to deliver care. This enabled them to work alongside other staff to monitor practice and address any shortfalls.

The registered manager was clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. The previous report and rating had been displayed within the service.