Anchor Hanover Group

Landemere Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Landemere Residential Care Home is a residential care home providing personal care to up to 41 people. The service provides support to older people, some who may be living with dementia. At the time of our inspection there were 36 people using the service.

People's experience of using this service and what we found
Risk management and safety monitoring had improved since our last inspection, however, there were still some gaps. The provider's governance and oversight arrangements and related service improvements were therefore not yet consistently demonstrated as fully embedded and sustained.

Care plans did not always reflect relevant information about people's care needs and changes to these. Proactive measures staff were to take to ensure their safety were not always recorded in people's care plans.

Overall staff were effectively trained and supported to provide people's care. However, the provider was still working to ensure all care staff completed first aid training. Care staff worked with other agencies to help people receive the healthcare support they needed. People's needs were assessed to help them receive effective care and people received enough to eat and drink. The premises had been adapted and personalised to help meet people's needs.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records did not always show how some restrictions used to help keep people safe had been considered under the mental capacity act and best interests decision making processes.

The provider had systems in place that helped to protect people from abuse and avoidable harm. If things went wrong the provider looked to understand how things could be made better. The provider was in the process of implementing improvements to the quality and safety of its medicines management. The home was kept clean and risks from infection were reduced. There were enough staff to help keep people safe. Staff recruitment processes were followed, and checks were completed to help the provider employ staff that were suitable to work in care. People were able to visit freely.

Care staff completed other training relevant to people's needs and staff received support from their managers. Care staff worked with other agencies to help people receive the healthcare support they needed. People's needs were assessed to help them receive effective care and people received enough to eat and drink. The premises had been adapted and personalised to help meet people's needs.

People's privacy and dignity was respected, and staff supported people with their independence. People were involved in their care and their wishes and preferences were known and reflected in their care plans.

People received personalised care and staff knew them well. People's communication needs were assessed and met. Complaints were investigated and the provider looked to learn any lessons to help improve the service and people's experiences of care. People were supported to maintain relationships that were important to them and socialise so that the risks of social isolation were reduced. People could take part in a range of different activities that stimulated people's interests and promoted social engagement with others. People had the opportunity to plan and discuss any advanced care plans they wished to make.

The provider operated a range of audits and checks to help ensure the quality and safety of services. The provider worked in partnership with others involved in people's care. A person-centred approach was taken towards planning and supporting people's care needs. The provider had a duty of candour policy in place and had shared information on events and incidents that were reportable to CQC.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 13 July 2022).

At our last inspection we found breaches of the regulations in relation to person-centred care, safe care and treatment, the numbers of staff deployed and how the provider monitored risk and improved care. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting these regulations.

Why we inspected
We carried out this inspection to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was good. 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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Landemere Residential Care Home

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The first day of this inspection was carried out by 2 inspectors. The second day of inspection was completed by 1 inspector.

Service and service type
Landemere Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the current manager had applied to become the registered manager.

Notice of inspection
This inspection was unannounced. Inspection activity started on 21 March 2023 and ended on 18 April 2023. We visited the location on 21 and 22 March 2023.

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. 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 of this information to plan our inspection.

During the inspection
We spoke with 4 people and 2 relatives of people who lived at the service. We spoke with 11 staff in total, including 5 care staff, 1 team leader and 1 housekeeper. We spoke with the manager, district manager, regional manager and head of care.

We reviewed the relevant parts of 4 people's care plans and multiple medicines records. We looked at audits, policies, training records and 2 staff recruitment files.

Requires Improvement

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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found the provider had failed to assess risks and adequately monitor and manage people's safety and had failed to deploy enough staff to meet their needs. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting these regulations. However, some improvements were still required.

Assessing risk, safety monitoring and management

- Assessing and monitoring of risks had improved since our last inspection, however improvements were still required. Safety monitoring was in place for people at risk of malnutrition. However, one person's care plan stated staff were to re-refer to the dietician on any further concerns or changes. Staff monitored this person's weight weekly and had recorded a change in weight that placed them at an increased risk of malnutrition. However, their care plan had not been updated and no referral had been made to the dietician. We made the manager aware who made a referral to the dietician.
- Falls risk assessments were reviewed when people had fallen and falls referrals were made to help ensure people received the right support to help keep them safe. This included any equipment people needed to help them mobilise safely. However, care plans did not always reflect relevant information about people's health conditions and care. For example, one person's mobility care plan did not provide an insight to the falls they had previously had and were still at risk from. Whilst staff knew the risks to people and how to keep them safe, care plans did not always accurately reflect this.
- Other risks to people, such as from pressure sores and from having a urinary catheter were assessed and managed safely. People had the care equipment they needed to help reduce risks. Staff knew to help people reposition themselves to help reduce risks from pressure and when to provide catheter care. This helped to ensure people received safe care.
- Potential risks in the environment were reduced. For example, substances that may pose a risk to people were stored securely. The provider completed a range of health and safety related checks to ensure people's safety. For example, checks to ensure water temperatures were safe and windows had restrictions on opening fully. This helped to ensure people lived in a safe environment.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "Staff are always around." We observed staff were deployed in ways that meant they had oversight of and could respond quickly to help reduce risks. For example, we saw staff responded quickly when people used their nurse call bell alarms. This meant people received timely care.
- Staff recruitment processes were followed. This included Disclosure and Barring Service (DBS) checks.

These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk from abuse
● Systems were in place to help keep people safe. For example, information on safeguarding was available to people and care staff had been trained and understood how to report safeguarding concerns. These actions helped to reduce the risk of abuse.
● People told us they felt safe living at Landemere Residential Care Home. One person told us, "Yes I feel safe, nothing could be better."

Using medicines safely
● Shortly before our inspection, the provider had identified some medicines errors and had taken action to improve medicines safety. This included meeting with the pharmacist who supplied medicines to the home and regular checks on medicines. At our inspection we found these improvements were being implemented and monitored by the provider. This helped to ensure people received their medicines as prescribed.
● Medicines policies were in place for care staff to follow and care staff had been trained in medicines administration. Checks were made to ensure medicines were stored at the correct temperature and arrangements were in place so medicines could be kept stored securely. This helped to ensure medicines were managed safely.

Learning lessons when things go wrong
● Accidents and incidents were reported. These were reviewed so the provider could understand what had gone wrong and determine whether any other measures were required to reduce risks. This helped keep people safe.
● The provider took opportunities from their own checks on the service to identify when things went wrong and when they could improve. For example, with medicines management. This showed the provider took action to learn lessons when things went wrong.

Preventing and controlling infection including the cleanliness of premises
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Since our last inspection carpets and flooring had been replaced. The new flooring was able to be effectively cleaned.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● The provider's approach to visits to the home from people's friends and families were in line with the latest government guidance. We observed, and relatives told us, they were able to visit freely.

Good

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support, training, skills and experience

- At our last inspection, not all staff had completed first aid training. At this inspection, the provider told us the numbers of staff who had completed this training remained low due to staff turnover and cancelled training. However, they had a risk assessment in place to help ensure a first aid trained staff member was on every shift whilst staff were in the process of completing further first aid training.
- Other training in areas relevant to people's needs was in place and renewed to ensure care staff were up to date. For example, some care staff completed moving and handling training during the inspection. One care staff told us this training was useful and they had learnt new techniques that would help them care for people effectively. Other training covered areas such as falls awareness, food safety and medicines management. This helped care staff have the training and skills needed to help meet people's needs.
- Care staff told us they were supported. They told us they had meetings with a manager to help them reflect on their job role and discuss any issues. Care staff told us this was helpful. Care staff new to the service completed a planned induction programme with regular reviews with a manager that helped check staff understood their job role and training. Care staff were supported in their role.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments and best interest decisions were in place for people's decision to live at the service if they did not have the mental capacity to understand that choice.
- However, we found some people required lap belts to keep them safe when mobilising in a wheelchair. Whilst the provider had assessed the lap belts were the safest option for people, they had not recorded a

best interest decision in line with the MCA. We made the provider aware so they could review.
● The provider had a system in place to maintain an overview of any DoLS in place and when they expired. We saw details of when the provider had re-applied to the local authority to ensure any restrictions remained in line with the MCA. This helped to ensure people's rights were upheld.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care staff worked with other agencies to help people receive effective care. Referrals were made when people required additional support with their health and care needs. For example, people saw their GP, and had health referrals made when needed. For example, to the falls team, speech and language therapists and dieticians. An NHS advanced nurse practitioner made regular visits to the home to review people's health needs. This helped to ensure people received effective care.
● People accessed healthcare services. Records showed people saw healthcare professionals when needed. When people's needs changed, assessments were held with other relevant professionals to help identify the most appropriate care pathways for people. This helped ensured people's care remained effective.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider used recognised assessments to identify and monitor risks associated with falls, malnutrition and skin integrity. These had all been recently updated to give a current overview of people's risks. This helped the provider ensure people received effective care.
● Equality and diversity characteristics were considered in people's assessments. For example, any aids people needed due to vision or hearing loss had been identified. People had the opportunity to discuss any needs and choices related to their religion. This helped people receive the care they needed.

Supporting people to eat and drink enough to maintain a balanced diet
● People received enough to eat and drink. One person told us, "I am happy with the food. We have at least two dinner choices and a sweet. There is always cereal or a cooked breakfast and toast. We always have drinks and water available." We observed meals, drinks and snacks were provided to people throughout the day. People were supported to maintain a balanced diet.
● People had choices over their mealtimes. People were encouraged to take their main meals in the larger dining room. This was not to everyone's preference. However, people told us their choices were respected. For example, one person said, "Yesterday I didn't want to go down to dinner, I told [the care staff] I didn't want to go, and they bought dinner up to me." People's choices were respected.
● The provider created a pleasant mealtime experience for people. Tables were set and people were helped to clean their hands before eating. People received their meals in a timely manner and sat in small groups where they could share conversation. This helped people enjoy their mealtimes.

Adapting service, design, decoration to meet people's needs
● The building and service had adaptions that meant people's changing needs could be met. For example, a lift was available between the two floors, so people did not have to use the stairs. When people needed additional equipment, such as wheelchairs or movement sensor alarms these had been provided. This helped to ensure people's needs continued to be met effectively.
● Decoration was personalised and considered the needs of people using the service. For example, signage was used to help people identify their room and other areas around the home. Different seating areas were available so people could spend time in different parts of the service and people had access to a secure garden area. People were able to enjoy a home environment that was pleasant and met their needs.

Good

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Since our last inspection the provider had taken action to help ensure people's private information was not left in communal areas. On this inspection, whilst we found some information containing people's personal details in communal areas, this was much reduced. We informed the provider so they could continue to monitor this.
- People told us their independence was respected and promoted by staff. One person told us, "Staff are there if I need them, but I was living on my own before coming here so I am independent."
- During our inspection we saw staff acted in ways to promote people's dignity and privacy. For example, staff made sure people's clothing was re-adjusted if they had helped them mobilise. Staff told us of the actions they took to promote people's dignity when providing their care. People's dignity was respected.

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

- People told us they felt well looked after. One person told us when they moved to the home they were, "Made to feel welcome and staff got to know me. They always speak to me nicely and always by my name." Another person told us, "I can't find any fault, the staff are always willing to please you."
- The provider had taken actions to ensure people's equality and diversity needs were respected. Care staff had completed training in equality, diversity and inclusion and assessment processes checked people's preferences for their care. Local religious groups visited the home. This helped to ensure people's equality and diversity needs were respected.

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

- People were supported to be involved in their care decisions. One person told us they were happy for their relatives to help develop their care plan with staff. Care plans reflected people's views and these had been regularly reviewed with people and their relatives.
- People were asked for their views, and these were respected. For example, we observed care staff ask people where they would like to sit and what they would like to be involved in. This helped to make sure people's views were taken into account by care staff.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found the provider had failed to ensure people received care that was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Planning personalised care

- People told us they could have their care needs met at times that suited them. For example, people told us they could have a shower when they wanted. One person told us, "I can have a shower whenever." This helped to ensure care was responsive to people's needs.
- Staff knew people well. Care records detailed what was important to people and how they preferred their care. One person told us they liked any cold drinks to be really cold. They said, "Staff know that now and the other day they filled it with ice and that was lovely." People received personalised care as staff knew them well.
- People told us they felt well living at the service. One person told us, "I enjoy it here. I came and looked around and decided to be here." When one person became upset, we saw care staff responded quickly and reassured them. Care staff were responsive to people's changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and understood. Care plans identified any aids people needed to help them communicate and we saw care staff communicated appropriately with people. This helped to ensure people's needs, preferences and choices were understood.

Improving care quality in response to complaints or concerns

- Complaints management processes had improved since our last inspection. All complaints were investigated and analysed for trends and lessons learnt. For example, the provider identified where they needed to communicate more with families or make further referrals for people's care. This helped to improve people's care.
- Information on how to raise concerns was on display around the service. The provider had a complaints policy in place, and related records showed this was followed when concerns had been raised with them. This meant complaints were investigated within a reasonable timeframe and complainants understood

what actions the provider had taken.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

● People were supported to develop and maintain relationships that were important to them. One person told us, "My family have come to visit me a lot and I go down to breakfast with the person across the corridor." Throughout the day we saw people engaging in activities together and sharing conversation between themselves and with staff. This helped to prevent social isolation.

● People were supported to follow their interests and enjoy activities. One person told us they enjoyed reading the daily paper, another person enjoyed their puzzle books. Other people took part in an active walk around the home that had a theme people could relate to and cultural occasions were celebrated. Baking, art and quiz activities were also available for people during our inspection. One person told us they liked the activities, and it was not a boring place to live. People were supported to enjoy their time and had opportunities to take part in activities that interested them.

End of life care and support

● People and relatives were given opportunities to discuss any end of care wishes with staff. We saw where these discussions had informed care plans that guided staff on how to meet people's care needs and respect their wishes at this time. One person's end of life care had not yet been discussed with relatives. The manager confirmed they would approach the relatives to invite them to discuss this. Having end of life care planning in place helps people receive responsive care and have their wishes respected.

● Where people had made advance decisions, these records were held in their care plans. This helped to ensure people's wishes were known and respected.

Requires Improvement

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 found the provider had failed to operate systems and process to assess, monitor and mitigate risk and assess, monitor and improve care. This was a breach of Regulation 17 (Well-led) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements had been made to the oversight and monitoring of risk since our last inspection. However, some improvements were still needed. Whilst risk assessments were kept updated, care plans were not always updated to guide staff on people's changing care needs. Decisions to show restrictions such as lap belts were used in people's best interests had not been recorded. Care plans did not always reflect any changes or events that impacted on people.
- There was not a registered manager in post at the time of this inspection. The current manager had applied to register with the CQC and this was being processed.
- The provider's own medicines audits had been effective at monitoring risk and making improvements. This work was ongoing at the time of the inspection. This helped to improve medicines management in the service.
- The provider operated a range of audits to check on the quality and safety of services. These included checks on infection control, call bell monitoring, checks on equipment and people's experiences. Actions plans were in place for where the provider had identified any improvements were needed. These actions helped the provider to understand quality performance and risks at the service.

Working in partnership with others

- The provider worked well with others. A range of health and social care professionals were involved with people's care and the service worked in partnership with them to help ensure people had good care outcomes.
- During our inspection, we received feedback where staff communication with relatives could have been improved. We made the manager aware who took steps to understand the issues so they could make improvements. The manager told us they wanted to be able to work in partnership and provide support to relatives.

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

- People told us they felt happy living at Landemere Residential Care Home. The provider promoted a positive and person-centred culture. The provider took action when they identified shortfalls in staff conduct and had set clear expectations for care staff on their role and responsibilities. This helped to create good outcomes for people.

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 understood and acted in line with their duty of candour policy. Complaints records showed the provider had apologised to relevant parties when things had gone wrong. Statutory notifications had been submitted to CQC when required. Statutory notifications are notifications about specific events and incidents that the provider has to tell us about. They are important as they help to show the provider is working in a transparent and open way. Staff were supported to speak out and follow the provider's whistleblowing policies. The provider was open and honest when things went wrong.

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

● People, their relatives, staff and visitors all had the opportunity to share their views and feedback. One person told us, "I've answered questions in a book about my views, I've put good remarks in it." Other records showed relatives had left positive comments on recent visits. This helped to engage and involve people.

● People, relatives and staff were all involved in meetings. This helped them share their views and contribute ideas to the development of the service. Information on what actions the service had taken in response to feedback was on display. One of these actions had been to hold more meetings with relatives. We found this had been achieved. People had opportunities to be involved with the service and had their feedback listened to.