

# Barchester Healthcare Homes Limited

## Lancaster Grange

### Inspection report

Cross Lane  
Fernwood  
Newark  
Nottinghamshire  
NG24 3NH

Tel: 01636594300  
Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
13 September 2017

Date of publication:  
18 October 2017

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Lancaster Grange is run and managed by Barchester Healthcare Homes Limited. The service provides nursing care and support for up to 60 people. The service is provided over two floors with two units on each floor. On the day of our inspection 48 people were using the service.

At the last inspection, in December 2016 the service was rated Good.

At this inspection on 13 September 2017 we found that the service remained Good.

The service had a manager in post who was in the process of registering with the Care Quality Commission. 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 and associated Regulations about how the service is run.

The service provided excellent person centred care that had a positive impact on people's lives. Staff, relatives, and people living at the service felt the care at the service was exceptional and people were enabled to have a good quality life.

People had access to personalised activities that complemented their individual interests and preferences. There were exceptional links with the local community and people were supported to participate in community events and other events that were important and meaningful to them. This provided people with a sense of purpose and wellbeing. Regular outings were also organised outside of the home and people were encouraged to pursue their own interests and hobbies.

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Effective recruitment processes were in place and followed by the service and there were enough staff to meet people's needs. People received their prescribed medicines as prescribed.

The care that people received continued to be effective. There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff received an induction process and on-going training to ensure they were able to provide care based on current practice when supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff were well supported with regular supervisions and appraisals. People were supported to maintain good health and nutrition.

Staff provided care and support in a caring and meaningful way and people had developed positive relationships with them. Staff were caring and treated people with respect, kindness and courtesy. They knew the people who used the service well and people and relatives, where appropriate, were involved in the planning of their care and support.

People continued to receive care that was responsive to their needs. People's care plans had been developed with them to identify what support they required and how they would like this to be provided. People knew how to complain. There was a complaints procedure in place which was accessible to all.

The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to continually improving each person's quality of life. Quality assurance systems ensured people received a high quality service driven by improvement.

## 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?

Outstanding ☆

The service was very responsive.

People received care from staff who had an in depth understanding of people's needs and preferences.

People participated in an excellent range of activities which kept them entertained and enabled them to follow their hobbies and interests.

Staff showed innovative ways to ensure people reached their aspirations and followed their chosen hobbies.

People told us they knew their comments and complaints would be listened to and acted upon.

### Is the service well-led?

Good ●

The service remains Good

# Lancaster Grange

## **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 checked 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 was a comprehensive inspection that was completed by one inspector on 13 September 2017 and was unannounced.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service, in particular people living with dementia. 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.

During our inspection we spoke with eleven people who used the service and two relatives. In addition we spoke with eleven staff member that included the manager, the deputy manager, the activities co-ordinator and senior support workers. We also spoke with care staff, one nurse, a host and administration staff.

We looked at six people's care files to see if their records were accurate and reflected their needs. We also reviewed six staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "I have lived here for a while now and I've always been safe. I am very well looked after by staff that are wonderful." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member told us, "I know about abuse and if I had any concerns I would go to the manager. He is easy to talk to and I know he would deal with it promptly and take me seriously." Another told us, "Our priority is to keep people safe, at all time." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. We also saw a range of risk assessments in relation to the activities people took part in. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff were recruited following a thorough procedure. One staff member told us, "The whole process was very thorough. I had to wait until they had all my references and checks before I could start work." Records showed that recruitment checks had been completed for staff before they commenced work at the service. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people required. Our observations showed staff to meet people's needs and staff responded to people's requests for care in a timely way.

People told us they always received their medicines as prescribed. One person said, "If I need my pain killers the staff always make sure I get them when I need them." We observed medication being administered. This was carried out correctly and records were fully completed. We saw that the medicines management systems in place were clear and consistently followed.

# Is the service effective?

## Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. One staff member said, "The training is very good. There is a lot of it and we can request additional training if there is an area we are interested in." Documentation confirmed that staff had completed an induction when they commenced working at the service and on-going training appropriate to their roles. All staff had regular supervision and appraisal; one member of staff told us, "I get regular supervision. We discuss my training and performance."

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). We observed staff gaining consent throughout the inspection. For example people were asked if they wanted assistance, were ready for their medication or wanted their meal.

People told us they enjoyed the food. One person said, "I like the food. Its lovely just like home made. We get plenty of it." A relative told us, "I know [relative] enjoys the meals. [Relative] always tells me what she has eaten and how much they have enjoyed it." Staff told us that there was always two main course choices at lunch time but people could have anything else they wanted. We saw a list of alternative meals available to people. Records showed that when people who were at risk of not eating and drinking, professional advice had been sought and acted upon.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us, "I never have to worry; they will call the doctor straight away if I need one." Staff told us if they were worried about someone's health they would report it straight away. Records demonstrated that referrals were made to relevant health services when people's needs changed, and a log of visits to and from external health care professionals was being maintained in people's care records.

## Is the service caring?

### Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person's told us, "They are all like family to me." Another person said, "They are all wonderful here. They really care for me and they make sure I'm well looked after."

It was obvious from our observations that people were treated with kindness and consideration. One relative commented, "I know that [name of relative] is very well cared for. I have peace of mind and you can't put a price on that." Staff were able to tell us about each person's needs and it was obvious they knew people very well, for example their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks.

People's choices in relation to their daily routines and activities were listened to and respected by staff that treated people as individuals, listened to them and respected their wishes. Staff were observed speaking with people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

The manager told us that there was an advocacy service available for anyone who needed it.

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance if required.



## Is the service responsive?

### Our findings

People received very personalised care that fully met their needs and the focus for people living at the home was person centred, ensuring people felt they mattered. One person commented, "Absolutely excellent service. The staff know us and they know if I'm not myself." A relative said, "It is amazing how well they know [relative]. They are so much on the ball. One word to describe the care, fantastic."

Where possible people had been actively involved in assessing and planning for their individual care needs. One person told us, "It was all very thorough and I was made to feel at home straight away. The staff were wonderful and very kind to me. It made the whole process so much easier." A relative said, "I was involved right from the beginning of [relatives] first meeting and have been involved all the way since. It gives me confidence that things are being done properly and the staff go out of their way to make [relative] happy." Where possible, people or their relatives had been invited to visit the service, have a look at the facilities on offer and to meet the staff team. Care plans were detailed and person centred, providing a whole picture of the person to fully meet their diverse needs.

The service was divided into four communities. These were the nursing community, two residential communities and a dementia community called Memory Lane. People could access all areas freely and take part in events happening within each community. This promoted an inclusive community feel and people clearly enjoyed going to other parts of the service. We saw one person who was upset on various occasions throughout the day. We saw they were often in the company of the activities co-ordinator taking part in different activities in the different communities to distract them and reduce their anxiety.

The Memory Lane Community was designed for people living with dementia using colour schemes and themes that easily enabled them to identify areas. For example, we saw that it contained a life skill kitchen where people could be involved in everyday activities such as baking, setting tables, folding washing and other day to day tasks.

People were supported to follow their interests and take part in social activities. One person told us, "The activities here are brilliant, and [name of activities co-ordinator] is amazing. I am going to do some mat bowls tomorrow. You can never get bored here." People told us this helped them to stay active and gave them a purpose.

A member of staff said, "[Name of activities co-ordinator] is brilliant. She has just got a new assistant as well so the activities can get even better." Activities assessments had been completed and these included preferred activities for each person, including previous hobbies and types of entertainment they enjoyed. This enabled the activities coordinator to focus on activities that people liked and arrange quality one to one time with people. Another member of staff told us, "[Name of activity co-ordinator] has just won a divisional award for the excellent provision of activities. They were nominated by people using the service and their relatives. We are very lucky to have her." A relative said, "The activities are so brilliant and that makes a difference between a good home and an excellent home."

We saw that activities were provided seven days a week and were also available in the evening. There was a large pictorial timetable on display and activities included Arts and Crafts, knitting, bingo, baking, walks, and quilting and sewing. One person told us, "We have such a lot of fun. [name of activities co-ordinator] takes us out. I've been into town shopping, mat bowls and I go out on a Monday to a club." The care co-ordinator told us, "I'm passionate about my job. These guys are like my family."

Staff had creative ways to support people to live as full a life as possible. The arrangements for social activities were flexible and often innovative. During our visit we saw people were invited to one community to watch ballroom dancing, in the small café area there were activities available for people such as books, jigsaws and board games. There was a newspaper in the café area called the Daily Sparkle. This was a newspaper tailored to older people and the activities co-ordinator described it as a reminiscence newspaper. In addition we saw volunteers who arrived in the afternoon to assist with a games afternoon.

We spoke with the activities co-ordinator who told us they had recently organised a trip to the seaside for five people after one person had talked about how much they used to enjoy going to the seaside as a child. For those who were unable to go to the sea side a beach party had been organised at the service. This included a beach area, ice creams and fish and chips. The activities co-ordinator showed us a folder they kept of all the activities people took part in. We saw events included river cruises, quiz evenings, and they also celebrated carer's week and had a nurse's day. These events included the staff saying a little bit about why they do the job.

The service had strong links with the local community. We were told that local schools and a local nursery come into the service to celebrate events such as Halloween, Christmas and Easter. In addition the guide dogs and a pet therapy visited the service. The service has strong links with the Newark Dementia friends group. They organised a memory café on a Monday morning every month where people could take part in activities such as karaoke, plate spinning and dancing. The service also worked with the providers other services where they had regular coffee mornings. We saw that the Salvation Army visited the service regularly and the local RAF visited the service where they had an armed forces day. The local churches from different dominions visited the service to meet the diverse spiritual needs of people using the service.

We saw photographs displayed around the service where people had taken part in events. These celebrated a Winnie the Pooh tea party, a Royal Ascot day where people watched the horse racing and the ladies wore hats, Scottish dancing, cinema trips, library visits and meals out.

We saw that everyone had a 'Getting to know you' book. This includes information about peoples past histories, hobbies and interests. The activities co-ordinator told us, "Getting to know our service users is so important. And key to choosing the right activities." For example, we saw that one person was of a different nationality. The care co-ordinator told us they visited this person in their room regularly and played their national music and brought foods specific to their culture. Staff we spoke with were also aware of this persons specific cultural needs and one staff member told us how they accessed books from the library written in their native language.

People and their relatives did not have any complaints about the care being provided. There were regular meetings where people and relatives could provide feedback about the service. The manager also told us how they walked around the service every day and spoke with everyone, providing them with an opportunity to raise any concerns. People knew about the complaints policy and open door office. People and relatives told us they felt comfortable to raise a complaint if they needed to and that they felt confident these would be listened to and dealt with. One person said, "I don't need to make a complaint but I know I could." We saw that people's concerns and complaints were dealt with appropriately in a timely way that promoted

learning and improvement. For example, we saw that concerns had been raised that the staffing in the evening was not sufficient. In response to this the service had employed an extra staff member to work between the evening and night shift. We saw that this response was displayed on the notices boards so that people were aware of the improvements made.

## Is the service well-led?

### Our findings

There was a manager in post who was in the process of registering with the Care Quality Commission (CQC). 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, relatives and staff expressed confidence in how the service was run. One person told us, "He [manager] runs a tight ship. All the staff are like family to me." Another person commented, "The management of this home is the best. I am so lucky to find this home." Staff told us they were supported by management team and the provider and could speak with them openly. Staff meetings and supervisions had been held on a regular basis. One staff member said, "We are very well supported here by the management. We are listened to and can raise our views and new ideas."

The manager was aware of the day to day culture of the service. Staff told us he worked alongside them if they were needed and they knew all of the people who used the service. We observed this on the day of our visit. They also told us the provider visited on a regular basis and was very involved in the running of the service.

To support people living with dementia we saw that the provider had introduced a programme of change involving both dementia care interventions and training to help services implement and evidence enhanced dementia care practice. The programme was carried out as a pilot within 12 services and was being rolled out across the organisation. The dementia care programme was called 10 60 6 and supported services to develop into centres of excellence through a comprehensive list of key areas of care, support and training.

In addition we saw that the provider also had a dedicated Director of Dementia Care and a team of Dementia Care Specialists who work across all the providers' services offering further support and training. We looked at an accreditation report of the project which had recently been completed. This demonstrated that there had been an increase in the number of pain relief offered to people compared to the baseline information that was collated before the project was implemented. The manager informed us that they had worked with peoples GPs and other professionals to identify distress and respond by offering pain relief rather than other stronger medicines. Results also demonstrated that through a combination of the environmental changes, identifying and managing distress using the specialist tools, utilisation of pain relief as a response to distress had increased the well-being of people in the Memory Lane Community.

The provider used annual questionnaires to gather people's views. Where comments had been made the provider had responded to them and the actions taken had been recorded. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits. These helped to highlight areas where the service was performing well and the areas

which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.