Four Crest Care (Watton) Limited

Lancaster House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 7 January 2016.

Lancaster House is registered to provide accommodation and personal care for up to 19 older people, some of who may be living with dementia. There were 18 people living at the service at the time of the inspection.

There was a registered manager in place. 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.
Staff were aware of the procedures for reporting concerns within the service, therefore protecting people from the risk of harm. People were supported by staff who had only been employed after the provider had carried out pre-employment checks. Staff were well trained and supported by the registered manager. There were enough staff to meet people's needs.

Risks were identified through individual risk assessments. Care plans were up to date and contained clear guidance for the staff to follow so they could provide people with the care they needed.

People's health, care and nutritional needs were effectively met. People were provided with a varied and balanced diet. Staff referred people appropriately to healthcare professionals in a timely manner when their support needs indicated that additional input was required.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff did not all have a good understanding of the legislation around MCA.

There were 14 CCTV monitoring cameras covering the external grounds and also internal communal areas of the service, including corridors, the dining room, kitchen lounge area and the manager's office. People had not been consulted about the use of monitoring cameras and the impact on their privacy had not been considered. We found no assessments to show that people who lacked capacity had been considered when installing the CCTV.

People were treated with kindness and respect by the staff who understood people's needs and provided care and support to them when they needed it.

The registered manager is experienced in care and management and demonstrated good leadership. Effective systems were in place to monitor the quality and safety of the care provided and improvements were made where shortfalls had been found.

There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You

can see what action we told the provider to take at the back of the full version of the report.

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.

There were systems in place to protect people from the risk of experiencing abuse.

Appropriate recruitment checks had been undertaken prior to staff commencing employment and there were enough staff to meet people's needs.

Medicines were safely stored and people received their medicines when they needed them.

Risks to people's safety had been assessed and actions taken to reduce these risks.

Is the service effective?

Requires Improvement

The service was not consistently effective

People were supported by well trained and supervised staff.

People's nutritional, hydration and health needs were met.

People had access to healthcare support where required.

Staff were not always acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. People's rights were therefore not always being promoted.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People and/or their relatives were involved in making decisions

about their care.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with guidance in order that consistent care was delivered.

Information on how to make a complaint was available for people and their families and any complaints made had been thoroughly investigated.

Is the service well-led?

Good

The service was well led.

Staff were motivated to provide safe, high quality care and to develop their skills and knowledge

The registered manager demonstrated good leadership.

Effective systems were in place to monitor the quality and safety of the care provided.

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Lancaster 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 7 January 2016 and was unannounced. The inspection was undertaken by two 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.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to aid with our planning of this inspection.

During our inspection we spoke with six people who live at the service. We also spoke with one relative. In addition, we gained feedback from a visiting healthcare professional. Throughout the inspection we observed how the staff interacted with people who lived at the service. Some people were not able to communicate their views of the service to us and therefore 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 also spoke with the registered manager and five staff who work at the service. These included three care staff, one senior care staff, and a chef. During the inspection we looked at three people's care records and records in relation to the management of the service including staff recruitment records, staff supervisions, complaints and quality assurance records.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I feel safe with the staff, I trust the staff completely."

All of the staff we spoke with demonstrated that they had a good understanding of what constituted abuse and who they would report it to within the service. Staff had received training in safeguarding and the registered manager monitored attendance through a learning and development profile they had implemented for all staff. Any safeguarding concerns had been reported by the registered manager to the appropriate authorities for investigation. We were therefore satisfied that the provider had systems in place to reduce the risk of people experiencing abuse.

Prior to the staff working within the service, a disclosure and barring service (DBS) check had been undertaken (A satisfactory DBS check is required to ensure that people are protected from unsuitable prospective employees) References from the staff member's previous employers had also been sought to make sure that their conduct in their previous employment had been satisfactory.

Risks to people's safety had been identified through individual risk assessments and care plans which had been reviewed and were up to date. We found clear guidance for staff to follow in the care records on how to reduce risks in areas such as falls, pressure care and nutrition. The staff we spoke to were knowledgeable about these risks and were able to tell us what actions they took to protect people from the risk of harm

Staff were aware of the procedure for reporting accidents and incidents. When these occurred, a form was completed by the staff and passed to the registered manager to analyse. We found that any accident or incident was fully investigated and actions were taken to reduce the risk of them re-occurring in the future. The registered manager audited accident and incidents on a monthly basis and records were seen of these audits and the subsequent action plans.

Our observations showed, and staff confirmed to us, that people were supported by sufficient numbers of staff. Staff told us that they had time to meet people's needs and to spend time talking to people. We observed this happening regularly throughout our inspection. The registered manager advised us that they calculated the number of staff they needed based on people's individual needs. We were told that these were reviewed regularly. Systems were in place to cover any unplanned staff absence such as sickness. There were no staff vacancies at the service although the registered manager told us that they were trying to recruit more bank staff.

Staff who administered people's medicines received appropriate training and their competency to do this was regularly checked. One person we spoke with said, "I have lots of medication. They [the staff] bring them to me and are always on time and they always watch me take them."

We found that people's medicines were stored securely and at the correct temperature which made sure that they were safe to use. Some of the medication administration records that we saw did not include the

amount of tablets that were left over from one month to another resulting in records being incorrect. Carrying forward the amounts of medicines held each month enables accurate audits to be carried out of medicines administered to people. We spoke to the registered manager and they agreed to implement this immediately.

The records kept of medicines administered (MAR) were clear and demonstrated when people had received their medicines. For those people who did not receive their medicines, there should be a code used to indicate this on the MAR; however the code used for some people did not always have an associated description so it was not clear for what reason the person had not taken their medicine. We spoke to the registered manager about this on the day of the inspection and they agreed that action would be taken to address this. We found that there was sufficient guidance for staff to follow to help them give people their medicines correctly, information sheets about the person were at the front of each person's MAR along with a photograph of them.

Health and safety checks were found to be carried out on a regular basis. We saw that fire safety checks were carried out weekly by staff. These were complemented as well by external contractor servicing and annual inspections of fire detection equipment and systems on an annual basis.

Requires Improvement

Is the service effective?

Our findings

The staff and registered manager told us that there were a number of people living in the service who lacked capacity to make decisions about their own care. Therefore, they had to work within the principles of the Mental Capacity Act (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The majority of the staff we spoke with did not have a good understanding of the MCA or DoLS. They were not aware of how this important legislation affected their care practice. We found that not all staff had received training in the MCA.

Some care records we viewed for people had detailed information about decisions they could make for themselves and other care records did not contain sufficient information. However, MCA assessments were not always in place. One person, who the registered manager told us did not have capacity, had not had a MCA assessment conducted in respect of bed rails that they were using. It was therefore not clear how this person had been supported to make this decision or if they couldn't, who had been involved in make the decision in their best interests. Documentation around consent in another care plan stated that the person should have an MCA conducted before looking at consent with them but no assessment had been carried out.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager had assessed the people living at the service to ascertain whether they were being deprived of their liberty in their best interests. In response to this, they had made four referrals to the local authority for permission to do so and were currently awaiting the outcome.
People were supported by staff who had received a variety of training to carry out their job role.

Some staff still needed to complete some training but the registered manager was addressing this and had booked staff on training. New staff had completed the Care Certificate which is a recognised qualification for new staff in care to assist them to be competent in their role. One person told us, "I've never had a reason to believe they [the staff] don't know what help I need." Staff told us that they had a good induction, were able to undertake 'shadow shifts' and were only able to work with and support people when they were competent to do so.

Staff told us that they had regular checks of their competency and 'spot checks' on their care practice. They added that they received feedback on this in their supervision sessions. The registered manager maintained records of training undertaken by staff. Staff told us that the training and support they received was very good and that it provided them with the skills and knowledge they needed to provide people with good

care.

Most people we spoke to were complementary about the food they received in the service. We were told by one person that, "There is usually two things to choose from and I choose on the day". Another person said, "Sometimes there is a choice but not always". We saw people being offered choices about the food they wanted to eat on the day of the inspection. We observed lunch time and saw that the registered manager initiated it to be sociable occasion, sitting with people and talking to them.

Staff respected people's decision about where they wanted to eat their meals and provided them with appropriate assistance when needed. One person told us, "I have my lunch in the dining room but could choose to eat in my room if I wished." We also saw people being offered a choice of drinks and that they had access to snacks throughout the day. We were told, "The food is very good, they don't force you or make an issue if there's something you don't like. It's really home from home."

The chef had information about people's individual dietary needs. This matched the information in the care records that we viewed. Staff told us they monitored and recorded people's food and fluid intake. Where there were concerns about this people were referred to specific healthcare support, such as the dietician. We saw that some people's diet included fortification with high calorie food and nutritional supplements. This showed us that people at risk of not eating enough were provided with options and support to meet their health and well-being.

People told us that their health care needs were met. One person said, "They [the staff] always call the doctor if I need to see one." Staff supported people to access a range of healthcare such as their GP, district nurse and dietician. On the day of our inspection a community assistant practitioner was visiting a number of people in response to equipment provided for their mobility. This healthcare input was following referrals from the registered manager and staff. We were told by the practitioner that, "Referrals are made in a timely manner and the staff support people to use the equipment provided."

Good

Is the service caring?

Our findings

We saw that CCTV was in operation within the communal areas of the service. This included the manager's office, corridors dining room, kitchen and lounge as well as external grounds. People could be observed and recorded when they were within these areas of the service. When asked, the registered manager was not able to tell us whether the people who lived in the service had been consulted about this. The provider had a policy in place regarding the CCTV but there was no evidence to show us that people had been consulted about its use and how their consent for this had been obtained. There was also no evidence to suggest that the impact on people's privacy had been considered. We discussed this with the manager who agreed to address this issue. We will monitor the action taken.

People told us that the staff were caring and kind. One person said, "They look after me fantastically. They are more like extra daughters to me. All of them are fantastic." Staff we spoke with knew the people they were supporting well. They knew their care needs and the things that people like. People's life history was obtained which contributed towards people's care planning and was used by staff when supporting people. We were told by one person, "It's a lovely place. I've struck lucky, it's so good here and my family are happy that I'm here."

The care plans we viewed showed that people and their relatives were involved in the initial assessment of their care needs. We also saw that reviews of people's care had regularly taken place and that these reviews had involved the person and/or their relative. Throughout the inspection the atmosphere in the service was calm and relaxed. We saw staff speaking to people in a polite and kind way. We also saw staff crouching down to people's eye level to communicate with them

Staff took the time to be with people, spending time to explain about their medicines or to tell them what day it was. A relative told us, "The staff here are so kind, I have seen moments of genuine kindness. They are so gentle." We saw one staff member check with people whether they were warm enough and provide them with blankets if they needed them. One staff member fetched a particular blanket for someone off their own bed which they were very happy about and then took the time to talk to the person about their hobbies.

We also saw the domestic staff and chef interacting well with people. The domestic staff spent time during their break with people, chatting. People told us that they liked this interaction and company. Some people were involved in setting the table and one person helped with moving furniture as they liked to be involved and help out staff to.

The registered manager told us how people's faith was supported. We were told that various representatives from different faiths visited the service to meet with people where they requested this.

We saw staff respecting people's dignity. They always made sure that doors to people's rooms were closed when they assisted them with personal care. They also knocked on people's doors before entering their rooms. One person told us, "They always treat you with respect."

Good

Is the service responsive?

Our findings

The registered manager told us that the staff supported people to take part in activities that complemented their hobbies and interests. However they told us that most people chose not to take part, preferring their own company or that of other people living at the service. All of the people we spoke with were happy that there were sufficient activities on offer if they wanted to participate in them. We were told by one person, "I'm just contented to be here in my room. I don't join any activities." We saw one person reading their book quietly in the dining room and another person playing a game of cards with a staff member.

Care plan records were in electronic format but backed up with a paper file which was easily accessible. Care plans were reviewed regularly and were seen to be up to date. The care plans we looked at were clear and detailed. They contained information about people's care needs and their preferences. There was sufficient information for staff to guide them on what care each person needed. When we asked staff about the support people required they were knowledgeable about the care people needed and the information was consistent with the care plans.

On the day of the inspection we saw staff being responsive to people's needs. Support was provided in a timely manner and we saw that staff had time to spend with people. A person who lives at the service called for assistance whilst they were sitting in the lounge and they were responded to immediately by a staff member. The staff member then spent time with them, engaging with them. Another person who required staff assistance to get up in the morning and go to bed at night told us the timings were about when they would like the assistance and not staff convenience, "The staff know my habits and know what time to come to me."

Changes in people's needs were anticipated and communicated to the staff regularly to make sure they were aware of the care that people required. The registered manager told us that they were aware that a person may require an interpreter to help with writing an advanced care plan as their health deteriorated. They had anticipated this in advance and were planning for this to ensure appropriate support was provided. Staff told us that people's families and friends were encouraged to visit so that they could maintain relationships with them.

We saw that people who had increased healthcare support needs were referred quickly for additional support and input. One person who was sleeping a lot and not eating much was referred to their GP and their medication changed. Staff told us, and records confirmed that this person is eating better and is now much more awake. People who were at risk of developing a pressure sore had the necessary equipment in place and this was included in their care plan and followed up by community district nurses.

The service had a complaints and suggestions box on the wall where people and their visitors could make comments regarding their care. One person told us, "If there was something I didn't like I would tell them." We viewed records of complaints and compliments made with the registered manager. We saw that there had been one complaint received and that a thorough and detailed response had been sent to the complainant the following day. A relative told us, "The manager is totally approachable and we can talk to

her or any of the staff if we were concerned." We were therefore satisfied that people's complaints and comments were listened to and appropriately dealt with.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. Our observations showed that people living at the service and staff interacted well with the registered manager in a relaxed manner. One person told us, "She [registered manager] often pops in and has a talk or a chat. She's a good woman. "

There were clear management arrangements within the service and the staff had clear guidance on who to report to. The registered manager was available and very visible around the service throughout our inspection. The registered manager had a very good knowledge of the people who lived in the service, their relatives and staff. Staff told us that they felt the service was well led and that the registered manager listened to them and took action where they raised concerns. They added that they felt able to raise any issues without fear of recriminations.

The registered manager told us that they adopted an 'open door' policy for people, their relatives and staff where they could approach them at any time. In addition we saw that the registered manager had set aside time each week to ensure that they were available for anyone to 'drop in' and see them. The registered manager's office is situated in one of the communal areas of the service and we saw that people regularly went to talk with them.

We received many positive comments about the registered manager from staff who told us their morale was high and that some of them had been given individual roles of responsibility such as an infection control 'champion'. Staff told us that their morale and the quality of care being delivered had improved since the new registered manager had been in post.

There were effective quality assurance systems in place that monitored peoples care. We saw that the registered manager completed a number of audits on a monthly basis in areas such as medicines, the accuracy of care records and health and safety. These audits had picked up that the dining room carpet required replacement and plans were in place to do this. Any accidents and incidents that had occurred at the service were part of the monthly audit process carried out by the registered manager.

A quality monitoring analysis was undertaken by the registered manager in September 2015. We saw that comment cards were sent to people living at the service, their relatives and staff in order that they could comment on their care, the service and make comment on any areas they would like improved. An action plan had been devised with timescales as a result of this feedback.

We found there were systems in place to ensure that any safeguarding issues were notified immediately and acted on. The manager was clear on their responsibility to notify the Care Quality Commission and we have received notifications in line with the regulations.

The registered manager said she was promoting community links with the local church and the local arts group who had provided some free tickets to the local pantomime that was taking place shortly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act were not being followed as assessments on capacity to make decisions were not completed