

Caremark Limited

Caremark (Lanehurst Gardens)

Inspection report

Lanehurst Gardens
Grattons Drive
Crawley
West Sussex
RH10 3BB

Tel: 01293665170

Website: www.caremark.co.uk/locations/lanehurst-gardens

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22 January 2019

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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

About the service:

Caremark [Lanehurst Gardens] provides care and support to up to 40 people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. At the time of this inspection 30 people were being supported with their personal care.

There was a dedicated office for staff within the building. One member of staff was on duty overnight to respond to people's care needs when required. People did not have planned care needs during the night at the time of this inspection. A further senior member of staff was 'on-call' during out of hours to support the night care worker.

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

People's experience of using this service:

People told us they were happy using the service. They received a reliable service from a committed care staff and management team. People felt safe with staff support. Systems and processes protected people from the risk of abuse and avoidable harm. Staff were recruited safely. Checks were made which ensured new staff were of good character.

People's needs were assessed, and person-centred care plans were developed which reflected their needs, choices and personal preferences as well as their past histories. This enabled staff to get to know people well. People had 'lifelines' ['call-bells'] in their flats that they could use to summon staff support as needed. Some people chose to wear their lifelines on them, so they could more easily access the 'call-bells' if they needed help from staff.

People received their medicines safely. Systems monitored medicines management to ensure that medicines were given to people as prescribed.

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. One person told us, "I do feel free and am able to move about [without restrictions]."

People had enough to eat and drink. The landlord at this extra care scheme provided lunch time meals for people as part of their tenancy agreement. People often came together at lunch time and shared their meal in the communal dining area. The on-site care team helped people who needed support to eat their meals. Care staff provided support with breakfast and tea time meals in people's individual flats when this

assistance was required.

Staff were trained and received support from the management team with regular supervisions, 'spot checks' and competency assessments of their abilities to perform their roles.

People and their representatives, as appropriate, were involved in their care planning and actively participated in the management of risks to themselves, when they were able to do so. This included self managing medicines and awareness of behaviours that may challenge.

Activities were provided by staff each afternoon in the communal lounge area. Links to the local community were made. One person completed a computer course with staff support at a local library.

People had access to healthcare support as they needed it.

The service was well-led by a management team who worked proactively together and with other health and social care professionals from outside of the service. There was a new care manager who told us they were in the process of completing their application to become the registered manager for the service. At the time of this inspection we had not yet received the managers application. The new manager had submitted their Disclosure and Barring Service [DBS] check. Once the DBS had been received they would be able to start the registered managers application with the Care Quality Commission [CQC].

Rating at last inspection:

This was the first inspection for this service so there was no previous inspection rating.

Why we inspected:

This inspection took place on the 22 January 2019 and was announced. This inspection was brought forward due to information of risk or concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

Caremark (Lanehurst Gardens)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

There had been concerns reported to us about the management of medicines at the service. We brought this inspection forward. We did this to review overall management and leadership of the service and medicines management to include any risks that may relate to medication at the service.

Inspection team:

This inspection was completed by one inspector and an expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This ExE had expertise of supporting older people living with dementia who used the services.

Service and service type:

Caremark [Lanehurst Gardens] is an extra care housing scheme for older people living in their own homes. People were supported by care staff with the regulated activity of 'personal care.'

The service had a new care manager who was not yet registered with the Care Quality Commission [CQC]. At the time of this inspection the new care manager was applying to become the registered manager with the CQC. They had not yet submitted their application to us but had submitted their DBS check to be reviewed. A registered manager and the provider are legally responsible for how the service is run and for the quality

and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 22 January 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from the local authority and health professionals who worked with the service.

The provider did not complete the Provider Information Return [PIR]. This inspection took place before they had an opportunity to submit this to us. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection we spoke to people, professionals and also reviewed;

- Notifications we received from the service
- Four people's care records which included risk assessments
- Three staff members recruitment and training records
- Records of accidents, incidents, complaints and compliments
- Audits and quality assurance reports
- Minutes from meetings with staff and people
- We observed activities and the lunch time meal experience for people
- Nine people using the service; 4 relatives
- Spoke with, six members of care staff, the new care manager, the area manager and the supervisor.
- We also spoke with West Sussex County Council's [WSCC] social services extra care contract coordinator and assistant care manager.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely; lessons were learnt when things go wrong.

- This was the first inspection for this service since they became registered with the Care Quality Commission [CQC] in April 2018. We inspected the service sooner than scheduled for new services to enable us to review practices regarding medicines management to make sure these were safe for people.
- We had received concerns from members of the public and social services under safeguarding. During this inspection we found that these concerns were being addressed by the provider and management team.
- We found that there were safe systems to monitor and manage medicines and people received their medicines safely.
- Staff competence was observed by senior staff to make sure staff gave medicines safely to people.
- People said their medicines were given safely, when they needed them. Some people had their medicines kept in locked boxes for safety reasons. One person was identified as being at risk of overdose if they had access to their medicines.
- The new care manager worked to ensure that risk assessments or 'best interests' decisions were detailed when people's medicines were held in 'locked boxes' for safety reasons.
- One person told us, "Staff give me my medication when I should have it." Another person said, "They [staff] help me with my medication and consult me. I'm happy with that."
- The area manager had worked with the management to ensure that systems and process had been improved to ensure that the management of medicines was more closely monitored for people. This had reduced the incidence of medicines errors.

Assessing risk, safety monitoring and management:

- Risks to people were assessed. Staff were observed in practice on a regular basis by senior staff to ensure they moved people safely and used any equipment safely and correctly.
- Records contained risks identified for people and the action staff were required to take to keep people and themselves safe.
- People were involved in decisions about any actions required to reduce risks to themselves. One person had been actively involved in discussions about how staff could best support them to manage their behaviour that may challenge.
- Systems and process protected people from the risk of abuse and avoidable harm. Staff received training and understood how to raise concerns both within and outside of the organisation to keep people safe.
- People said they felt safe and their relatives said their loved ones were safe. One person told us, "I really do feel safe here." One person's relative said, "She is very safe here."
- The new care manager had informed us, without delay, of any events that they are required to tell us about

in law.

Staffing and recruitment:

- People were protected by safe recruitment practices that meant that staff were of good character.
- New staff received recruitment checks which included information about their character and Disclosure and Barring [DBS] checks. This ensured they were able to work safely with vulnerable people in a care setting. New staff received an organisational induction.
- There were enough staff to support people appropriately and safely at the service.
- One person told us, "Staff numbers are better now" and "the response when I have called, is immediate." Another person said there were, "Enough staff here" and "When I use my bell, they [staff] come quickly."

Preventing and controlling infection:

- People were protected from the risks of infection. Staff were provided with personal protective equipment [PPE] such as gloves and aprons which they used correctly.
- Staff received training to understand safe practice for infection control and nutrition and hydration. This enabled them to understand how to prevent and reduce the risk of infections to people.
- Staff understood how to safely manage infection risks for people. One staff member told us about the support they offered to a person after they had a tooth removed. They said, "We've told her to rinse her mouth [to avoid infection]".

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with the 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 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.

If a person is living in supported living or their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. At the time of this inspection no applications to the court of protection had been made. This was not identified as being required for people at this time.

- People were supported to make decisions about their care. Staff sought consent appropriately and asked people for their agreement before they supported them. We observed this during the inspection.
- Mental capacity assessments were completed for people who may lack mental capacity to consent to their care or treatment. This ensured that staff put care in place to support people to have their needs met in their 'best interests.'

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across the organisation:

- People's needs were assessed before they moved into the service.
- Care plans contained person centred, detailed information about people's individual needs, choices and preferences. Staff knew people very well and were able to clearly describe their needs and likes or dislikes in great detail.
- People were treated fairly regardless of their age, gender, sexual orientation or disability.
- Staff were able to describe how they supported people to live freely without discrimination or fear of their personal preferences about aspects of their daily life choices. This included the clothes they choose to wear. Staff openly and accepted and respected them.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to health and social care professionals outside of the service and were supported to attend appointments as required.

- Staff responded promptly and proactively to people's healthcare needs. One person said, "When I had an angina attack, they [staff] came very quickly." Another person told us, "If they [staff] think I need a GP, they organise it."
- Staff worked openly with health and social care professionals.
- An extra care coordinator from West Sussex County Council [WSCC] told us how well the new care manager worked with them. They stated that people were referred to other health professionals outside of the service without delay.
- The WSCC representative told us, "She [new manager] had put in the measures we had agreed and was communicating with professionals to support this lady, maintain her dignity and keep her safe."

Staff skills, knowledge and experience:

- People said that staff were trained and were competent in their roles. One person said, "Staff are efficient and fair" and "They seem to know what we need."
- Staff received regular training and new staff completed an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff received regular supervision, 'spot checks' and observations from senior staff.
- Staff felt well supported in their roles. The new manager told us how they had been supported during their induction by the area manager. They said, "[Area manager] has been a great support. I shadowed her, and she trained me and then shadowed me. I also went to [Caremark office] for training."

Supporting people to eat and drink enough to maintain a balanced diet:

- People received support to eat and drink enough. Care staff supported them with breakfast and tea time meals, when this was required.
- The main lunch time meal was provided by the landlord of Lanehurst Gardens.
- People with more complex dietary needs received foods appropriate for them. One person told us, "Meals are very good" and "I am diabetic and they take care that I don't have what I shouldn't."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were positive about the care provided and thought the staff were kind, caring, helpful and respectful. It was evident throughout our observations during this inspection that staff had developed very positive relationships with people who they knew well.
- One person said, "All the staff are lovely, very kind." Another person told us, "The carers are very good" and "I get on with all of them."
- People and their relatives said that staff communicated openly with them and evidently cared for the wellbeing of them and their relatives.

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

- Staff actively supported people to be involved in decisions about their care whenever they were able to do so.
- People were able to express their own views and wishes or had family or friends to support them to do so. Advocates provide independent support and advice to people.
- The management team understood how they could access advocacy for people if they needed this support. The new manager said, "We would speak to social workers to get that information [advocacy]."
- Staff had time to care for people with compassion and kindness.
- We observed a staff handover meeting with five care staff and the new care manager. Information was shared appropriately about people's needs, wishes and preferences.
- Discussions demonstrated that staff took the time to understand and respect people's individual preferences. For example, one member of staff talked of the need to alter the timing of when a person was supported to have a shower. This was because, "It 'wasn't working with their hair appointments" and "she looks lovely when she has her hair done." This showed that staff valued people and ensured the service was provided to meet their preferences.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain relationships that were important to them. The new manager told us that, "Relatives can come and stay in the visitors flat to be with [people]." One person's relative did this regularly and stayed with their mother at weekends.
- People's privacy and dignity was respected, and confidential records were held securely in line with data protection legislation.
- One person said that, "Staff do knock or ring the bell before coming in" and "Staff are respectful." Another

person told us, "When they [staff] help me shower, they are discreet. I try to be as independent as I can be. Visitors can come whenever."

- A further person said, "I do definitely feel I have independence here."

Is the service responsive?

Our findings

Responsive – this means the service met people's needs

People's needs were met through good organisation and delivery.

Personalised care; choices, preferences and relationships; accessible information:

- People and their representatives, as appropriate, were involved in the planning and review of their care needs.
- Regular activities were held in the main communal lounge area. The care manager told us, "Every afternoon we have activities." We observed people enjoyed to join in with care staff; signing songs and completing word quizzes.
- One person told us, "I do get what care I need here" and "Entertainment is good, enough choice." Another person said, "The programme of entertainment is varied."
- People were positively encouraged by staff to engage in the activities. One person was encouraged to sing in another language and were 'clapped' by people and staff alike in celebration. This person lived with dementia and happily smiled throughout the song. This was evidently a valuing experience for them.
- People spoke highly of the main staff member who provided the activities during the inspection. One person said, "We're lucky to have her, she is amazing."
- One person was actively supported to attend a local computer training course. A staff member went with them to the course. They were then able to support the person to use technology.
- The management actively supported links with the wider local community to come into the service.
- Once a week a local childminder brought children into the service aged between two and four years old. The new manager told us, "They come and play games, read books, sing. We had been looking for a playgroup to come in and the childminder emailed us." The manager said people, "love it."
- The manager also said that one person who lived with advanced dementia, "Was playing with batman" and they were "really interacting with the little girl" and "the kids absolutely love it." "It's natural, not forced. Both parties benefit from it."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard [AIS]. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- A staff member told us how they supported a person to, "Steady their hand [due to tremor]" to enable them to independently "sign their paperwork."
- Staff knew people who lived at the service very well.
- Staff could clearly describe when they needed to make adjustments to their approach. This ensured people were supported to communicate their needs when they had a hearing or sight loss, or disability, such as dementia.
- One member of staff described how they assisted a person who lived with dementia to find their way around their flat. They said, "We have had to put notes on the door to show her where her bathroom is. She

needs encouragement and clear instructions [for daily living skills]."

Improving care quality in response to complaints or concerns:

- People had access to a complaints procedure and were supported to raise any concerns they may have.
- We saw an example of a complaint that had been resolved appropriately. The new manager had written to the person in line with their policy.
- One person had an 'easy read' accessible complaints procedure. The supervisor told us that this was, "Because he has visual impairment." The supervisor also described a good understanding of providing information in accessible formats for people when they had visual impairment, by, "Putting yellow paper and large font print" for them to be able to read more easily.
- People said they did not have any complaints about the service. One person said, "No complaints at all but I would speak up if needed." Another person told us, "No complaints whatsoever."

End of life care and support:

- People did not receive end of life care at the time of this inspection. However, staff understood how to provide compassionate end of life care to people.
- The new care manager was able to clearly describe the importance of end of life care and spoke with compassion and consideration about these wishes for people.
- A West Sussex County Council assistant care manager wrote to the care manager following the death of a person who lived at the service until they passed away. They said, "It was a complex situation, but your compassion, reassurance and understanding towards her needs and how best to support her was outstanding."
- The care manager had five years' experience working with people at the end of their lives in the community as a 'community nursing assistant.' They told us that they wanted to ensure that all staff received end of life training.
- Systems ensured that people who did not wish to be resuscitated had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.
- Care staff knew which people had DNACPR's so that people's end of life wishes were known and respected.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; How the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The aims and objectives of the service were documented in the 'statement of purpose.' These clearly outlined the outcomes the management team aimed to provide for people and for the staff who worked at the service.
- People and their relatives said the service was well run and that the new manager was a "very nice person" and "approachable."
- There was a positive, open and transparent culture across the service and people said they had a positive relationship with the new care manager.
- There was no registered manager in post. The previous manager had cancelled their registration with us in August 2018. The provider had continued to actively recruit a new care manager.
- The new manager had been in post since December 2018 and was in the process of applying to become the registered manager for the service. They had submitted their Disclosure and Barring Service [DBS] checks.
- The new manager maintained their skills and qualifications in their role. They told us they were, "In the process of signing up for their level 5 [leadership course]."
- People had not always experienced a consistently good service under previous management. However, people now said that the service had improved with the new care manager.
 - One person said, "The new management has helped things to improve." Another person told us, "There is a definite improvement in the management since the new manager came" and "I can go to the manager with any issue. She is a nice person."
- Staff were happy at the service and felt well supported by the management team. One person told us, "The staff do seem happy and work as a team."
- Staff were supported emotionally when they experienced challenges in the workplace. One staff member had experienced the loss of a person who had lived at the service. This had caused them emotional upset. The manager had used the organisational 'debrief' process to support them through the experience.
- Systems and process were used to effectively monitor and manage the service. Audits were completed to monitor aspects of service delivery which included accidents and incidents.
- A weekly quality report was sent to the area manager by the new manager. This enabled them to have close oversight of any risks and actions being taken to reduce these.
- The new manager understood their regulatory responsibilities and notified us of events that they were

required to tell us about in law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others:

- The management sought views from people and staff.
 - People felt listened to. One person said, "The management does listen and tries to sort things out."
 - We were told by people regular meetings were held. One person told us, "We do have residents' meetings."
 - The meetings provided opportunities for staff and people to share their experiences of the service. Staff meetings were scheduled on a monthly basis. The supervisor had planned future meetings for the coming year.
 - There was a service wide action plan which detailed all aspects of the service that were being monitored by the new manager and area manager. This enabled them to adopt a 'continuous improvement' approach to the service. It was clear that actions were being completed in a proactive and timely manner.
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- The manager worked in partnership with other multi-disciplinary professionals outside of the service. A WSCC social services extra care coordinator spoke highly of the new manager regarding their ability to manage a difficult situation for a person who lived at the service.
 - They said, "We put a plan in place to minimise the risks whilst I sorted a social worker to visit and reassess with a view to the lady possibly moving. [New manager] was very professional in her response and kept an objective view of what needed to happen."
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- Staff were positively rewarded for their contributions in their roles. The new care manager told us how staff are given, "ABC awards" which the "residents choose."
 - This was an 'ad-hoc' process based on positive feedback from people and observations of commitment from staff by the management team and their colleagues. The new care manager said that when people, "come to the office and give positive feedback about staff we give them the ABC award" and "It's about the staff doing something that extra bit special [for people]." We saw an example of one 'ABC' reward for staff. It said they were, "Always helping out on shifts. Always smiling."