

Northgate Healthcare Limited

Lane House Residential Care Home

Inspection report

265 Lichfield Road
Tamworth
Staffordshire
B79 7SF

Tel: 01827314806

Date of inspection visit:
22 November 2017

Date of publication:
24 January 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 22 November 2017. Lane House Residential Care Home is a residential care home for 33 older people some of whom are living with with dementia. At the time of our inspection there were 32 people living there.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was not a registered manager in post because they had recently left. There was however a new manager who had started their registration with us. 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 continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They 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. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including in partnership with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they received.

People and their relatives were included in developing the service and found the manager approachable. There were quality systems in place which were effective in continually developing the quality of the care that was provided to them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lane House Residential Care Home

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 22 November 2017 and was unannounced. It was completed by one inspector 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.

Lane House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lane House Residential Care Home accommodates 33 people in one building.

We produced an inspection plan to assist us to conduct the inspection visit with all the information we held about this service. On this occasion we did not ask the provider to send us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share this information with us at the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with nine people who lived at the home to receive feedback on the care and support they received. We observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We spoke with two people's relatives about their experience of the care that the people who lived at the home received.

We spoke with the manager, the area manager, the deputy manager, three senior care staff, two care staff and two activity co-ordinators. We also spoke with one of the providers when they visited.

We reviewed care plans for five people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. This included audits, improvement plans and two recruitment files.

We asked the area manager to send us information about staff training after the visit. They sent us the record of staff training as requested. They also confirmed that where they had identified some people at risk of having their freedom restricted to keep them safe that they had made all of the applications to the local safeguarding authority. They confirmed this within the timeframe requested.

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One person we spoke with said, "The staff are very good at making us feel safe and protected. They always ask us what we want and notice if we are upset or anything". Staff told us how they would report any concerns to their line manager or the local authority. We reviewed safeguarding with the manager and saw that safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

Risk was managed when people were supported to move using equipment. One person said, "I used to walk about with a frame but I had a fall a while ago. The staff talked to me and my family about me walking about. We decided that to reduce the risk of me falling I would walk about in my room with the frame but if I wanted to go up the corridor or to the lounge that they would take me in the wheelchair. It's worked really well as I have not fallen again". We saw that other risks to people's health and wellbeing were also considered; for example, people used equipment to relieve pressure on their skin to ensure it did not become sore. Records that we reviewed showed that risk was assessed, actions were put in place to manage it and it was regularly reviewed.

The home was clean and hygienic which reduced the risk of infection. One person said, "The cleaning here is very good. My room and toilet are always kept spotless". The home had a very good rating from the food standards agency which demonstrated that systems were in place to manage hygiene in the kitchen and around food. The provider maintained infection control audits and implemented any required action points.

Lessons were learnt from accidents or mistakes and actions taken to reduce the risk. We saw that the provider had implemented a new system to review any falls that happened. A member of staff told us, "We have seen a reduction in the number of falls since we have analysed them in this way. We look at the trends from month to month to try to find out any underlying cause. For example, one person was having falls at night because of their room layout so we changed it to be more familiar to them".

There were enough staff to ensure that people's needs were met safely. One person said, "I can call for help if I want someone and there is usually someone who comes quickly". Another person said, "I couldn't ask for more really. I like to stay in my room as I like my own company but the staff are always popping in to check I am okay". We saw that there were always staff in communal areas and they spoke with each other to arrange cover if they had other things to do. Staffing levels were planned around individual need. We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

Medicines were managed to ensure that people received them as prescribed. One person we spoke with said, "They always bring the medicines around and wait whilst I have them". People told us they could ask for additional medicines when needed. One person said, "Sometimes I need painkillers in the night for my legs. I only have to ask and they will bring them, but they are so good they always bring me a cup of tea as

well and talk to me for a while until I am ready to go back to sleep". We observed that medicines were administered to meet individual need. They were stored, recorded and monitored to reduce the risks associated with them.

Is the service effective?

Our findings

People were supported by staff who were skilled and knowledgeable. One person told us, "The staff are very good and always look out for us". Staff told us that the training and support they received assisted them to do their job well. One member of staff said, "I was really impressed when I started working here. I had lots of training and at least two weeks induction. I spent a lot of time shadowing other staff and was involved in agreeing when I felt competent to work alone". Other staff described their roles as champions. One member of staff said, "I am the dementia champion because I have done a lot of training on it before and I am passionate about it. So far, I have advised staff during shifts and suggested other ways to approach situations. I am looking forward to developing the role". The manager told us, "We already follow national guidance but we will develop the champion roles to look at best practise in a range of topics". We saw that guidance was available to staff; for example how to manage diabetes in line with NICE guidance.

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). People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff always ask me if it is okay before doing anything". When people were unable to make their own decisions staff told us how they consulted with families and other professionals to ensure that their best interests were considered. DoLS authorisations were in place when people did have restrictions in place that they couldn't consent to and we saw further applications were in process.

People were supported to maintain a healthy balanced diet. One person said, "I like my food and it's very good here. They do me a full English breakfast every morning". Another person told us, "We have jugs of water in our rooms and they are changed every day. There is a sticker with the date on so we know they are fresh". We saw that some people received specialist meals when required. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person told us, "The district nurse comes in to help care for me and the staff are always quick to contact them if they think there is a problem". Other people told us about the range of health professionals they had contact with. This demonstrated to us that the provider had effective relationships with other organisations.

The environment was accessible and designed to meet people's needs. One person told us, "I have my own telephone in my bedroom like I did at home with my own number so that I can call my family or they can call me whenever they want to".

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One person told us, "I couldn't ask for a better bunch. They are so caring and kind both day and night; I am just so lucky to have them". Another person we spoke with said, "The staff are really lovely, I am very happy here and I wouldn't change a thing". Staff understood how to support people's human rights; for example, one couple had a shared room and were supported to spend time together as well as recognising that they had separate interests and valued some time apart.

People were actively involved in making choices about their care. One person told us about their choices for personal bathing. They said, "It's amazing; the staff help me get up at whatever time I like and I have a shower every morning without fail". We saw that staff adapted their communication to meet people's needs so that they could make choices and spent time with people who were less able to verbally communicate to try to understand their wishes. One person said, "The thing I like best is that the staff are so approachable and never mind me asking even if it's a silly question". The manager told us, "We are looking at how we can improve signs in the home to help people living with dementia. We have also started a project of photographing the food to help people to make choices". This showed us that people's communication needs were considered when providing them with support.

Dignity and privacy were upheld for people to ensure that their rights were respected. One person told us, "The staff always knock and call out before coming into my room". People told us that they were encouraged to be as independent as possible. One person said, "The staff are here to look after me I know that; but they are always very positive and praise me when I manage to do things for myself". Families told us that they were welcomed to visit whenever they wanted to and were kept in regular contact about their relative's wellbeing. One person told us, "If anything changes or they are concerned about me they will always contact my family immediately".

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their preferences. One person told us, "The staff are very good and always look out for us. My son comes to discuss my care from time to time and we agree if anything needs to change". One member of staff we spoke with said, "We like to make sure we know people really well and meet their needs. For example, one person has a first language which isn't English and so we have brought in magazines in their language and translated the newsletter for them". We saw that records were maintained and regularly reviewed to ensure that staff had guidance to enable them to support people in the requested way. When people's care needs changed the plans were reviewed with them and their families. Staff met each other at the end of their shifts to ensure that all current information about people was given to the next staff who would support them.

At the time of our inspection there was no one receiving end of life care. We spoke with one family member who told us about the support they received when their relative was at the end of their life. They said, "They included us in planning all of their care. Their medicines were supported to manage their pain. We could come and go as it suited us to be with them. We couldn't ask for more". We saw that there were plans in place which detailed how people wanted to be supported at the end of their life.

There were a varied amount of activities available as well as opportunities for one to one interaction. We saw that some people went out for the day and others did a craft activity. One person told us, "I think they try really hard. I have enjoyed my trip to the garden centre, it was nice to go out and see all the Christmas things it makes it feel real". Later in the day there was also a religious service. One member of staff said, "We do try and address any religious needs and have a church service this afternoon; but I would try and arrange individual visits if residents wanted one". The home had several rooms which enabled activities to take place in large or small groups and some people chose to spend time in quieter spaces. There were also gardens which were accessible and enabled people to walk in and around them.

People and their families knew how to make complaints and were confident that they would be listened to. One person said, "I don't have any complaints at all but would be happy to raise them if I did". We reviewed the complaints that the provider had received and saw that they had been responded to in line with their procedure. This included what the outcome was and if the person was satisfied with the response.

Is the service well-led?

Our findings

There was not a registered manager in post. The registered manager had recently left and a new manager was in post and beginning their registration with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and their relatives knew the manager and found them approachable. We observed that the manager knew people well and could chat to them easily about their current wellbeing. They ensured that people had the opportunity to contribute to the development of the service through regular meetings and annual surveys.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "This is a fantastic place to work. We have lots of opportunities and are well supported". There were regular opportunities for them to share their ideas and any concerns; for example, through team meetings and one to one support sessions with line managers. One member of staff said, "We have staff meetings so that everyone is involved, these are always very constructive and productive and staff welcome having them". We saw that the provider visited regularly and knew people who lived at the home well. One member of staff said, "We are just like one big extended family and the provider values us both as a team and individuals".

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place as a consequence. The area manager told us, "We have spent the last six months reviewing how we manage the audits and reporting to tighten it up. I visit at least weekly at the moment to support the new manager and deputy and to ensure that all of the systems are in place. I sample their audits to ensure that the information is correct. For example, we are now confident that all care plans are up to date". We saw that there were records of working with other agencies; for example, one member of staff told us that all of the people at the home had recently been re-assessed for their own slings for the hoists by health care professionals. They told us that this was actioned in response to an internal infection control audit to reduce the risk of infection spreading by sharing hoist slings. This demonstrated to us that the provider took action in response to internal audits to ensure that improvements happened in the service.

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.