

# 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?

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

Lancaster House is a residential care home and was providing accommodation and personal care to 28 people at the time of the inspection. The service can support up to 31 adults.

Lancaster House accommodates people in a large adapted building. One part of the service was self-contained and accommodated people who were living with dementia or an enduring mental health condition. There were pleasant and secure garden areas for people to enjoy.

### People's experience of using this service and what we found

People who used the service were very happy with the care and support provided and received a good quality of care.

Medicines were mostly very well managed and clearly recorded, although we found one stocktaking error. Staff understanding of safeguarding was good and they knew their responsibilities. There were enough staff and they were recruited safely. Risks were well managed and regular health and safety checks were in place.

The environment was suitable for people's needs. Staff were well trained and induction and support for new staff was good. People's needs related to their mental and physical health were well managed and there was good liaison with other professionals. People enjoyed their food and kitchen staff were clear about people's dietary needs. Consent was well managed, and the registered manager acted as a good advocate to make sure people's rights were upheld.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring towards the people who used the service and their relatives. They promoted people's independence and upheld their dignity. People who used the service were included in decisions about their care and played an active role in their local community if they wished to.

Care was person centred. The service enabled people to follow their own hobbies and interests. People living with dementia had opportunities to take part in sensory and imaginative activities. End of life care was well managed, and staff had received training to enhance their skills in this area. There was a complaints procedure in place and complaints had been responded to promptly and fully.

There was strong leadership from the registered manager. They had also begun to delegate some tasks to key staff and develop their skills. There was very good oversight of health, safety and welfare and action was taken if patterns or trends were identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 13 June 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Lancaster House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Lancaster House 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.

The service had a manager registered with the Care Quality Commission This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all the information we held about the service, including the previous inspection report and notifications of incidents the service is required to tell us about. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the service. We also spoke with the chefs, four care staff (including one senior member of the care staff team and one agency member of staff) and the registered manager.

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 easily.

We reviewed a range of records. These included four people's care records and five medicines records. We also reviewed rotas, two staff training and recruitment records and other documents relating to the safety and quality of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were stored safely, and records related to administration were accurate. Stocktaking procedures were mostly good. However, we did find recorded stock for one medicine was inaccurate by one tablet. We fed this back to the registered manager who assured us they would investigate. Other recorded stocks of medicines tallied with actual stocks held in the service.
- Staff who were responsible for giving people their medicines had received suitable training and their competency to carry out this task was checked. We observed staff taking their time to make sure each person had taken all their tablets before moving on to the next person.

### Staffing and recruitment

- People who used the service and staff told us there were enough staff. Records confirmed that staffing levels were provided in accordance with the service's assessed levels. Bank and agency staff were drawn from a small team who knew people well. This practice aimed to ensure consistent care and this is what we observed.
- The service recruited staff safely, with all appropriate checks and references in place before people started work. A Disclosure and Barring Service (DBS) check took place. This made sure staff did not have any convictions that would make them unsuitable to work at Lancaster House.

### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and demonstrated a good understanding of how to keep people safe. They were aware of signs and symptoms which might suggest someone was being abused and knew how to raise and escalate concerns appropriately.
- The service had made appropriate safeguarding referrals and co-operated with the local authority safeguarding team when investigations had taken place.

### Assessing risk, safety monitoring and management

- Risks relating to equipment and the environment were well managed. Health and safety checks were comprehensive, and any issues were promptly addressed. Oversight of health and safety matters was good.
- People's care plans contained individual risk assessments and documented how risks could be reduced as much as possible. Specific risks related to how people could behave due to their mental or physical health conditions, were fully assessed. Care plans were detailed and clearly documented steps staff should take to try to manage some significant risks.
- Where people had been assessed as being at risk of developing a pressure ulcer, this was well managed and kept under review.

### Preventing and controlling infection

- The service was very clean and staff, including kitchen and domestic staff, demonstrated a good understanding of infection control procedures.
- Staff had received training in infection control and food hygiene. Equipment, such as gloves and aprons, were available for staff to use when supporting people with their personal care.
- The registered manager had good oversight of infection control procedures and these were regularly audited.

### Learning lessons when things go wrong

- There were systems to learn lessons and drive improvement. The registered manager had good oversight of incidents and accidents and used staff meetings to discuss them. They told us they discussed where things had gone wrong and also near misses, where people might have been placed at risk. This aimed to reduce the likelihood of repeat events.
- We noted some significant incidents had taken place but reflective review of these was not always evident in records. The registered manager told us records did not always reflect the support staff received and the learning which took place after events. Staff confirmed this and told us that serious incidents were discussed, and they were happy with the support they received.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out a detailed assessment of people's needs before they moved in, to make sure the service could meet them. There was evidence of the registered manager refusing to take people if they felt the service could not meet their needs. This demonstrated a good understanding of the needs of people at the service and of staff skills and experience.
- The assessment was used to provide a framework for people's care plans once they moved in.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles. Training covered specific topics such as depression, dementia, needle stick injuries, diabetes and de-escalation techniques, for example. Staff confirmed to us that if they felt they needed training in a particular area, this would be provided.
- New staff received a structured induction and had the opportunity to undertake additional qualifications in care to further develop their skills.
- Staff felt well supported. There was recognition that sometimes the role could be stressful. Staff told us they were given the opportunity to work in another area of the service, if this was the case on a particular shift.

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

- People were positive about the food and told us they had a choice of meals. Kitchen staff had a detailed knowledge of people's dietary needs and preferences. Menus featured people's favourite meals on a four week rolling programme. One person told us, "The food's fantastic."
- People at risk of losing or gaining too much weight had their weight kept under review. Staff supported them to manage their eating and drinking with positive results.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were very well managed. Care for people with diabetes was good. Staff carried out a monthly foot health check alongside detailed day to day monitoring of people.
- Staff made appropriate and prompt referrals to other healthcare professionals such as dietitians, falls team, GPs, dentists, and the mental health team when needed. Any advice and guidance other professionals gave was clearly documented in care plans and understood by staff.
- There was evidence of the registered manager advocating for people to secure them the appropriate healthcare treatment. Staff attended hospital appointments and information was clearly recorded where people's healthcare needs had changed. Effective systems were in place to support communication

between the service and other healthcare professionals.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the needs of the people who used the service. Communal spaces were light, homely and welcoming. People had good access to the secure gardens and grounds and were seen popping out to visit the pets or to have a cigarette. There were notice boards with large displays telling people about activities that were planned.
- Rooms were personalised, and colour coded handrails helped people navigate around the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People consented to their care and treatment. Staff asked people before they began to offer care and support and people's wishes were respected. Where people's mental health condition led to them regularly refusing care and treatment, strategies were in place to try and achieve a positive outcome, whilst respecting their rights.
- Care records included clear information about people's capacity to make decisions. Some people had been assessed as having capacity to make their own decisions on some days but not others. The registered manager had taken time to assess people's consent on what was a good day for them. This process was recorded clearly so staff were aware that the person's view may change.
- DoLS applications had been made appropriately and were kept under review to ensure people continued to be supported and cared for in the least restrictive way. Staff understanding of DoLS was mostly good, but some staff needed a refresher. We fed this back to the manager who assured us they would take this forward.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- We observed staff treating people with kindness and compassion. Staff supporting people living with dementia and those whose mental health was poor, demonstrated great patience and understanding when they became distressed and anxious.
- We noted a clear commitment to reducing people's anxiety and trying to refocus their attention. One staff member sat with a person and tried to help them regulate their breathing, in order to reduce their extreme anxiety. They advised them to take deep breaths until they calmed a little. Another person had a 'soothing box' which contained items designed to help them become calmer and reduce anxiety.

Respecting and promoting people's privacy, dignity and independence

- Care plans contained good information about people's lives before coming to live at the service. Staff were able to tell us about people's previous jobs and their family lives. They demonstrated a holistic approach to the care and support they offered.
- Care plans were person centred. We noted one care plan for a person who was extremely unwell and whose behaviour was having a negative impact on themselves and, potentially, others. The plan documented strategies to support the person with this.
- The very first piece of information in the person's care plan was about them on their 'best day'. The registered manager told us they didn't want staff to see the person negatively. They were committed to documenting the positive as well as negative parts of a person's life.
- Staff were respectful, and people's privacy and dignity was upheld. Staff took time to make sure people's behaviour did not compromise their dignity. Care plans documented how staff should help achieve this.
- People were encouraged to be as independent as possible. Some people had arrived at the service and had been fully dependent on staff. Following a period of care and support they were now accessing the community independently and trying new things.

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

- Care records documented people had been involved in decisions about their care and treatment. People, or their relatives if appropriate, were involved in ongoing reviews of their care if they were able to.
- Where people were unable to express their views and had no appropriate individual to help them, the service used advocates. This helped to ensure people's rights were upheld and their voice heard.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans clearly documented people's needs and reflected any changes promptly. They contained information about people's choices and preferences, as well as information about their life before they came to live at Lancaster House. Staff had good knowledge and understanding of people's individual needs and preferences.
- Specific details about people's care needs and choices were documented in an 'About Me' booklet. This included things like people's favourite songs, for example. Staff told us this information could sometimes spark a memory in people living with dementia. They said they often reviewed the booklets with people, especially if people were focussed on something negative and becoming distressed.
- Staff demonstrated a good understanding of how people's health conditions could affect their behaviour. They described the techniques they used when people became distressed or anxious and we observed these being put into action. Some plans could benefit from more information about possible triggers for people's anxiety. The registered manager told us they would consider this when next reviewing people's plans with them.

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

- Staff enabled people to make their own choices and spend time how they wished. We observed one person arranging for their meal to be kept warm, as they were going out to a social function and were going to be back late.
- The service supported people to follow a variety of hobbies and interests including arts and crafts, music, games and leisure activities in the local community.
- We saw that people really enjoyed the interactive light board at the service. This provided people, especially those living with dementia, with a chance to play imaginative and reminiscence games which were greatly enjoyed. Staff also found this activity could be calming when people felt anxious.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific communication needs these were noted in their communication care plans.
- Information was displayed around the service in pictorial and photographic formats to help people

understand. Pictures were used to help people make choices, to help staff understand what mood people were in and to let staff know if they were in pain. Where people had a sensory loss, information was provided in alternative formats.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people knew how to make a complaint if they needed to. Information about complaints was clearly displayed in the service.
- There had been two formal complaints since our last inspection. Both had been responded to promptly and resolved in line with the provider's own policy.

#### End of life care and support

- The service provided end of life care and staff received training in supporting people. Where people wished to, they had recorded their end of life wishes in their care plans. Care plans documented additional responsibilities, which the service took on when people had no family involved in their end of life care.
- Staff supported people sensitively and provided support in line with people's expressed wishes.
- Staff worked in partnership with GPs, district nurses and palliative care nurses. Records documented good communication between the various agencies, which helped to achieve consistent care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a direct management style and worked as a role model for staff. Feedback about the manager was positive, and staff appreciated the support they gave.
- Some staff told us that the registered manager took on too much. The registered manager themselves had recognised this and had begun to develop some key staff and gave them specific leadership roles. Some staff were designated champions for certain aspects of the service, such as for health, moving and handling, diabetes and oral health. These roles carried responsibilities for auditing this aspect of the service and making referrals, if needed.
- People who used the service were involved, as much as possible, in key decisions. For example, they had been consulted on outings, food, decor, the time of the medicines round, garden fencing and the provision of activities.
- Relatives were invited to give feedback via a survey. Recent surveys received very positive responses and very few contained any suggestions for change. Positive comments such as, 'The team at Lancaster House have been wonderful...their understanding...has been outstanding.'
- Staff had some input into the way the service was run. They told us staff meetings were an open forum but the registered manager always made the final decision. One member of staff had introduced new procedures relating the management of diabetes. Another had asked for an additional activity budget and this had been agreed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their duty of candour. They were open and transparent with people when there were any issues which needed to be shared.

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

- The registered manager had been registered with CQC for many years and had an excellent understanding of the role. They were clear about their legal duty to notify CQC of important incidents and had done so when required.
- There was a quality assurance system in place which gave the provider and registered manager comprehensive oversight of the service. There were regular audits of quality and safety. These included

audits of accidents and incidents, falls, pressure care, infection control, safeguarding, dignity and respect. Audits always followed up on any actions from the previous month.

- The registered manager carried out observations of staff practice. Staff received an annual appraisal and were supported to undertake further qualifications in care.

Working in partnership with others

- The service worked in partnership with local health and social care professionals to help provide consistent care for people. Close working was clear in records, especially when people's mental health had reached a crisis point and several agencies were involved in supporting them.