

Careline Lifestyles (UK) Ltd

Lanchester Court

Inspection report

Lanchester Court, Lanchester Avenue
Wrekenton
Gateshead
Tyne and Wear
NE9 7AL

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Tel: 01914873726

Website: www.carelinelifestyles.co.uk

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lanchester Court provides residential and nursing care and support for people with learning, neurological and physical disabilities. The service is registered to support up to 22 people. At the time of inspection, 21 people were living at the service.

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

Improvements had been made with regard to the management of medicines. People received medicines safely from staff who were competent and appropriately trained.

The provider had in place systems and processes to ensure people were safe. People were safeguarded from the risk of abuse. Staff liaised well with external safeguarding professionals.

People's support focused on their safety and basic needs. There were a range of examples of positive health outcomes for people. Some people had relished opportunities to gain new skills and become more independent.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture. Person-centred care was not however fully embedded into practice and outcomes for people's independence and empowerment were at times inconsistent. We have made a recommendation about the need to improve person-centred care outcomes.

More could be made of the facilities, and the opportunities people could be enabled to pursue, to enable this independence. For instance, the outdoor spaces and the skills kitchen, both of which were under-utilised.

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

People told us staff were kind, and respectful. People were involved in the care planning and review process; their preferences informed care plans and communication strategies.

There was a positive culture amongst the staff at the service. People were valued as individuals and

encouraged to play a part in how the service was run. The atmosphere was relaxed and homely.

The registered manager and deputy worked well together and were keen to continually improve the service. External professionals were consistent in their praise of the openness and of the leadership team.

The registered manager and deputy manager were responsive to feedback during the inspection and during follow up. However there were areas of care plans and risk assessments which required improvement. The provider's auditing processes had not identified these areas. We have made a recommendation about this.

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

Rating at last inspection and update

This last rating for this service was requires improvement (published 13 November 2019), where a breach of regulation was identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lanchester Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors carried out this inspection.

Service and service type

Lanchester Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the provider 24 hours' notice of the inspection. This allowed the provider time to let people know we would be visiting and provide us with records for review as part of the inspection.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We sought feedback from the local authority and professionals who work with the service.

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.

During the inspection

We spoke with six people and three relatives about their experience of the care provided.

We reviewed a range of records. This included five people's care records. We spoke with three members of staff, including the registered manager, deputy manager, operations, and four care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed five further members of staff for their feedback, as well as two further health and social care professionals. We reviewed training information, recruitment information, policies, surveys, newsletters, and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were administered safely and in line with good practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Staff understood the importance of accuracy when recording medicines administration.
- People received their medicines as prescribed. When people needed 'when required' medicines, there was clear guidance in place regarding how and when these medicines may be needed.
- The deputy manager was also the clinical lead and demonstrated sound knowledge of people's medicinal needs and the systems in place.
- Staff had worked well with external professionals to implement improvements to medicines management. This included new documentation and additional checks. One external professional said, "Their proactive approach to medication management ensures that all staff, agency, and regular are working together to improve medication management within the service to ensure compliance."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. The main dining space also served as a living room and activities room and there was little to encourage people to maintain a social distance.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The provider had a comprehensive system in place to identify incident types across different locations. The registered manager demonstrated an in depth understanding of the system.
- Appropriate action was taken in response to individual incidents. However, the reason behind some safety changes was not always effectively shared or understood. For instance, the service had CCTV installed in the medicine storage room. Staff understood this was because of a safety incident at another of the provider's services, but were unaware of the nature of the safety incident. In addition, one person was at risk through regularly leaving the service. Whilst they had been made safe following individual instances, more could have been done to try new strategies to help reduce the risk of repetition.

We recommend the provider reviews their system for analysing incidents to ensure a focus on person-centred outcomes is incorporated.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The service had systems in place to safeguard people from the risk of abuse. The registered manager took appropriate action following concerns or incidents and staff understood their safeguarding duties.
- People felt safe and secure in a service where staff turnover was low. Risk assessments were in place. Some would benefit from being more person-centred, for instance to give staff more detailed instructions about how to help some people reduce their anxieties. The registered manager made improvements to risk assessments during the inspection.
- Risk assessments were regularly reviewed and updated. Staff understood the risks people faced.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. This ensured only applicants suitable to work with potentially vulnerable adults were employed.
- Staffing levels were safe and met people's needs. One person told us, "Staff are always here when I need them," and one relative told us, "They're very safe where they are."

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had specific training in place to support people with particular backgrounds, such as Positive Behaviour Support and Management of Actual or Potential Aggression training.
- People were supported by staff who had received a range of relevant mandatory training. Staff were supported to maintain their skills and knowledge and the registered manager ensured reminders were sent to staff when training was due to expire. New staff were appropriately inducted into their role and supported by senior staff.
- Staff used an electronic system to record their work and to evidence the care and support people received. Staff were confident in using the system.
- Staff felt well-supported through regular supervisions, visible management support and daily handover meetings.

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

- People were supported to access healthcare services when needed to maintain their health and wellbeing. There were some strong examples of people being supported to excellent physical health outcomes. Feedback from local external professionals was excellent. One said, "Each week there is excellent communication." Another said, "The staff have really done an excellent job with her care." One relative said, "They are proactive over [person's] appointments and medicines management."
- Staff worked openly with external health and social care professionals to ensure people's needs were met.

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

- Indoor and outdoor spaces could be better utilised to support people's needs and to enable independence. For instance, staff told us the downstairs skills kitchen was rarely used by people. The outdoor space was in need of repair/repurposing in places. There were some examples of people using the outdoor space but staff acknowledged the space could be improved. The registered manager told us one outdoor lawn was due for relaying and they planned to introduce raised garden beds. The dining space was small and also served as a TV lounge and activities room.

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

- Care was planned in line with some principles of best practice and guidance, such as Positive Behaviour Support and advice from local clinicians. However, staff and managers were not aware of all relevant guidance, such as Right Support, Right Care, Right Culture. This guidance sets out expectations regarding supporting autistic people and/or people with learning disabilities to live a full life.

- Staff assessed people's needs before they used the service and used information from local authority teams and clinicians. They worked closely with people, relatives and external professionals. Relatives gave positive feedback about staff competence and knowledge of people's needs.

We recommend the provider reviews Right Support, Right Care, Right Culture and ensures the principles within are fully embedded in practice.

- People's needs in relation to equality and diversity were considered during the assessment and care planning process.

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

- People were not always fully supported to maintain or develop independence in relation to meal preparation. People and staff told us the skills kitchen was rarely used by people. We saw it was used to store items for the main kitchen. One person said they used it on occasion and also had access to a microwave. Others however told us they would like to learn how to improve their cooking skills, but had not been supported to do so. The registered manager told us more support in this regard was planned for the following week.
- People's care plans gave staff an array of information about people's preferences. Staff demonstrated a good knowledge of this.
- Where one person was at specific risk through eating and drinking the registered manager acted promptly when feedback was given about their care plan.

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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty. 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's consent was sought and obtained in line with the principles of the MCA.
- Applications and authorisations for people who had restrictions placed on their liberty were monitored and managed. Staff worked closely with local authorities and social care professionals to ensure people's capacity was respected. External feedback was positive in this regard.
- Staff understood their responsibilities under the principles of the MCA and ensured people's rights were protected.

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 good. At this inspection this key question has 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

- Staff treated people well and ensured they were involved in decisions. People's individualities were embraced by the home.
- Staff valued people's interests and how important they were to their confidence. For instance, one person told us staff supported them to go jogging and go shopping for new running kit when needed. They said, "Staff are sound and look out for me." One person had a pet rabbit and staff supported them to care for it. A number of people told us how much they enjoy having the rabbit at the home.

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

- People had detailed care plans in place. Staff understood these and knew about people's backgrounds, likes, dislikes and beliefs.
- Staff reviewed people's care plans every month and this included a conversation with people to identify and changes they felt were needed to their care planning. There were also formal surveys and audits to help ensure people's needs were met. One relative said, "We get monthly emails from them which includes the opportunity to feedback on specific questions."
- People trusted staff and felt comfortable in their presence. For instance, one staff member patiently supported a person to choose and play a game in the activities room. Relatives told us staff understood people's histories, interests and anxieties. They had confidence in staff.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Relatives told us the staff were caring and respectful. Where people chose to gather in communal spaces, staff interactions with people were friendly and relaxed. A number of people chose to spend the majority of time in their rooms. A relative told us, "[Person] was very distressed due to a friend's death, the staff showed great respect to [person] and calmed them down." Another relative said, "The staff are extremely caring, lovely and friendly."

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People were not always proactively supported to take part in activities that relevant to them. Whilst people did have 1:1 support from staff to help with rehabilitation and enablement, there was at times a lack of structure to how staff could maximise opportunities for people. People consistently told us they wished there was more to do.
- The registered manager and staff acknowledged planning activities was a challenge and there was no set activities lead person at the service. One staff member led on craft activities but with a broad spectrum of ages and needs this was not always appropriate. After the inspection the registered manager shared 'staff profiles,' which they hoped would help align staff interests with people living at the service. Their goal was to encourage a more collaborative approach to activity planning and delivery.
- There were some positive examples of people's social and recreational needs being met. For instance, swimming, going shopping, tending a pet. These had occurred where people had been very clear about what they wanted to do in regular conversations with staff. Where staff needed to work creatively with people, there were less person-centred examples. For instance, people who wanted to try gardening or improve their cooking had not been supported to do so.

We recommend the provider reviews how activities are planned and supported to ensure they proactively support person-centred care and outcomes.

- People's social needs were met. They were supported to maintain existing relationships and developed bonds with other people using the service and staff. People and relatives told us staff had helped them stay in touch during lockdown.
- Staff encouraged people to independently access their local community where they were able.

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

- People received care which met their basic needs. People's care plans were regularly reviewed and detailed. They gave staff and visiting professionals the information they needed to safely and effectively support people. Some care planning records required improvement and the registered manager made changes promptly when this was fed back to them.
- People were regularly involved in discussing and setting their own goals and aspirations.

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.

- People were supported by staff who had access to detailed communication plans. People's communication needs were identified through initial meetings with people and through working with relatives and multidisciplinary teams. Care plans reflected people's needs and staff acted accordingly.
- Signage was clear throughout the service. One person used an interactive aid to allow them to access social media and control their television independently.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively by the service and responded to appropriately.
- People and their relatives felt comfortable raising any concerns with staff. Where they had raised any issues, these had been resolved promptly and appropriately.

End of life care and support

- Staff were appropriately trained and there were supportive plans in place should people require end of life care whilst living at the service. This was discussed sensitively with people and, where they chose, advance plans were in place.

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; and how the provider understands and acts on their duty of candour responsibility;
Continuous learning and improving care

- The service had systems in place to ensure people's support needs could be reviewed and met. Where we identified areas for improvement the registered manager acted on these promptly. The provider's auditing systems and processes allowed for errors and improvements to be identified. There was sufficient leadership and management support in place to identify and act on these improvements, but the areas we identified on inspection demonstrated there was still scope for improvement.
- There was a positive atmosphere amongst the staff at the service, who felt well supported.
- The registered manager understood their responsibilities regarding the duty of candour. They liaised promptly and openly with relatives and external professionals, who gave consistently positive feedback about the open approach of the management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were able to give their feedback about their care and support in a variety of ways, such as regular meetings with staff and surveys. The service produced some 'You Said, We Did' responses following feedback.
- Staff were positive about the registered manager, commenting that they were supportive and a good communicator. They told us they were encouraged to complete mandatory training and qualifications to aid their career development.
- The provider had a range of systems in place to monitor, assess and improve the quality of service being provided. The systems were well understood by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had evidently been some improvements in the service, particularly around medicines safety and an openness of communication, but there remained areas for improvement. Person-centred care was not yet fully embedded and meaningful outcomes for people in terms of their independence and confidence, were at times inconsistent.
- Staff and leadership were passionate about supporting people but were not always clear or consistent about the key aims and strengths of the service. Staff were unaware of Right Support, Right Care, Right Culture, a key guidance document for this type of service. The registered manager committed to ensuring it

was reviewed, discussed and understood.

- The majority of the staff team had been at the service for a considerable length of time and the provider had in place a supporting team of therapeutic specialists (physiotherapist, positive behavioural support specialist). These had achieved some extremely positive outcomes in terms of people's health. There were further opportunities to improve outcomes for people regarding recreational and social outcomes.
- The provider had a clear management structure in place. We received positive feedback regarding the registered manager and their deputy. One relative said, "[Registered manager] is good with communication and very approachable, lots of staff have been there for a long time and I think that's a really good sign." Staff told us they were well supported and worked well together as a team.
- The registered manager had notified CQC of all significant events which had occurred in line with their legal obligations.
- Policies and procedures were up to date and informed by relevant legislation.

Working in partnership with others

- Staff worked well with other health and social care professionals, such as GPs, community nurses and social workers, to ensure people's health and wellbeing was maintained.
- The registered manager worked well with local professionals. One said, "The current manager has been very helpful in all my correspondence with them and I have seen massive improvements in the staff recording of information."