

Careline Lifestyles (UK) Ltd

Lanchester Court

Inspection report

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

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. The building was separated into different areas which contained rooms and self-contained flats. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Medicines were not always safely managed. Records and quality monitoring systems for medicines needed to be improved. People said they were generally happy using the service and said they were safe. Staff were recruited safely and understood the procedures for reporting abuse. The safety of the building had been maintained.

People's needs were assessed before they started using the service. Staff were suitably trained and received regular supervisions and appraisals. People were supported with their nutritional needs and to access a range of health care professionals. 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.

There was a clear management structure and staff were supported in their roles by the management team. People were involved in the design and improvement of the service through regular 'My Say' meetings and questionnaires. Staff felt listened to and able to share their views through various forums.

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

Rating at last inspection

The last rating for this service was good (published 24 August 2018).

Why we inspected

We received concerns in relation to the management of medicines and staff training. As a result, we undertook a focused inspection to review the Key Questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lanchester Court on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

Inspection team

The inspection was carried out by one inspector, a pharmacy 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.

Service and service type

Lanchester Court 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with four people and three relatives/friends. We also spoke with five members of staff including the registered manager, a nurse, a senior care worker, a care worker and the therapy assistant. We also carried out observations in communal areas.

We reviewed a range of records including six people's care records and medicines records, recruitment records for two new members of staff and supervision records for two members of staff. We also reviewed a variety of records relating to the management of the service, including safety of premises, governance and policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely and records had not been completed correctly. Care plans and risk assessments had not been updated to reflect people's current needs.
- Guidance for applying creams was not always available. Where records were in place they did not clearly show where creams had been applied.
- There was some guidance for staff to show when people should be offered medicines prescribed when required, however this was not person centred or updated when changes occurred. Staff did not always record the reason they had given these medicines or the outcome for the person to show whether the medicines had been effective.
- Medicines applied via a patch were not always applied in-line with guidance, which is necessary to prevent people suffering side effects

We found no evidence that people had been harmed, however the provider should ensure that medicines should be managed safely. This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- People and relatives/friends told us the service and support people received from staff was safe.
- Staff continued to receive refresher safeguarding training. They demonstrated detailed knowledge of people to enable them to identify changes in behaviour that may be signs of abuse.
- Safeguarding alerts were raised in a timely way, when required.
- The service had a whistle blowing policy in place that they continued to review and whistleblowing posters were displayed around the service, including in 'easy read' format for people. This meant staff and people had access to information to enable them to report any concerns via appropriate methods.

Assessing risk, safety monitoring and management

- The service promoted positive risk-taking for people to be able to lead fulfilled lives. Risks to people's safety and wellbeing continued to be assessed. Strategies were in place to help minimise harm.
- The premises were safe. There were environmental risk assessments in place including fire. Regular checks and testing of the premises and equipment had been completed.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "There is always someone around." Another person told us, when they pressed their nurse call bell, "They (staff) come straight away!"

- Staffing was in line with people's individual needs and support levels. Cover was arranged through existing staff. Agency staff were only used on rare occasions.
- Staff continued to be recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Preventing and controlling infection

- The premises were clean, tidy and welcoming.
- The service had an infection control policy in place. Hand hygiene guidance was on display in staff toilets and around the home next to hand sanitising gel dispensers.
- Staff had received appropriate training. They were aware of infection control measures. Staff used appropriate personal protective equipment (PPE) when supporting people such as gloves and aprons.

Learning lessons when things go wrong

- The service learned from accidents and incidents. All information was analysed and investigated for any potential patterns or trends.
- Risks were identified and managed. Action was taken to deliver solutions to mitigate any risks identified and reduce the likelihood of a recurrence.
- Lessons learned were clearly recorded, communicated to all relevant staff and embedded in their day to day duties.

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 has 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

- People's needs were assessed prior to moving into the home. This ensured the service could effectively support them and fully meet their needs.
- People's choices were reflected in their assessments and associated care plans. These were regularly reviewed and updated in line with changing needs.

Staff support: induction, training, skills and experience

- New staff received a structured induction. This included training and shadowing experienced staff.
- Staff continued to receive regular training to ensure they had the correct skills and knowledge to support people. They also received training specific to people's needs. For example, autism and diabetes.
- Staff also received training from external health professionals. The registered manager said, "We recently had a (Tissue Viability Nurse) come into the home and deliver pressure care training to staff."
- Staff told us they were supported in their roles and received regular supervisions as well as annual appraisals. The registered manager said, "I still have my planner on display on the office wall to keep check of supervisions and make sure staff are receiving them."

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

- People were supported with their nutritional needs. Some people had their own budgets for food. They were supported to do their food shopping and prepare their own meals in their apartments.
- Staff supported people to eat their meals where required. People were supported with patience and respect and at a pace comfortable to them.
- The service referred people to appropriate healthcare professionals for additional support when required. For example, a dietician and specific dietary requirements were catered for such as fortified foods and drinks.
- People could choose what they wanted to eat and drink. They had nutritional care plans in place which were personalised and included information around favourite foods and specific dislikes.

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 a range of health professionals. Records showed people had access to health care professionals such as GPs, nurse practitioners and dieticians.

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

- The service continued to be appropriately designed and adapted for people living there. Corridors and

doorways were accessible for wheelchair users and there was pictorial signage displayed around the home.

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's capacity to make specific decisions were assessed. Best interest decisions were made on their behalf if they were deemed to lack capacity. For example, to use a lap belt when supporting someone to mobilise in their wheelchair.
- The registered manager kept a record of all people who were subject to a DoLS. New authorisations were applied for in a timely way. Details of DoLS and any conditions were included in care records.
- People were supported in the least restrictive way. For example, measures were in place for people to access the community on their own.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were quality monitoring systems in place that were not always effective. Medicines management was not always safe. These issues were not identified during routine quality audits.

We did not find any detrimental impacts on people who used the service and where records lacked information, staff demonstrated good knowledge and understanding of people's needs.

We recommend the provider makes required improvements to ensure all quality systems in place are effective to ensure medicines are always managed safely.

- Other quality audits were routinely carried out by the registered manager in areas such as health and safety, electronic care records, maintenance and infection control. Any actions identified were recorded, delegated to the appropriate staff member and signed off when complete.
- The registered manager and staff clearly understood their individual roles and responsibilities. They told us how they all worked together as a team to achieve the best outcomes for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager operated an open-door policy. They were visible within the service. People and staff felt they were approachable. One person said, "She's alright, I like her." A relative/friend told us the registered manager was "really good" and that anytime they emailed her, she responded straight away.
- Staff were also complimentary about the registered manager and management team. One staff member said the registered manager is "really good." They went on to say, "Staff and people who live here can go to her any time. She doesn't make people wait. She and the deputy manager are a really good team."

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 acted in an open and transparent way and understood their role in terms of regulatory requirements. They submitted notifications to CQC for significant events such as safeguarding concerns and serious incidents in a timely way.

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

- The service held regular 'My Say' meetings with people. People were encouraged to share ideas for improvements and what they would like to see in the service. People were then involved in implementing new processes to make necessary improvements. For example, one person carried out daily food stock checks.
- There were forums in place for staff to share their views. Regular meetings took place in the service and staff told us they could also approach senior staff if they had anything they wanted to share. One staff member said, "If you are not happy about anything you go to a senior care staff, one of the nurses or the manger. I wouldn't have an issue approaching the manager if I was concerned about anything."

Continuous learning and improving care

- The registered manager was open and responsive to our inspection feedback. They took immediate action, where possible, to resolve some issues identified.
- People, relatives and staff were asked their views of the service via six monthly questionnaires. The registered manager told us the questionnaires were sent from and returned to the provider's head office. The information was then analysed and a report was sent to the registered manager to complete any identified actions.

Working in partnership with others

- The service continued to work in partnership with other agencies. This included the local authority safeguarding and multidisciplinary teams to deliver care and support that reflected people's needs. The provider also continued to have access to experienced psychiatrists, speech and language therapists and occupational therapists.
- The provider also worked with education providers. People participated in learning experiences to develop their daily living skills, improve knowledge and enjoy hobbies and interests such as art.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely and records had not been completed correctly. 12(2)(g)