

Barchester Healthcare Homes Limited

Lanercost House - Carlyle Suite

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 17 & 18 August 2016. We last inspected Lanercost House - Carlyle Suite on 25 February 2016. At that inspection the overall rating for this provider was found to be 'Inadequate'. This meant that it was placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

We also deemed it necessary to impose a condition on the provider's registration in order to keep people safe. This stated that the registered provider must carry out individual risk assessments in relation to assessing the risks to health and safety of people living in the home. We took this urgent action as we were particularly concerned about the risk of people choking and the hazards people were exposed to.

The findings at this inspection mean that the overall rating is now 'Requires Improvement', and in line with our guidance the service will no longer be in special measures. The provider can now apply to have the imposed condition removed.

Lanercost House - Carlyle Suite is a nursing home for up to 15 older people who require assistance with all aspects of their care needs due to dementia related illness. The home is purpose built and comprises of 15 single rooms with full en-suite shower facilities which are accessible for wheelchairs. On the ground floor are therapy rooms including a kitchen and a sensory room. There are secure garden and patio areas, which are accessible from many of the bedrooms and from the communal areas.

The service did not have a registered manager in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Since the last inspection a new unit manager had been appointed for Lanercost - Carlyle Suite. Additionally an overall manager, not yet started, had been appointed to manage both the Carlyle Suite and Lanercost Nursing Home, which was in the same grounds. The intention was for the incoming manager to become the registered manager for both services.

At the previous inspection, February 2016, we had asked the provider to make improvements in meeting people's health and welfare needs. We found that other improvements were needed around record keeping, safeguarding procedures, and general safety of the building. This led to improvements being necessary in the overall running and monitoring of the quality of service by the provider. These were classed as breaches

of the regulations provider must abide by.

We received an action plan from the provider detailing how these improvements would be made. We received regular updates on progress towards meeting the action plan. Throughout this period the provider worked closely and co-operatively with CQC and the local county council commissioning team.

At this inspection of 17 & 18 August 2016 we looked at all the areas where the home had breached the regulations described above, and other areas to ensure that we carried out a fully comprehensive inspection of the service provided. We found that there had been improvements across all areas that we looked at.

The provider, had after the last inspection, ensured that support had been made available to assist the home in meeting safe standards of care through improved quality monitoring and input from senior managers within the organisation.

We found that the home was no longer in breach of the regulations.

At the inspection there were 15 people living in the home. Some people's ability to communicate was limited due to their illness. Some people told us that they felt safe living there, that staff were "kind", and treated them well. People were treated with care, respect and dignity. People who used the service told us, "They look after me, it's a grand place."

The majority of relatives we spoke with told us that they were happy with the care and support given. One said, "It's wonderful, I come in when I like". Another said, "It's lovely, they look after (relative) really well no worries about this place the girls are great". However a number still commented on there being too few staff at times.

All relatives said they had noticed improvements since the last CQC inspection. Especially, they said, to the building and more activities being available to people.

The accuracy, quality and detail recorded in people's risk assessments had significantly improved. Risks to people, as a result of reduced capacity due to dementia, was now well managed. All staff we spoke to on the unit, from nurses to carers to auxiliary staff, were now fully aware of how to ensure people's safety. All staff were now aware of the risk of people choking and the measures to take to minimise these risks.

The mealtimes were better organised with clearer delegation of staff roles. This meant that people were receiving the support required to enjoy a calm and pleasant mealtime experience. All the people we spoke with were very positive about the food and many commented on how pleased they had been the introduction of the choice of a cooked breakfast every morning instead of just at weekends.

We saw that the way staff were being utilised and deployed in the home had improved. This particularly helped at mealtimes. However we found that at other times people were being left unattended and the lounge area did not always have a member of staff present as was stated by the home as a measure that must always be in place.

We made a recommendation that the provider regularly reviewed staffing levels and if necessary looked to increase these to allow more flexibility and closer monitoring of people.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important

decisions themselves.

We found that people's care needs were being better met. People looked well cared for with good attention to detail to ensure people were well dressed and to their own taste. We saw staff being attentive and considerate to people's needs and feelings. The operations manager reported that a planned staff change around had meant that the staff team now in place had been "hand-picked" for the right aptitudes for working in the unit.

People's care plans were more individualised and staff demonstrated good knowledge of people's backgrounds and how they liked to spend their time. We observed that there were interesting and appropriate activities available if people wanted to join in; and people had more support from staff to go out of the building.

We found that the provider had significantly improved the way medicines were managed and stored. People received their medicines at the times they needed them and in a safe way.

We found that improvements had been made to people's care, support and treatment plans. These had been made simpler and staff reported that these were easier to use in knowing exactly what support needs were required by each person. We found that nursing staff had been given training and guidance on the company's, Barchester's clinical tools to ensure that these were accurate and up to date when monitoring people's healthcare needs.

We found that staff training and development had improved and that staff felt "better supported" in their roles and responsibilities. Staff had received basic dementia care awareness training. There remained some gaps in staff knowledge about approaches to dementia care. We found overall that the home lacked a cohesive strategy for supporting people living with dementia for whom a consistent approach is essential. □

We recommended that the service developed a dementia care strategy for the home, based on current best practice, in relation to the specialist needs of people living with dementia. This would include more advanced training for all staff in supporting people living with dementia.

Staff told us they now received good levels of both formal and informal supervision which had helped them to develop. Staff said that communication at all levels had improved and "hand over" of shifts were well managed to ensure people's changing needs were passed on to all staff.

Record keeping had improved and staff had received training on this as well as on care planning and tools to use to assess people's needs.

Infection control measures in the home were good. The staff team had been suitably trained and had access to personal protective equipment. The home was clean and orderly.

The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment being done. The home looked well maintained, homely and welcoming.

Overall we found improvements in the way the home was being managed. There was a more effective management structure in place. The way the home was monitored by the provider had been strengthened and improvements had been made as a result. We noted a change in atmosphere within the unit: people living in the home appeared more responsive; and staff were positive and enthusiastic about the opportunities for growth and improvement.

The action plans and weekly assessments sent into us demonstrated the level of commitment by the provider and staff within the service to maintain the improvements we saw at this inspection. We, CQC, will also continue to monitor the progress and to check that these can be sustained and further improved upon, as set out by the recommendations.

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.

Staffing levels did not always meet the needs of the people in the home.

Staff had been trained to recognise and report any harm and abuse.

Medication was better managed within the home.

Risks in the home were well managed and measures to ensure the environment was safe were now consistently followed by all staff.

Infection control measures in the home were robust. Appropriate standards of cleanliness and hygiene were being maintained.

Staff were recruited appropriately and relevant checks on their background were carried out.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Communication across the service had improved so that the home was much more responsive in seeking external professional advice.

Nursing and care staff working in the home had begun to receive supervision and support to make sure they were competent to provide the support people needed.

We found that overall the home lacked a cohesive and consistent approach to working with people who were living with dementia.

The service had begun to improve the environment in relation to the specialist needs of people living with dementia.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of

Requires Improvement ●

Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Is the service caring?

Good ●

This service was caring.

People felt well cared for and staff treated people in a kind and respectful way. Independence, privacy and dignity were protected and promoted.

Staff demonstrated good knowledge about the personal details of people they were supporting, for example on their backgrounds, their likes and dislikes.

Staff were familiar with the needs of the people they supported. They demonstrated concern for people's wellbeing and understood the need to spend quality time with the people who used this service.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

We judged that care planning had improved and people were more involved in the development of their plan and this ensured that care was becoming increasingly more person centred.

Activities and entertainments were being developed to meet the needs of the people in the home.

There was a suitable complaints procedure in place and people told us they felt comfortable about making formal and informal complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The home had a more effective management structure in place. A manager had been appointed at the service, but had not progressed through the CQC registration process at the time of our inspection. A unit manager was in place.

The service had introduced ways to ensure that the quality assurance system was followed and robustly implemented.

The home was now notifying us, CQC, of events they were required to by law.

Record keeping had improved and staff had received some training on this.

Lanercost House - Carlyle Suite

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.

The inspection took place on the 17 & 18 August 2016 and was unannounced.

The inspection was carried out by an adult social care 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.

During our inspection we spoke with eight people who lived in the home in communal areas and in private in their bedrooms. We spoke with four relatives who were visiting people living in the home, one nurse, eight care staff, two domestic staff, the activity coordinator and the chef. We spoke with the Head of Unit and the regional director for Barchester North region.

We observed the care and support staff provided to people in the communal areas of the home and during the lunch time meals. We looked at the care plans and records for four people and tracked their care in detail.

We looked at records that related to how the home was being managed. We also viewed other documentation which was relevant to the management of the service including quality and monitoring systems and training records.

Before our inspection we reviewed the information we held about the service. We contacted the local authority, social workers and healthcare professionals who came into contact with the home to get their

views.

The service was instructed by us, CQC, at the last inspection to provide an action plan of how they intended to meet people's needs and keep them safe. This was sent in by the deadlines and it set these measures out in detail. We had received weekly updates of risk as instructed by the condition place on the provider's registration.

Is the service safe?

Our findings

At the last inspection, February 2016, we found that the provider was not ensuring that people were safe. We found that the registered person had not protected people as they had not done all that was reasonably practical to mitigate risk. We found the following issues: medicines were not managed safely; staffing levels were not sufficient to meet people's needs; care plans and risk assessments for people were out of date or not complete; and infection control measures were not followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the last inspection risks overall in the home were not well managed and measures to ensure the environment was safe were not consistently followed by staff. We were so concerned that we placed a condition on the provider's registration that weekly risk assessments were carried out and sent into us, CQC, for examination and monitoring in order to ensure people were safe.

We had found in particular concerns around the risk to people choking. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the service had neglected people's needs and significantly disregarded their need for specialist dementia care and treatment, with a view to choking and the risk of harm.

On this most recent inspection, August 2016, people told us that they had noticed a real improvement in the service overall. The people we spoke to on this inspection said they felt safe living at Lanercost- Carlyle suite.

On this inspection we found that these assessments were now thoroughly completed and carefully monitored. We also found that these were communicated to staff in a planned and organised manner.

We checked five care plans and accompanying risk assessments. We observed staff working with people and also checked that the measures in people's risk assessment were put into place. We found that toxic and potentially harmful substances were locked away, and kitchens and bathrooms were locked. We spoke to a range of staff about risks and we found all staff we spoke to were knowledgeable and up to date on each person's support needs.

We saw the updated environmental risk assessment for the building. This was also set out in a floor plan that was laminated and given to staff as a working document. We saw that one of these plans was held on the cleaner's trolley for reference. One cleaner said, "The plan is really useful we can see at a glance whose room we shouldn't put soap in or things that people could choke on as those rooms are in coloured in red." One care staff said, "It's so much better organised now, we know what we are doing. People are much safer now, it's a relief to be working as a team."

Care plans and assessments now fully identify the needs of people so that they could receive safe care and treatment. This had included a full review of the paperwork used to record the levels of risk and the measures staff must take to mitigate this risk. The new Head of Unit (HOU) described how she did spot

checks on each member of staff to make sure they were all up to date. She said, "I do mini 'pop quizzes as I walk round the unit, asking staff "who's at risk of choking?" or "What risks should you be aware of with this room". Staff reported that they had to regularly read and sign risk assessments. One said, "We really have it drilled into us now, but in a positive way." Another said, "We can see the value of the paperwork side now and we are given time to do it and we now have proper handovers."

We found that the service was no longer in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed medicines. We observed medicines being handled and talked to staff about how they carried out medicine rounds. We looked at medicines, records and care plans in detail for five people.

Since the last inspection the service had reviewed the handling of medicines and had reorganised the treatment room where medication was stored. The room was now clean, tidy and orderly. The room now had air conditioning and a new refrigerator to ensure medicines were stored at the correct temperature. There was also a new larger medicines trolley and additional shelving. The issue of over stocking, found on the last inspection, had been resolved. Designated staff now carry out daily and monthly audits to reduce the risk of errors occurring. The regional manager additionally completed a monthly spot check.

We found that medication was now safely managed within the home.

Infection control measures in the home were now robust and people living and working in the home were safeguarded from the risk of infection. We noted around the home that there were suitable arrangements in place to control infection. For example, we saw there were gloves and aprons in use by staff for personal care. The home was clean and there were no lingering odours. Where needed the service had replaced chairs and carpets. We also checked the kitchen area used by staff and found on this inspection that it was clean and orderly. New work surfaces had been fitted and a deep clean of the whole home had taken place.

The provider had ensured that cleaning rotas and duties of each member of staff had been clarified. When we spoke to staff they said that they had received recent training on infection control as well as on health and safety measures.

At the previous inspection we had judged the service was not protecting people against the risk of unsafe care by the means of ensuring adequate staffing levels. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

We checked on whether staffing levels now met people's needs. We saw that the way staff were being utilised and deployed in the home had improved, particularly at mealtimes. This was because staff were clearer on their roles and nurses were seen to be giving clearer instructions and leadership to care staff. We were told by the regional manager that the service uses a Barchester tool to work out the dependency needs of people and this leads to the number of staff required to meet these needs. We checked this tool and saw that this produced the same level of staff as on the last inspection. This being one nurse on duty and four to five care staff depending on the time of day. However, the service was now better deploying staff and designating staff to specific tasks and to work exclusively to the Carlyle Suite; this included the cleaners, activity co-ordinators and a hostess person. We found that there were more staff to share out the duties, therefore freeing up care staff and nurses to support people.

Two relatives we spoke with said that while they thought the staff were very good at their jobs there wasn't

enough of them, but they had noted that mealtimes had improved with more staff being "to hand" they said. They told us, "They could do with more staff, sometimes they are just run off their feet" and "I have no complaints, they just need more staff."

We found that at times other than at mealtimes people were being left unattended and the lounge area did not always have a member of staff present as was stated by the home as a measure that must always be in place.

We judged that the service was no longer in breach of Regulation 18 - Staffing, however, we made a recommendation that the provider regularly reviews staffing levels and if necessary looks to increase these to allow for the same flexibility and provision given to people at mealtimes.

We were also satisfied that the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment. The issues of: medicines not managed safely; staffing levels were not being sufficient to meet peoples needs; care plans and risk assessments being out of date or not complete; and infection control measures not being followed were now resolved. The action plans and weekly assessments demonstrated the level of input by the provider and although the service will need carefully monitoring we could see the commitment by the provider and staff to maintain the improvements we saw at the inspection.

Is the service effective?

Our findings

At the last inspection in February 2016 we found that the provider was not providing people with an effective service that met their needs. We found breaches in: staff training, supervision and support (Regulation 18); in the need for gaining people's consent (Regulation 10); ensuring sufficient hydration and nutritional support (Regulation 11); and providing equipment and adaptations (Regulation 15).

We checked on these areas in detail on this inspection and we asked people how they felt about them now. People we spoke to made many positive comments about the support they received from the staff in the home. One person told us, "The girls look after us" another said, "They look after me, it's a grand place darling"

We received very favourable comments about the food. People told us that the food in the home was all home-cooked and they were always asked what they would like. People told us, "I think it's great, I can join in and have a cooked breakfast". Another said, "Lovely food, if you want anything you just ask and they fetch it."

All relatives we spoke to were very happy with the care and treatment received by their relatives. One said "Oh it's lovely, they look after (relative) really well" and another said, "I pop in when I want, sometimes lunchtime, there's no worries about this place the girls are great." Other relatives said similar comments: "It's wonderful, I come in when I like, and they prefer not mealtimes or late night, but other than that anytime." And another said, "I'm in all the time, it's really good, I have no worries"

A relative said "very happy with it, we were so pleased to get (relative) in here". A visiting friend said, "His wife is usually in all day but I'm here today, she stops till about 8.30 at night, she sits with him and has her meal with him and sees him into his 'jamas. We all have a good feel about the place."

Another relative said, "The health side is also good, with the GP called out when it's needed." We spoke to one family and they confirmed that they had the legal right to make decisions for their relative, who lacked capacity. They said they were always consulted and involved in any decisions about health and welfare of their relative.

We spoke to staff about the training and support they received from the provider and the manager. We asked staff about formal supervision where staff sit down to discuss, in confidence, their job role, their practice, safeguarding matters, training needs and any personal issues they might have. We were told by all staff that formal staff supervisions had taken place and annual appraisal were taking place on a rolling programme. This was confirmed by looking at the providers training matrix and staff files.

We looked at the arrangements in place to support staff to develop the skills they needed to effectively meet people's needs. We checked training records for the staff and saw that they had received training in various aspects of health and social care including moving and handling, medication and the management of diabetes. All the staff had vocational qualifications in health and social care. The provider had a training

officer based in the service and this person monitored the training of staff and sent reminders to staff for training updates.

We spoke to six care staff who all reported that the training was good and wide ranging. We spoke with a new member of staff who commented on how good and thorough her induction training had been. This she said had included a lengthy period of shadowing other staff before working as part of the full staff compliment.

All of the staff we spoke to during our inspection told us of the improvements to staff morale, support from senior staff and management. One member of care staff said; "Since the last inspection we have gone from strength to strength. We are better organised, we get proper instructions and support and we are made to be part of the team."

We spoke to health and care professionals who said that the home had been good at taking up offers of training and that staff were good at following advice of how to work with people whose behaviour may challenge the service.

We found that the registered provider had ensured that systems were in place to enable staff to provide evidence to their professional regulator for nursing. This ensured that they continue to meet the requirements of the professional body specific to their role. We also checked that staff were not carrying out treatment that was outside of their remit, which was an issue at the last inspection. Staff confirmed that this was not happening and they were fully trained and supported through formal supervisions, training and checks of their competency by senior clinical staff. We saw, for example, that the nursing staff received advanced training in areas such as, catheter care, pain management and skin pressure care.

We found the service to no longer be in breach of this regulation (Regulation 18) as the provider had taken appropriate measures to ensure staff had support, training, professional development, supervision and appraisals.

We found that people's needs were now thoroughly assessed. This led to care plans and risk assessments that identified all the health and support needs of people. Plans we saw were detailed of how staff should care for people. We looked in detail at how people were supported to have a healthy diet.

We saw that there was a nutritional strategy in place that included how to add calorific value to those people's diets who were at risk of weight loss. We spoke with the cook who was very knowledgeable about the dietary needs of older adults. He said he had received good training and support from the organisation recently in developing his knowledge and skills.

We checked the care plans of those people at risk of being malnourished. We found that these care plans contained more detail on special diets or needs, such as for those people who were diabetic. Separate records were held in each person's room who required more careful monitoring. We found these food and fluid intake records were completed thoroughly by staff and senior staff were monitoring these on a daily basis to ensure people were well nourished.

The home sought the advice and support from the speech and language therapist and dieticians, where people had been identified as at risk of weight loss or had swallowing difficulties. We saw that people's weights were being monitored in line with their identified risk assessment and need. Some people were prescribed powder to thicken drinks to assist with swallowing difficulties. Appropriate arrangements were now in place for using these and staff had been trained in their use so that people were given their food and

drinks in a way that was safe.

We also saw that people were being offered plenty of drinks across the day, with covered jugs of juice in their rooms and a juice and water coolers in the dining room and kitchen. We saw staff frequently encouraging people to have drinks and offering plenty of choice. The afternoon tea trolley was noted to have a good range of nutritional foods and homemade cakes on offer.

We observed lunchtime on two days and found that staff were good at prompting, encouraging and supporting people with their meals. We saw that senior staff were effective at directing staff. The home had introduced a staggered lunchtime which allowed people who required extra one to one support to have their meals at a slightly earlier time so staff could spend time with them undisturbed. We saw that staff sat next to these people and had good eye contact, were unhurried and the mealtimes were calm and pleasant.

The home was no longer to be in breach of Regulation 14: Meeting Nutrition and hydration needs. Overall we found that the home had improved the ways in which it supported people to maintain good nutrition and hydration. Mealtimes, refreshments and snacks had been made into positive experience for people living in the home.

We checked whether the service was working within the principles of the Mental Capacity Act (2005).

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found that the focus of the service was on promoting people's rights and respecting the decisions they made. Where people were not able to make important decisions about their care we saw that appropriate people had been included in making decisions in the individual's best interests. We saw clear records that showed the principles of the MCA had been followed. People's care records showed how they had been supported to be included in any decisions as far as they were able. Where people needed any restrictions on their liberty in order to maintain their safety we saw that DoLS authorisations had been agreed by the relevant supervisory body.

We looked at the records of two people who had been legally deprived of their liberty. We found, in the sample we looked at, that the provider had followed the requirements of the DoLS and obtained appropriate and lawful authorisations. The conditions of the authorisations were being followed.

The registered provider had ensured that most of the staff had completed training with regards to the MCA 2005 and DoLS.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this

information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

At the last inspection we found communication between staff and between shifts was disorganised and important information about people was being "lost". On this inspection staff said that communication at all levels had improved and "hand over" of shifts were well managed to ensure people's changing needs were passed onto all staff.

When we looked at how information was handed over from shift to shift within the service. We saw that 'handovers' were now more robust and contained relevant information to ensure that people were cared for consistently. Paperwork had been adapted to ensure chasing up appointments and following up on visits from health professionals was always carried out.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. This included GPs and other associated healthcare professionals. We asked health professionals how well the home was meeting people's needs. We received positive feedback about staff in the home contacting them promptly and appropriately and following the advice given.

At the last inspection we judged that the service was not providing people with meaningful activities and a suitable environment in relation to the specialist needs of people living with dementia. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that the premises were fit for purpose and took into account national best practice.

Lanercost House Carlyle Suite is a specialist service for people with dementia whose illness presents in ways that can challenge the service. The building was built with the needs of this group of people in mind. However, we found that the design of the building was not in line with current national good practice for people living with dementia. The home is two storey and the living and bedrooms were all upstairs. There was only one communal space for people to use, with no quiet areas or areas for people to see relatives in private. This meant that bedrooms were used for this and that if people were distressed they were often taken to their bedroom. This is not good practice as it may give negative connotations to what should be a safe welcoming space.

The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment had been undertaken. The garden and balcony had been improved to make it a more pleasant area to spend time in. We saw that staff had gone to some lengths to improve the home for people living with dementia. The regional manager had given staff the opportunity to redesign each corridor end within the unit. Staff told us, "There was a competition, we had to prove that we had researched it properly to meet the needs of people with dementia. We are really excited. I've come up with an indoor garden area. If we win we get a budget to do it!" On our visit we saw the results of the competition put into action. There was a very pleasant indoor garden, with window box and gardening implements; the area had piped bird song. Another was a fifty's and sixties music theme, and another classic cars and lorries.

We found that the service had made more of an effort to utilise the downstairs of the unit. We saw that people were being supported to use the adapted kitchen and sensory room. Staff reported that the new manager had encouraged them to do "normal activities" such as a couple of people taken downstairs for a coffee or to go down to play pool on a more regular basis.

Is the service caring?

Our findings

On this inspection, August 2016, we asked people and their relatives if they were happy with the care and support provided by the staff. Again all the replies we received were positive. One person said, "It's lovely here, the girls are so nice, so helpful, all our family come in whenever they want, there's no problem. The staff are really kind and helpful." Another said, "I couldn't fault them, my wife is here as well. My family come and go as they please."

We spoke to six relatives who were visiting. The comments were very complementary and they told us there was no restriction on visiting times. We asked family members if they were kept informed about their relative's care. They told us, "The staff are good about letting us know if there is anything wrong or there are changes." And another said, "They take the time to get to know people and staff ring me if there is anything wrong, straight away, we are very happy with the care."

We observed staff interactions while supporting people and these were positive and caring. We saw staff knock on people's doors and wait for response. People were seen to be comfortable in staff presence and were often seen smiling at them. We saw how people's dignity was maintained by providing discreet coverings for their clothes at lunchtime and also that the tables were pleasantly set with good quality tablecloths and flowers on the table. We observed staff keeping an eye on people who stayed in their own rooms. Staff went in to chat, offer help and offer food and drinks.

People were able to make choices and staff respected those choices. We saw how this had been promoted by a new initiative recently introduced, "Resident of the Day". Staff told us that this helped them to focus on one person in more detail and all staff from cleaners, the cook to care and management staff would take time out to get to know them. Staff clearly knew people well and were able to engage with them in a meaningful way.

People living with dementia responded well to the staff on duty. We noted that staff were more skilled in their responses to people than they had been at previous inspections. We saw that they anticipated people's needs. We also saw that staff were skilled at engaging people in conversations using their knowledge of the person to prompt conversations about their past. We saw that people became visibly more animated and enjoyed these conversations. Staff were also sensitive when talking to people who were living with dementia and any confusion was 'played down'. We saw that people were calmly reassured when they became upset or disorientated. Staff were seen to use touch in a therapeutic and calming way.

We noted that the staff had been trained in matters of equality and diversity, as well as in understanding dementia and person centred thinking. One staff member told us, "I've become the Dignity Champion" for the unit. I've had extra training and go to dignity meetings. It's all about the small things for people that add up to them being happier and more content."

We saw during this inspection that all staff were now more involved in care planning and were actively encouraged to read care plans. Staff were given dedicated time to familiarise themselves with the care plans

of the people they were looking after. We found that this gave staff a better understanding of each person's support needs and people received a more person centred level of care.

We found that people's care needs were being better met. People looked well cared for with good attention to detail to ensure people were well dressed and to their own taste. We saw staff being attentive and considerate to people's needs and feelings. The regional manager told us that a planned staff 'change around' had meant that the staff team now in place had been "hand-picked" for the right aptitudes for working in the unit.

We observed that there were information boards and leaflet holders round the home. These contained information for people who used the service and their visitors about, dementia, social care services, access to advocacy services and how to make a complaint.

Is the service responsive?

Our findings

At the last inspection in February 2016 we found that the provider was not providing people with a service that was responsive enough to meet their needs. We found breaches in care planning (Regulation 12), and providing people with appropriate opportunities and meaningful activities (Regulation 10). We checked on these areas in detail and we asked people living in the home how they felt about them now.

We asked people living in the home and their relatives about how the home responded to their individual needs and wishes. Some people living in the home had difficulties responding to more complex questions. So we observed how they responded to staff, observed routines and checked records to see how people spent their time. We asked their relatives and professionals working with them and the home for their opinions.

Relatives told us that entertainments and activities had increased recently and that and they had been asked about their relatives past lives to build up a life story. One relative told us, "It's a lovely facility, and staff have started to do more with it and it does make such a difference to residents." Another relative said, "I came to visit and my mother was downstairs baking. I was so pleased as she used to be great baker at home. We had her cupcakes later with a cup of tea. It was lovely and so normal."

We observed that staff treated people in a way that was person-centred. People's routines were flexible and we saw people making choices to have a lie-in or to eat their meals where they chose. We also saw that staff made an effort to ensure that people were dressed in a way of their choosing and this reflected their individual taste. We found that bedrooms also reflected people's own taste and their lives before they came to the home. For example we saw a 'pen picture' in one persons' room and pictures on the bedroom door that reflected their previous occupation. We saw that this gave rise to prompting lively conversation between this person and staff members.

We found, in the sample of care plans we looked at, that people's choices and preferences had started to be discussed and recorded in more detail. A really useful addition to the care plans were "pen pictures" on the front of each person's care plan. This recorded at a glance the things that were important to them, their likes, dislikes and preferences. Visitors to the home and people who lived at the home, confirmed that they had been involved in the development of these "pen pictures".

Staff told us and we saw that the personal care planning system had changed and new methods of recording and reviewing people's care needs were being introduced by the regional manager and the new manager. Staff understood that care plans had to reflect people's individual needs, preferences and centred on them as individuals. We saw that one person had a large print book about classic cars and staff sat and chatted about these with them, this was connected to their professional before they retired; and another on their former pets.

We found that the service was no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person centred care.

We saw people being engaged in activities in groups and individually. We checked the activity programme for the home and this was now much more varied. We looked at the individual daily records for people and we could see that many more activities and outings had been recorded over the last few months. The activity co-coordinator told us, "I'm now designated to the unit, 16 hours, here and activities are a lot more structured. We use the facilities downstairs more; the sensory room is a calm space for people if we know are getting upset. Another staff member told us of the choices people now have, "We find it makes such a difference to residents just to take them to another environment by going downstairs" and "We do trips out twice a week and recent things have been a pat dog therapy, national story telling trail last week and a cheese and wine session, as well as other food tasting sessions."

The service had an occupational health assistant who worked on the unit. One of her tasks was to provide meaningful activities for people, as well as doing exercise routines for people. We were told that all staff now took people out of the home for outings or to the shop or pub.

We found that the service was no longer in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and respect. The registered provider was ensuring that people were being better supported to be involved in their community, as much or as little as they wished and that people were not left unnecessarily isolated.

The home undertook a pre-admission assessment of people's needs as part of the introduction to the home. This covered key areas of care and areas to monitor to ensure people's health needs were monitored. This was part of Barchester's set policies and procedures for admission. For example, this included an assessment of the risk of a person falling and set out the timescales for this assessment to be done by staff.

We saw that the home responded to people's changing needs. A traffic light system had been introduced to flag up high risk areas that staff should carefully monitor. When we looked at one person's plan we saw this was very detailed for the risk of choking and how certain triggers had resulted in referrals to the GP and speech and language therapist for treatment and advice.

A relative said that they were very satisfied with how their relative's health was managed telling us, "They message me every time (relative) falls, they ring me if there is anything wrong, straight away, we are very happy with it and how they keep us involved."

We looked at the complaints policy and procedure for the service and we found that this was in order. The regional manager said that there had been one formal complaint made recently. We looked at this and found that it had been responded to appropriately and in adherence to the organisation's procedure. We also checked that informal and verbal complaints and concerns were also responded to appropriately. We found that these were now recorded and taken seriously and responded to.

We asked people about making complaints and were told that in the first instance they would go to the manager or senior on duty at the time. The people we spoke to were aware that there was a formal complaints procedure and we saw that notices were around the home to inform people of how to go about making a complaint.

Is the service well-led?

Our findings

On our inspection in February 2016 we found that the service was not well-led. At the time the service had no registered manager and the unit manager only had part time hours delegated for management duties.

We had gained mixed views about people's experience of the quality of the service people received. Relatives told us they were not sure who was in charge, and they were concerned that the manager post was vacant, and had been for some time.

On this inspection relatives told us that they were much happier with how the home was being run. They told us they could all see big improvements. They told us, "We have been kept better informed lately, we get letters from Alison, regional manager. Another said, "I think it's great now, we've got lovely staff and they really seem to know what they are doing, it's very well organised."

Professionals who worked with the home also reported seeing significant improvements and had been impressed with the thoroughness of the audits being undertaken by senior staff within the home.

One professional told us, "There's been a huge improvement in the running of the home and this has led to a real improvement in the care people receive. When I was in last week the place was fresh, bright and welcoming. It was notable that the unit was very calm and people were more engaged with staff in meaningful activities." Another professional said, "I can see a difference, when I come for reviews the paperwork is up to date and well organised. We used to have to cancel reviews as there was no records available."

A member of staff said; "There's a whole team approach now. It's improved so much, we are all pulling together now." Another member of staff told us, "We have gone from strength to strength. We are gelling as a team. I feel so much better supported. I feel we are doing a really good job looking after people now."

We found that the registered provider had taken the situation of Lanercost – Carlyle Suite being in special measures very seriously. A new manager had been appointed although at the time of our inspection the manager had not gone through the CQC registration process. A new unit manager had been appointed and was present on the inspection. She said she felt very well supported by the senior team and the regional manager.

We checked the information that we hold on the home and we cross referenced this to information from other agencies, such as for safe guarding alerts. We also checked for incidents of accidents, falls and emergency hospital admissions. We found that the home was correctly recording and reporting these to the relevant authorities. The home was now notifying us, CQC, of events they are required by law to do so. The provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; Notification of other incidents.

The local health and social care commissioners had previously suspended the home from taking new

admissions. Following continuous quality monitoring by CQC and health and social care agencies, the suspension had been lifted shortly after our inspection.

At the previous inspection we found that the provider did not have suitable arrangements in place for assessing, and monitoring the quality of the service and then acting upon their findings. This was a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this visit in February 2016 we saw that the provider had improved the measures in place to identify, assess and manage risks relating to the health, welfare and safety of people who used this service. This is often referred to as a quality assurance (QA) system. We checked this QA system and found it covered all the main areas to ensure quality and safety.

We found evidence to confirm that frequent visits to Lanercost – Carlyle Suite had been made, and continued to be made by the regional manager, senior managers and the internal quality compliance manager. We found that monthly audits had taken place to help measure improvements and the successful implementation of the recovery action plan.

Staff we spoke with told us that communication in the home and with other agencies had improved. For example we saw that care staff were given more responsibility to complete paperwork and senior care staff were checking up that this was completed correctly. We saw that there were much clearer lines of delegation and responsibility. We could see that this was having a positive impact on the quality and running of the services as staff gained confidence in their new roles.

We judged that it was no longer necessary to impose the condition on the provider's registration to carry out weekly risk assessments as we were considered the internal auditing of the service to now be robust and effective in safeguarding people from harm.

We found that the service was no longer in breach of Regulation 17: Good governance.