

Northgate Healthcare Limited

Lane House Residential Care Home

Inspection report

265 Lichfield Road
Tamworth
Staffordshire
B79 7SF

Tel: 01827314806

Date of inspection visit:
09 June 2016

Date of publication:
04 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 9 June 2016 and was unannounced. At our last inspection on 19 June 2014 the provider was meeting all the legal requirements. Lane House provides accommodation for up to 33 people who require nursing or personal care. On the day of our inspection visit there were 29 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from unnecessary harm because staff knew how to recognise abuse and understood how to report their concerns. People's risks associated with their care were identified, assessed and managed to keep them safe. People's medicines were managed to ensure they received their prescribed treatments safely.

There were a sufficient number of suitably recruited staff available to care for people and meet their needs. Staff had access to training and support to improve their knowledge of care and enhance their skills. Staff understood the importance of gaining consent from people and supporting people when necessary to make decisions in their best interest. People had access to advocacy services to provide them with additional support.

People were provided and supported to enjoy a sociable mealtime experience and received a varied diet. People had access to health care professionals when they needed additional support to maintain their physical, mental and psychological wellbeing. People enjoyed the company of staff who respected their privacy and promoted their dignity. Staff demonstrated a kind and compassionate manner with people.

There were opportunities for people to take part in a variety of activities in the home and trips out. People received the care they preferred because staff asked them and their relatives about their likes and dislikes. People and relatives told us they were very happy with the care. There was a complaints procedure in place to support anyone who wanted to raise a concern.

People, their relatives and staff felt the service was well managed by the provider and registered manager. The registered manager and staff listened to people's opinions and tailored their care to reflect their choices. Audits and checks were in place to monitor the quality of the service and make improvements where needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from harm and abuse. Medicines were managed safely to ensure people received their treatments as prescribed. There were sufficient suitably recruited staff to meet people's needs. The environment and the equipment in use was well maintained. There were plans in place to support people to leave the building quickly should an emergency occur.

Is the service effective?

Good ●

The service was caring. Staff received training to enhance their skills and provide them with the knowledge to care for people effectively. Staff asked people for their consent before providing care. Staff understood the need to support people with decision making when they could not do so for themselves. People were provided with food they enjoyed and were supported to eat in pleasant surroundings. People were able to see their doctor and other healthcare professionals whenever necessary.

Is the service caring?

Good ●

The service was caring. People enjoyed the company of staff. Staff were kind and caring. Staff demonstrated a genuine interest in people and valued their company. Staff recognised people's right to privacy and promoted their dignity. Relatives felt supported by staff and could visit whenever they wanted.

Is the service responsive?

Good ●

The service was responsive. People had opportunities to participate in activities of their choosing to prevent boredom and social isolation. Staff understood people's likes and dislikes and provided care in the way people preferred. There was a complaints procedure in place should people want to discuss any concerns.

Is the service well-led?

Good ●

The service was well-led. People and relatives had opportunities to speak with the registered manager and the provider. Staff felt the registered manager was approachable and provided them with good support. There were arrangements in place to

monitor the quality of the care provided and make improvements when necessary to improve people's care and safety.

Lane House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 9 June 2016 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were unable to review this information prior to the inspection so we gave the registered manager the opportunity to discuss their plans with us.

We spoke with six people who used the service, six relatives, three members of the care staff, the registered manager and one of the providers. We also observed the care in the communal areas. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at three people's care plans to see if their records were accurate and up to date. We also looked at two recruitment files and information related to the management of the home.

Is the service safe?

Our findings

People we spoke with told us the staff kept them safe. One person said, "The staff are very careful with us. They keep us safe". A relative told us, "People are looked after so well and the staff definitely keep them safe". Staff understood how to protect people against abuse and poor practice. One member of staff told us, "We have training on safeguarding people. I'd speak to the senior care staff if I was worried or the [registered] manager. We've got all the contact numbers in the office so we could ring ourselves if we needed to". We saw that staff were provided with information about how to recognise abuse to ensure all incidents were reported.

We saw people's risks had been identified and there were management plans in place to guide staff on how to support people correctly. For example some people had specific requirements to ensure they were assisted to move safely. We observed people being moved, with and without the use of equipment, and saw the assistance met the support that had been planned for them. Staff told us they had received training in the use of equipment including the hoist. One member of staff told us, "During our training we all had to take a turn in the hoist so we knew what it felt like". We heard staff reassuring people as they helped them move to promote their confidence.

Some people were living with dementia and displayed behaviour that challenged when they became anxious. Staff understood that the behaviour was part of the person's illness and how to support them to keep them and others safe. Staff told us they recognised when people were becoming unsettled and took action to prevent their behaviour escalating. For example we saw one person was becoming anxious and staff encouraged them to walk with them in the garden to divert their attention and occupy them. We saw this had a positive effect on the person who became calmer. Staff tried to identify what might trigger people's a change in people's demeanour. Members of staff we spoke with explained how they supported people which demonstrated they offered a consistent approach to help people.

People we spoke with told us there were sufficient staff to support them. One person said, "If we press the bell they come straight away. They're excellent they don't leave us". A relative told us, "There's always plenty of staff. I have peace of mind". Staff said they thought there were adequate staff. One member of staff told us, "Compared to other homes, we have good staffing levels. If they can't get cover for sickness the [registered] manager or the deputy will work with us". We saw that there was a member of staff based in each of the communal living rooms throughout the day. Staff carried walkie talkies and we heard them asking for cover when they needed to leave the communal rooms or when they required additional support in the bedrooms to ensure people always had the support they required. Staff told us that prior to starting work in the home they had to provide a range of information to show they were suitable to work with people. One member of staff told us, "I had to complete an application form, give names for references and wait for my police check to come back before I could start. I was lucky because it all came back quickly". We looked at two staff recruitment files and saw that all of the required checks were completed before staff were able to work in the home.

People we spoke with said they had their medicines when they needed them. One person told us, "The senior carers brings me my medicine, I take quite a lot. They always ask if you want anything for pain and if

you do they give you those too". We saw that staff explained to people what they were taking and supported them patiently to take their medicines. The provider had implemented an electronic medicine system. Staff told us they had been trained how to use the system and their competency to administer medicines safely was reviewed regularly. The electronic system identified when people were due to have their medicines, the side effects staff should be aware of and provided alerts if medicines had been missed. Staff told us that the system also provided audits to monitor all the aspects of medicine management.

There were arrangements in place to ensure that the environment and the equipment used was safe for people. We saw there were regular checks on the safety of the home and the equipment was serviced as required. We saw that people had individual personal evacuation plans in place which were updated regularly to ensure the level of support they required to leave the building was up to date. This meant there were accurate plans in place should an emergency such as a fire occur.

Is the service effective?

Our findings

People told us that the staff knew how to care for them and understood their needs. One person told us, "They all know what they're doing, they look after us very well". Staff told us there were opportunities for them to enhance their knowledge and the skills they needed to support people effectively. One member of staff told us, "I've recently done training on diabetes. We learnt about the best foods to offer people and why their diet was important. We also learnt about the signs we should look for if people's blood sugar levels were too high or low". Staff told us there were arrangements in place to provide them with the opportunity to discuss their work performance and the development of their role. One member of staff said, "I've had my supervision just recently. It works both ways. We can talk about everything".

New staff were given time to learn about people and the way to care for them correctly before working alone. One member of staff told us, "We can shadow the experienced staff first which gives you time to learn about people. They check on your progress when you're doing the induction. The induction time depends on your experience and how well you're doing". This meant staff were supported when they came to work in the home.

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. We saw that people's capacity and ability to make decisions was considered through all aspects of their care. We heard staff asking people for their consent before providing care. One member of staff told us, "We know people well and when they can't tell us if they're happy we can work around it by watching how they react". We saw that there were capacity assessments in place for people who needed to be supported with their decision making. The assessments identified the type of decision people would need support with and the best time of day to speak with them about their choices. One person was receiving their medicines covertly. People can be given their essential medicines without their knowledge when they do not have the capacity to understand this is in their best interest. There was a capacity assessment in place for this person and the reasoning behind their covert medicines had been demonstrated to be in their best interest to support their physical health and wellbeing.

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). Some people who used the service were deprived of their liberty as they were unable to make decisions about their safety for themselves. We saw that the registered manager had made the deprivation applications as required to ensure they provided care which met the principles of the MCA.

People were supported to enjoy a pleasurable eating experience. One person told us, "The food is so lovely. You can't resist it. There's always a choice. I prefer to eat my meal in my room so the staff bring it to me". A relative told us, "The meals are lovely. The tables are set nicely with a tablecloth and flowers. It gives people

a semblance of normal life". We saw there were menus displayed which provided a choice of nutritious meals for people. We heard staff asking people what they would like to eat and saw when the meals were provided people were able to change their mind. For example two people decided they didn't want their meal, one person chose to have a sandwich and the other a bowl of soup instead. There were two meal sittings at lunchtime. People who were able to eat without support or minimal assistance from staff ate together. The other sitting was for people who needed to be supported fully by staff. The registered manager told us this preserved people's dignity and ensured there were sufficient staff to support people. We saw that staff sat with people and provided patient encouragement to them to enable them to enjoy an unhurried meal.

We saw people received support from their doctor and other healthcare professionals whenever necessary. A visiting healthcare professional told us, "We visit here regularly and people are always well cared for". On the day of our inspection people were receiving support with their foot care which was provided by a podiatrist who visited the home regularly.

Is the service caring?

Our findings

We received compliments and positive comments about the care and the staff from everyone we spoke with. One person told us, "I am very happy here. The staff are really kind. It's an excellent home, I would recommend it to anyone and I wouldn't want to move". A relative said, "The staff are absolutely brilliant. The care here stands out a mile". Another relative told us, "I have nothing but praise for the home. My relation settled here very quickly". We observed staff speaking with people in a kind and compassionate manner. We saw that staff acknowledged people when they passed them and the people they spoke with responded positively to them. One person told us, "The staff are so kind to you, all the time". A relative said, "From the young staff to the older ones, you can see that they really like the people they look after". We heard people sharing jokes and engaging in banter with staff. A relative told us, "There is a really upbeat approach to providing support here". We saw one member of staff put a wig on to try and fool people they'd had a perm. People laughed and enjoyed the joke which we heard them discussing amongst themselves after the member of staff had left the room. This indicated that people felt at ease with staff and had a good rapport.

Staff supported people to maintain their privacy and dignity. We saw that staff spoke with people discreetly when offering personal care. People told us they could choose where they spent their time and if they wanted to close their bedroom door or leave it open. One person told us, "I go to the lounge sometimes but I prefer to spend time in my room. I always leave the door open so I can see what's going on though. Staff pop their heads in to say hello". We saw that when people received care this was provided behind closed doors. We saw staff knocking on doors and checking that it was convenient to enter before doing so. Staff ensured that when people were moved using equipment they were appropriately covered to protect their dignity. We heard staff complimenting people on their clothing and their hair after they'd been to the hairdresser. One member of staff said, "You're looking gorgeous in green this morning". This demonstrated that staff recognised the importance of supporting people to maintain their self-respect.

People were supported to maintain the relationships which were important to them. Relatives told us they could visit whenever they wanted. One relative told us, "The staff couldn't have been kinder to my relation or me. I feel wanted and cared for whenever I visit". We saw that relatives were offered a drink when they arrived and could help themselves to a drink when they wanted. Some people did not have relatives to support them. We saw that staff had contacted advocacy services to represent people to ensure their support met their needs. An advocate works independently to speak on behalf of people.

Is the service responsive?

Our findings

There was an activity coordinator responsible for planning and supporting people to socialise whilst they were in the home and on trips out. People told us that the activity coordinator excelled at their role. One person told us, "[Staff member] is excellent, really excellent". A relative said, "The activity coordinator is amazing. They work so hard. They show me photographs when I come in of the things my relation has been doing. It's so lovely to see them enjoying themselves". Another relative told us, "My relation has more social contact here. I've watched them playing games inside and in the garden and everyone has a great time".

When we arrived at the home some people were going out with the activity coordinator on a trip to the park. One person told us, "They are very good. We can go into the garden and they take me out to the shops". During the day we saw people being supported on a one-to-one basis and as a group. For example one person was playing dominoes and another person was teaching a member of staff to knit. The member of staff told us, "I couldn't knit before I came here and [Name of person] said they'd show me. I really enjoy it". We heard an impromptu sing-along led by the activity coordinator and saw people enjoyed this and joined in when they could. During the afternoon people were provided with an opportunity to look at clothes brought in by a local shop and purchase them if they wanted. We saw people were supported by staff and relatives who took the clothes to them if they were unable to access the rails themselves. There was a happy atmosphere in the room and we heard people saying how much they'd enjoyed the opportunity. One person told us, "I didn't really need anything but it's nice to have a little treat". The activity coordinator told us, "I'm constantly thinking about what we can do next and planning. It's hard work keeping on top of everything but I get some lovely times with people". There were several photographs on display around the home providing evidence of the diverse activities people took part in. We saw that people stopped and looked at the photographs with their relatives and laughed about the day the donkey came to visit. A healthcare professional we spoke with told us, "It's a lovely home. They do so much with people. It's great".

Relatives told us they were involved in planning and reviewing their relation's care. One relative told us, "Staff asked me what [Name of person] liked and what they were interested in. Unfortunately they can't do that for themselves anymore". We saw that people's care was planned around their preferences. Staff demonstrated a detailed knowledge of people and understood what was important to them. People's care was reviewed regularly to ensure it met their current needs. A member of staff told us, "The senior carers do the reviews with people when they can and involve their relatives as well". Staff told us they were kept up to date on people's needs with a handover update provided at each shift change. We sat in on one handover and heard staff discuss each person which included how they had spent their day so far, any concerns about their wellbeing and the allocation of work. Staff were invited to share their views and given the opportunity to clarify any information they needed.

People and relatives we spoke with told us they had no complaints but they would be happy to raise concerns if necessary. One person told us, "I have never had any complaints but I would speak to the [registered] manager if I did. The owner comes to see us too. He says, 'Hello ladies, any complaints?'" Another person said, "I couldn't complain about anything here. If I did it would just be sour grapes". A relative said, "Of course I would complain if I needed to but I'm more than happy with the care here". There

was a complaints procedure displayed prominently for people or visitors who wanted to raise a concern. The registered manager told us they had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People and relatives confirmed they were happy with the management of the home. One person told us, "We know the [registered] manager. They come round regularly to check we're alright". A relative told us, "The ethos of this home is to provide care to people. I have a good relationship with the staff, the [registered] manager and the owners". Relatives were offered the opportunity to provide feedback on the care in an annual satisfaction survey. We looked at the responses they provided for the 2015 survey and saw they were all rated as good or excellent. There were occasional meetings provided for people and their relatives but the registered manager told us these were not popular or well attended. A relative we spoke with said, "The office is always open. You can speak with the [registered] manager whenever you need to".

Staff told us they were kept up to date with changes in the home. One member of staff told us, "We have a signing in system in reception. There's a news bulletin on there and we can pick up messages just for us and updates for everyone". Staff said there was a positive atmosphere in the home and they felt well supported. One member of staff told us, "I'm very happy here, we're a good team. The [registered] manager is really good. They always make time for you and check you're okay". Another member of staff said, "It's a really nice place to work and I believe it's well managed". Staff told us the provider made regular visits to the home and always spoke with them. One member of staff told us, "They come here every week and always say hello". There was a whistleblowing policy in place for staff to raise concerns about poor care or concerns about the management of the home, anonymously if they preferred. Staff told us they would not hesitate to use the facility if necessary. One member of staff told us, "I would definitely act on any concerns. People come first".

The registered manager had arrangements in place to monitor the quality of the care that was provided and used the results of the audits to drive improvement for people. We saw that there was a broad range of audits and the systems in place ensured that action was taken if necessary. For example, we saw that gaps which had been identified in the recording of the temperatures for medicine storage was raised with staff and improvements were noted. All of the incidents, including falls which occurred were monitored. We saw that trends, for example, if falls happened regularly at certain times of the day, were identified and actions taken if a pattern was demonstrated. The requirements of registration with us were met. The registered manager understood their responsibilities and provided information to us about significant events in the home as required.