

# Four Crest Care (Watton) Limited

## Lancaster House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Lancaster House provides accommodation and personal care for older people, people living with dementia and people who may have mental health support needs. There were 17 people currently living at the home on the day of our inspection. However a new extension and recently been built and the home had increased the registration to accommodate up to 31 people.

This inspection took place on 17 January 2017 and was unannounced.

A registered manager was in post at the time of our inspection. 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 who lived at the home were protected from the risk of abuse and avoidable harm. Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse had occurred. Accidents and incidents were investigated as required and known risks were recorded and mitigated when possible. Staff had been recruited safely and relevant checks were completed before they commenced working within the home.

Staff knew about and were following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments.

Staff received a comprehensive induction and on going training, tailored to the needs of the people they supported. Staff were knowledgeable about the Mental Capacity Act and enabled people to make decisions for themselves as far as possible. Staff were supported through regular supervisions.

People's needs were met by caring, patient and considerate staff. People's privacy and dignity was respected by staff. People, their families and staff were all complimentary about the home. Staff were enthusiastic about working with the people who lived at the home and developed positive relationships with them.

The registered manager encouraged an open, inclusive culture within the home. Relatives were free to visit their family members and were warmly welcomed. Relatives said they felt comfortable raising any issues or concerns directly with the registered manager. There were arrangements in place to deal with people's complaints and issues appropriately if they were raised.

The management team assessed and monitored the quality of the service. A number of audits had taken place. This ensured the service continued to be monitored and improvements were made when they were

identified. Meetings were held regularly and people's comments were listened to and implemented to improve the service when possible. The registered manager understood their responsibilities to inform the CQC when specific incidents occurred within the service.

## 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

There were systems in place to make sure the risk of abuse and avoidable harm to people was reduced.

There were enough staff to meet people's needs.

Staff had been recruited using a robust recruitment process.

Arrangements were in place to make sure people received their medicines appropriately and safely.

### Is the service effective?

Good ●

The service was effective

People received care and treatment from staff who had been trained to provide this.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

People received enough food and drink to meet their needs.

If people became unwell staff sought medical advice promptly to promote their health.

### Is the service caring?

Good ●

The service was caring

People's dignity and privacy was maintained.

People's rights to independence, privacy and dignity were valued and respected.

People and relatives were positive about the care and support provided by staff.

### Is the service responsive?

Good ●

The service was responsive

People's care needs were understood and responded to by staff who knew people well.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

### Is the service well-led?

Good ●

The service was well-led

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

There were robust quality monitoring processes in place which ensured the service was run safely and could meet people's needs.

# Lancaster House

## 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 was 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 took place on 17 January 2017 and was unannounced. The inspection team consisted of one 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.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team and the local clinical commissioning group.

We looked at the care records of three people in detail to check they were receiving their care as planned. We also looked at records including training records, meeting minutes, medication records and quality assurance records. We spoke with six people who live at the home; three members of care staff, the domestic staff, the chef and the registered manager. We also spoke with relatives of two people currently living at the home.

# Is the service safe?

## Our findings

People told us they felt safe living at Lancaster House. One person told us, "I feel safe here. The fire alarm is tested each week. I like living up here [first floor] because it's quiet, and I can use the lift to get downstairs when I want to". One person's relative told us, "I have no concerns; I totally trust that my [relative] is safe."

There were systems in place to protect people from the risk of abuse and potential harm. Staff had undertaken training in safeguarding adult procedures and had a good understanding of how to recognise abuse and report it. All spoke knowledgeably about what would constitute abuse and harm. They knew who to contact within the service if they were concerned and told us that they could easily locate the details of how to report any concerns externally of the service as well. Sometimes some people displayed behaviours that challenged themselves and others. However the registered manager and staff team were aware of this and were taking every effort to ensure all people remained safe. We saw that where any safeguarding incidents had occurred they had been reported appropriately and appropriate additional advice sought.

Staff were familiar with risks associated with people's care. Risk assessments were in place to enable people's support to be provided in a way that helped them to live their lives safely. We saw that risks were assessed when people started to use the service and reviewed each month to ensure they remained up to date. Risk assessments covered a range of situations including accessing the community, using public transport, crossing roads safely and managing finances. One person told us that they were at risk of falling however they told us that they had not fallen since moving to Lancaster House. They told us that staff had given them the confidence to mobilise independently and keep safe. They said, "They [staff] keep reminding me to use my frame, even in my room. It has helped me to stay safe and not fall again."

The home had an accident and incident reporting policy to guide staff on the action to take following an accident or incident. We viewed records and saw that staff were recording a description of the incident, any injuries and action taken by staff. We found that managers of the service kept a log of all accidents and incidents. This was so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. We saw that in response to any accidents or incidents people's care records had been reviewed and updated.

Emergency procedures were in place. This included up to date emergency evacuation plans for people and contingency plans should there be an emergency situation at the home. The home also had a fire risk assessment in place which had been reviewed appropriately.

The provider had followed safe recruitment practices which included checking to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff we spoke with told us about their recruitment into the home and the number of pre-employment checks that the provider undertook prior to them commencing work at Lancaster House.

We looked at the staffing arrangements in place to support the people who lived at the home. People

commented favourably about staffing levels and told us that there were adequate numbers of staff available to meet their needs and support them. One person told us, "Staffing levels are good, and there are enough staff. They [staff] come quickly when I ask for help". Another person said, "I feel safe because there are enough staff to look after me." The staff we spoke with all confirmed that there were enough staff on shift with an exception being if staff were away from work unwell. One staff member said, "There are enough staff. If someone is off work sick then that is the only time it's a bit less. Staff always try and fill in for each other wherever possible, [registered manager] helps out too."

We saw that staff provided support when people needed it in an unhurried way and were always visible in communal areas. Staff had time to sit and talk with people and we saw that they did not always wait to be asked for support, they asked people if they needed anything.

People's medicines were managed safely and they received them as prescribed or when they required them. People we spoke with confirmed this and told us they received their medicines appropriately. One person told us they received their pain relief on time and regularly when they needed it. Another person told us that staff supported them with their medicines. They said, "Staff tell me when to take my tablets. I know the colour and shape of them so I know they are right."

People had their medicines administered by staff who had been appropriately trained. We saw the management of medicines was undertaken safely and the storage of medicines was secure and appropriate. Staff were mindful of locking the medicines room and trolley when they left it unattended or whilst they administered medicines to individuals. Medicines that were no longer required, for example those that were refused were recorded and stored in a safe manner until disposed of correctly. Audits were completed monthly on the whole system of medicines management any discrepancies were followed up and actioned. We saw up to date records that these checks and audits had taken place with actions identified and followed up.



# Is the service effective?

## Our findings

People who lived at the home confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. One person we spoke with told us, "Staff have enough training; they are very good at their jobs. I cannot fault them."

New staff underwent a period of induction, and completed the care certificate if they had not already done so in their previous employment. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

The registered manager carried out regular supervisions and appraisals to ensure staff understood their roles and that they maintained good standards of practice. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager. We saw that the registered manager kept a matrix of when supervisions were held, so that they could monitor and plan for these sessions. Staff told us that they had the opportunity within their supervisions to discuss their personal career development and learning.

People's care was provided by staff who were well supported to undertake their role. We saw that the registered manager had systems in place to ensure staff received the training and learning they needed to carry out their job roles effectively. Staff told us their training covered a range of topics and provided them with the relevant skills to carry out their roles. Records showed staff received training in areas such as moving and handling and first aid. Some staff told us that they also had undertaken further training in care related qualifications and topics such as advanced dementia care.

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 is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had good knowledge of the MCA and DoLS and were aware of their responsibilities in relation to these. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

Where people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

If people refused something this was recorded and respected. Staff told us that they supported people to make decisions by giving them time to understand the situation and question.

We observed the lunchtime experience and found that it was relaxed and informal. People were supported to make choices about what they ate and drank and risks to their nutritional wellbeing were identified and managed. People were very complimentary about the food. One person told us how much they enjoyed the food. They said, "The food is wonderful. We get plenty to eat and drink. I record all the menus and my friends cannot believe what I get to eat here." Another person said, "I get enough to eat and they give me a choice, I always have a hot evening meal. They prepare something else for me if I do not like the menu choice."

We spoke with the chef during our visit. We found that they were very knowledgeable about people who lived at the service and their particular dietary preferences. We saw a list displayed in the kitchen about people who were on specific diets; such as high calorific fortified food for people at nutritional risk and soft and pureed food for people with a swallowing difficulty. This ensured the chef had information required to provide people with appropriate food for their needs.

Where people required staff to assist them with their meal or drinks, this was done in a dignified and unrushed manner. We observed staff communicate and interact with people throughout their meal. All of this ensured people had a pleasant dining experience and were provided with the support they needed to maintain their nutritional well-being. We observed staff encouraging people to drink regularly throughout our inspection visit to reduce the risk of people becoming dehydrated.

There were systems in place to monitor people's on-going health needs. People were supported by a range of healthcare professionals to ensure their health and social care needs were met. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GP's, dentists and speech and language therapists who all visited the home to treat and support people living there. Records were kept of any advice and guidance provided which was implemented to ensure people received the most effective care to meet their needs.

# Is the service caring?

## Our findings

People were cared for by staff who were kind and compassionate. Every person we spoke with told us the staff were caring, kind and friendly. One person told us, "I find the care excellent. Staff are really nice, friendly and helpful." Another person said, "The carers are attentive to me. They are very caring and I think they do a wonderful job." A third person said, "The staff here are cheerful, kind and considerate."

People's relatives were also complimentary about the care their family members received. One person's relative told us, "The care at Lancaster House is superb. They [staff] look after [family member] well"

Staff treated people in a friendly but respectful way. One person told us, "I feel respected. They [staff] treat you like an individual, nothing is too much trouble. I am quite happy here and the staff are lovely and are always very kind and thoughtful." We observed that staff interacted with people well, speaking with them on their level and engaging them in conversations that were interesting to them. One person said, "Staff here are very good, they are lovely and sociable." We observed many good examples of staff providing care and support in a skilled and caring manner. We saw staff had time to sit and chat and socialise with people. A member of staff said, "The care here is really good. It is the attention that all the staff give to people, even when they [staff] are busy."

People's care records recorded information about their lives, what had been important to them along with significant events or dates. Individual likes, dislikes and preferences were all explored and recorded. This information was used to help personalise the person's care and to help guide staff in more meaningful interactions with people. One person told us how care staff sought their opinion about their care needs. They said, "The staff wanted to know how I would like things done for me."

Documentation we viewed demonstrated reviews of people's care plans took place on a regular basis. People told us that they were involved in planning and reviewing their care. One person said, "I make decisions about my care, and I am supported by my [family member] who is actively involved in my care." Another person said, "I make decisions about my care, and these are respected. Once staff got to know me, they knew what I can do for myself."

Staff supported people in a way that was pleasant and kind. Staff spoke warmly about the people they supported. We saw kind and considerate approaches to care and support. We observed as one member of staff approached a person who was upset. The member of staff knelt beside the person, and whilst making good eye contact, gently stroked the person's hand. The person responded positively to the sensitive approach and smiled while they held the carer's hand back. The member of staff stayed with the person until they were more settled and returned several times afterwards to offer further support and encouragement.

Staff were enthusiastic about their job roles. One member of staff said, "I love working here. It is a small lovely home. It is like family here." Another staff member said, "I love seeing the people who are cared for here happy."

People were supported to be as independent as possible. People's care plans included what they could do for themselves and where they may have needed help from staff. One person told us, "They [staff] let me wash myself, but come when I ask for help. It is nice to know that help is there if you want it." Another person said, "I have regained my independence here. They have given me confidence to walk by myself. They remind me to use my frame." Staff confirmed that they encouraged people to do things for themselves and discussed the benefits of doing so.

We observed that people's dignity was maintained. Staff were observed knocking on people's bedroom doors, before entering, and asking permission before carrying out interventions. Records were stored securely to ensure that confidentiality was maintained.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. One person told us, "It is wonderful here. The care staff have got me on my feet again. I could not walk when I came here I am so happy; I am looked after very well."

We spoke with people about how they spent their days and whether activities were on offer. The majority of people told us that there was little in the way of organised activities and the registered manager and staff confirmed this. We were told that because many people opted not to take part in activities organised by the home a formal activities plan was not in place. However staff helped people with activities such as music, quizzes, games and puzzles. One person we spoke with told us, "I get my newspaper daily. I do participate in certain activities here, especially the music afternoons. I enjoy watching the birds and squirrels from my bedroom window. Some of us [people living at Lancaster House] meet up to play cards, do puzzles or watch television." During our visit some people were enthusiastically taking part in a 'higher or lower' card game and others had been enjoying doing a jigsaw puzzle together. One relative we spoke with said, "Staff get [relative] doing some maths with them, it keeps [relative's] mind active. I know that they also do other word searches and quizzes."

The risk of people experiencing social isolation was reduced because the registered manager and staff encouraged and facilitated people's friends and families to visit them. One person told us, "Visitors are welcome throughout the day. I receive visits from friends and neighbours."

People's needs had been assessed before they moved into Lancaster House. This assessment was then used to complete an individualised care plan which enabled people to be cared for in a person centred way. Person centred care is a way of helping someone to plan their life and support, focusing on what is important to the person. Staff used the information to develop detailed care plans and support records that identified people's strengths and abilities and the support they would need to maintain their independence. The assessments showed people, their relatives and health professionals had been included and involved in the process wherever appropriate.

Information gathered from the pre-admission assessment was used to help formulate care plans. These gave staff initial information about the person's needs, how to meet them and their preferences. Staff told us they had access to the care records and felt the level of information they received, supported them to offer safe and effective care which was responsive to people's needs.

The service responded in a timely way to changes in people's needs. Staff had accurate and up to date information on people's needs and the support they required. The registered manager and staff made prompt referrals to healthcare professionals when people's needs changed.

The registered manager and staff shared relevant information amongst themselves to ensure people received appropriate support. For example, one person whose support requirements had changed needed additional care. Staff were aware of this change and responded by checking the person more frequently and

following the additional guidance that had been put in place. Records showed the registered manager had discussed with staff the actions necessary. Staff had used the information to support the person effectively.

There was a policy in place about dealing with complaints that staff and the registered manager followed. This ensured that complaints were responded to. People felt able to raise concerns and complaints. They told us they knew how to do so and would feel happy to speak up knowing that the manager and staff would address any concerns promptly.

The relatives we spoke with also told us they would feel comfortable making a complaint and knew how to do so if they ever needed to. One relative told us, "My [relative] would be the first to say if something were wrong. They have not so it is a good sign that they are well cared for."

The complaints log showed that where complaints had been received in the last 12 months they had been responded to in a timely manner and resolved to the complainant's satisfaction. Practice had also been reviewed in order to minimise the risk of a similar occurrence.

## Is the service well-led?

### Our findings

An experienced registered manager was in post at the time of our inspection. People benefited from receiving care in a home that was competently managed on a day to day basis. The registered manager had the necessary knowledge and experience to motivate the staff team to do a good job. Care staff we spoke with told us there was always an 'open door' if they needed guidance or support from the registered manager.

People who used the service, relatives and staff were noticeably relaxed in the presence of the registered manager. Throughout the inspection we saw the registered manager actively engaging with people and making time to sit and participate in conversation with them.

People told us they knew who the registered manager was and they spoke highly of her. One person said, "[Registered manager] is wonderful. They arrive early in the morning when we are having our breakfast, and their eyes are everywhere around the home checking we are all okay. They speak to everyone from the people who live here to the domestic staff. They are kind and considerate." Another person said, "I see [registered manager] frequently. They update us all regarding any changes to the home." A third person said, "I would definitely recommend this home to others. The place runs like clockwork, it is very organised."

Relatives also spoke positively about the registered manager and the running of the home. One relative told us, "It is a positive culture at this home [Lancaster House]. This place is very well organised. I always see the manager when I come here to visit, they know what they are doing and as well the care staff are very welcoming too."

The staff team worked well as a team and were very supportive of each other so that people could rely upon receiving consistent support. Staff also spoke highly of the registered manager. One staff member said, "I am very happy working here. The [registered] manager is very supportive." Another staff member said, "[Registered manager] is very approachable."

Team meetings were held regularly which were used as an opportunity to discuss, amongst other things, activities, general updates and changes to documentation. Staff told us the meetings were well managed and an open forum for discussion. This helped to ensure staff had an opportunity to raise any concerns or make suggestions about how the service was run. Handover meetings were held on a daily basis to ensure staff were fully aware of any changes that had occurred and were aware of their responsibilities for the day.

Questionnaires were sent out to people and their relatives to ask for their feedback and views about the home. These were sent out during November and December 2016. We noted that not many questionnaires had been returned; however from those that had the feedback was generally very positive. Where a person or their relative had raised a query or concern, we saw that this had been responded to appropriately and action taken where needed. This told us that the registered manager was open to feedback and was proactive in acting on anything that needed addressing.

The registered manager demonstrated good leadership and management. We found that the registered manager undertook a lot of training to maintain their own personal development and keep their knowledge updated. The registered manager attended a care group designed to be a link between different independent providers to support one another. Additionally they attended a dementia alliance group looking at best practice in this area. The registered manager was also undertaking accreditation for providing compassionate care for people nearing the end of their life. The registered manager told us that these groups and pieces of work were useful for developing their own knowledge, exchanging information and ideas and ensuring care staff were providing people with care based on best practice.

There was a very comprehensive programme of audits in place to monitor and improve the quality of the care provided. The registered manager's quality monitoring systems covered all aspects of the service including medication, staff training, infection control, maintenance, service user files and dependency. We saw that any shortfalls that were highlighted through the audits were actioned without delay.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.