

Mr John and Mrs Joan Kershaw

Lancaster Court Residential Care Home

Inspection report

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Birkdale
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Tel: 01704569105

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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

This inspection of Lancaster Court took place on 28 September 2017 and was unannounced.

Situated in Birkdale, Southport, Lancaster Court is a residential care home that offers accommodation and support for up to 30 people. The home is spread across three floors including a basement. Car parking is available at the front of the building and there is a garden to the rear of the building. At the time of our inspection, there were 25 people using the service.

At the last inspection on the 25 January 2017, we found that the provider was no longer in breach of regulations identified on the 2 September 2016 and improvements had been made. However, we rated the service as 'requires improvement' because we needed to see a longer track record of sustainability before the rating could be improved.

During this inspection, we found that these improvements had been maintained.

We saw that fire procedures in the event of an evacuation were clearly marked out, and regular mock fire drills were completed. However, we found that people's personal emergency evacuation plans were not sufficiently detailed. We have made a recommendation regarding this.

We looked at records which showed that staff assessed risk to people and information was updated regularly. We suggested that the provider introduce a new analysis chart to capture trends in relation to accidents and falls. Following our inspection visit, we received confirmation that this had been done.

Staff had received training in 'Safeguarding' to enable them to take action if they felt anyone was at risk of harm or abuse and understood the reporting procedures.

We saw that medicines were given to people on time by staff that had been appropriately trained and people told us they were happy with their medicine management.

Our observations showed people were supported by sufficient numbers of staff. This was confirmed by people we spoke with. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely.

Staff were assisted in their role through induction, supervisions and an annual appraisal and staff told us they felt well supported. The registered manager provided us with a staff training plan and this showed staff received training to ensure they had the skills and knowledge to support people living at Lancaster Court.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

The service operated within the principles of the Mental Capacity Act 2005 (MCA). We found that consent was sought before providing care. Staff completed mental capacity assessments and Deprivation of Liberty authorisations were applied for appropriately.

The food served at Lancaster Court was of a high standard. Staff knew, and catered to, people's individual dietary needs and preferences.

People we spoke with were complimentary about the staff and the service in general. We observed interactions between staff and people living in the home to be warm and familiar. Staff supported people in a kind and compassionate manner.

Staff knew people's likes, dislikes and social histories. Care plans contained good information regarding people's preferences, likes and dislikes.

People were supported to share their views about Lancaster Court through the use of 'resident meetings'. People had access to a complaints procedure which provided relevant contact details should people wish to make a complaint.

People told us they took part in a range of activities, some of which were organised social events in the community. The service supported people to pursue their own interests such as attending the opera and the theatre.

Arrangements were in place to seek the opinions of people who lived at the home, so they could provide feedback about the home. Annual surveys and staff questionnaires were issued to capture people's views regarding the service.

The service had a registered manager in post. We received positive feedback about the registered manager from staff, people who lived at the home and their relatives. People described the registered manager as "lovely", "approachable" and "supportive".

The registered manager had put in place a series of audits (checks) to monitor the quality of the service and improve practice. The registered manager was a visible and active presence at Lancaster Court and maintained oversight of the service.

The registered manager took on board feedback and responded promptly to suggestions made in order to improve the service.

Further information is in the detailed findings below.

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.

We have made a recommendation regarding improvements to be made to people's personal emergency evacuation plans.

People told us they felt safe living at Lancaster Court.

There were effective systems in place to provide people with their medicines as prescribed and in a safe manner.

Relevant health and safety checks for the building and equipment had been undertaken.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure that they could appropriately support people, and were supported through supervisions and appraisals.

Staff understood the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure that people's rights were protected.

People were supported to maintain a healthy diet, and had a wide range of choice. Staff were aware of people's specialist dietary requirements.

The service worked with external professionals to support and maintain people's health and well-being.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about staff and the service provided at Lancaster Court.

Staff knew people well, which enabled them to have meaningful interactions with people.

People's privacy, dignity and independence were respected

There were no restrictions in visiting and the service encouraged relationships to be maintained.

Is the service responsive?

Good 

The service was responsive.

Staff had a good knowledge of people's needs. People's care records contained relevant and up-to-date information about the support they required.

People received prompt support when it was required.

People were able to take part in activities which interested them and reflected their preferences.

People had access to a complaints procedure and partook in residents meetings.

Is the service well-led?

Good 

The service was well-led.

The manager carried out regular checks and acted promptly on advice to improve the quality of the service.

There was a process in place to gather and analyse the views of people and staff in the form of an annual questionnaire and staff surveys.

People spoke positively about the registered manager who was a visible and active presence at the service.

Staff we spoke with were aware of the provider's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Lancaster Court 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 took place on 28 September 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors 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, in this case, care of people living with dementia.

Before our inspection we reviewed the information we held about Lancaster Court. We asked the registered provider to 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. At the time of our inspection, we had not received this return due to a genuine oversight on behalf of the provider. We also contacted the Local Authority to ascertain if there were any areas of concern that we should be aware of. We were not made aware of any concerns about the care and support people received.

During our inspection we spoke with the registered manager, the deputy manager, three members of care staff, five people living in the home and five relatives of people living at the home. We observed the lunchtime service and staff interaction with people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition, we spent time looking at five care records and associated documentation, three staff recruitment files, resident meeting minutes, quality assurance audits and other records relating to the management of the service.

Is the service safe?

Our findings

All of the people we spoke to said they felt safe living at Lancaster Court. People's relatives told us they were reassured that their loved one was safe. Comments included; "I know the door is locked and only opened by staff. It's a lovely environment and the garden is enclosed" and "I know what security systems they run and the staff are always around and about. {People are} safe from intrusion and safe being cared for". Another relative told us their loved one was "always being monitored and being checked on night and day. If I notice a problem, it receives immediate attention".

We saw that fire procedures in the event of an evacuation were clearly marked out, and regular mock fire drills were completed to check evacuation procedures. People had Personal Emergency Evacuation Plans (commonly known as PEEPs) to support evacuation in the event of an emergency. We found that these PEEPs did not always contain all of the information on the individual support people required to evacuate safely or on the aids the person needed to mobilise.

We recommend the registered persons review the Personal Emergency Evacuation Plans to ensure they contain all relevant information to enable safe evacuation in the event of an emergency.

We looked at the management of accidents and incidents at Lancaster Court. The registered manager maintained an incident and accident book in which staff recorded falls, slips, trips and other injuries. The service also documented when people had an accident in the daily handover book, which was checked regularly by the registered manager. We saw that appropriate referrals had been made to the falls team, and assistive equipment was in place for people who required it. We found, however, that the procedures in place to review and analyse falls required further development. For example, we saw that one person had sustained a significant number of falls over the last few months; however, potential reasons for the falls were not analysed. Whilst nobody was directly harmed as result of the lack of analysis, there was the potential for trends to be missed. The provider responded promptly to this and following our inspection visit, we received confirmation that the registered manager had introduced a new falls analysis chart and individual information sheet to improve record keeping and capture trends.

We checked how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. All of the staff had worked at the home for at least two years, most staff significantly longer. We saw that full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments.

People told us there was sufficient staff to carry out care in a timely and effective manner. People told us they "rarely have to wait for help". People's relatives also confirmed this stating, "I've never had a problem finding staff, usually there's one around" and "There's always staff around when you need them".

Staff told us that they had received training in safeguarding vulnerable people and were able to describe

what course of action they would if they felt someone at the service was being abused. Contact details for the local authority safeguarding team were displayed in the communal area of the home.

We reviewed the way medicines were managed and administered at Lancaster Court. We saw that medication was stored safely and securely. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. There were appropriate arrangements to store medicines within their recommended temperature ranges and the expiry dates of medicines were checked.

Staff who administered medicines had received medicine management training to ensure they had the skills and knowledge to administer medicines safely to people. The deputy manager was a registered general nurse and able to demonstrate clear knowledge and understanding of all aspects of medication management. They checked staff capabilities in respect of medication administration by maintaining general oversight. However, there was no documentation available to evidence this. The registered manager informed us they had arranged for staff to receive refresher training from a local pharmacy and would implement formal competency checks following this.

We looked at a sample of the medicines and checked them against the Medication Administration Records (MARs). MARs are signed by staff to show that medication has been administered. These showed that people had been given their medication as prescribed and appropriate recording was in place. People confirmed that staff gave them their medication on time and there were no problems with this. This was in accordance with people's declaration of wishes contained within their care files.

There was no evidence of completed body charts to evidence the areas of the body in which topical preparations (creams) were to be applied to. Following our suggestion, the deputy manager introduced a body map without delay, to guide staff and to record the areas of the body in which creams were to be applied to.

The care files we viewed showed that staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as nutrition, moving and handling and pressure area care. We saw that risk assessments were sufficiently detailed and were reflected in the associated care plan. These were reviewed regularly and records reflected that appropriate actions had been taken to address identified risks. For instance, when people were assessed as being at risk of developing pressure ulcers, care plans were in place to advise staff of what support each person required, such as the type of mattress best suited to their needs and whether they required support to relieve their pressure areas.

Effective infection control measures were in place to minimise the risk of the spread of infections. The home was visually clean and smelled fresh. We saw staff using disposable aprons and gloves as appropriate. Bathrooms contained liquid soap and paper towels and cleansing hand gel was available at various points around the home in line with infection control guidance.

The service had a risk assessment manual in place which contained a variety of policies in relation to the building and use of cleaning materials. We saw maintenance checks on areas such as the use of hoists and slings and emergency lighting. We spot checked some safety certificates such as portable appliance testing and gas and electrical safety and these were all up to date.

Is the service effective?

Our findings

We found that staff had the skills and knowledge to support people effectively. Staff reported feeling well supported in their role through induction, bi monthly supervisions and regular training. Staff told us, "We get lots of training" and "I have supervisions with the deputy manager often." Supervision sessions between staff and their line manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs.

People's relatives told us that the staff appeared to be competent. One person's family member told us, "They (staff) take training very seriously here". We reviewed the staff training matrix and certificates within staff recruitment files which showed staff received training in areas such as moving and handling, nutrition and hydration and mental capacity. Where staff required refresher training, records showed that dates were in place for this to be completed. We saw that staff were encouraged to reflect and review the training they had through the completion of a training evaluation form.

During this inspection we checked to see if the service was working within the legal framework of the Mental Capacity Act (MCA) 2005. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had sought consent from people in relation to their care and treatment needs in respect of a variety of areas including personal care and administration of medication.

Staff were able to discuss the process around mental capacity. Staff stated that they ensured that they consulted with people with regards to their care and understood how important it was not to presume that people did not have capacity. Staff told us that "people can still make decisions for themselves".

We saw evidence of mental capacity assessments contained within care files. These related to issues relevant to daily living such as the person's ability to operate hot water taps. We also saw evidence of the Best Interest process being used appropriately for those who did not have capacity. We saw that where restrictive practices were in use, such as the use of bed rails for those at risk of falls, consent was sought and recorded. Where the person was unable to sign the consent form, staff had documented that the issue was discussed, whether oral consent was provided and whether the person's relatives were involved in the discussion. We saw that on one care file, this qualification was not included. The registered manager agreed to update this document following our inspection.

People who lack mental capacity to consent to the necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). At the time of our inspection, the registered manager had made applications as appropriate for those people who required a Deprivation of Liberty to be in place. We saw that the registered manager ensured oversight of this process and maintained a log of all applications made.

People we spoke to were happy with the food provided at Lancaster Court. Comments included; "'I'm quite happy, the food's good" and "There's a choice". Visitors told us, "I have lunch here once a week and it's very good. It's all home-made".

The registered manager told us the service takes great pride in their food and catering arrangements, stating, "Nutrition is very important for the people living here". We spoke to the chef who told us that people were asked what meal they wanted for lunch and tea each day and that alternatives were always available. The chef was able to discuss individual dietary requirements and how they catered to these, for instance, they offered sugar free jelly to cater for those people who had diabetes.

People living at Lancaster Court were encouraged to participate in planning their meals by making suggestions at resident meetings. We saw that the daily menu was clearly displayed in the dining area although people told us they preferred to wait until the staff came to ask them in the morning what they would like.

We observed a jovial and relaxed atmosphere in the dining room. Staff had set the tables with tablecloths and linen napkins. Staff offered people a glass of sherry before their meal. We saw that people were offered extra portions. We saw that one person requested a different drink, and they were supported with this. We sampled the food and found it was of good quality and well presented.

We looked at the food storage facilities and saw plentiful fresh produce and fruit and vegetables. Lancaster Court had achieved a 'Good' rating from the local food standards authority in July 2017. This demonstrated hygienic food handling practices.

We saw evidence of nutritional care plans and dietary risk assessments within files outlining whether people had any specific dietary needs or support needs around eating and drinking. Some people living at Lancaster Court required a pureed diet and we saw diet and fluid charts in place for these people. People's favourite meals and preferences were recorded within files, for example, one file documented that the person did not like fish.

People at the home were supported by staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, chiropodist, speech and language therapist and district nurse. People told us the doctor was called promptly if they were unwell. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given.

The layout of Lancaster Court largely met the needs of people living there. We saw that there was a ramp at the front of the building and a passenger lift. People told us they could access the garden and enjoyed sitting outside on the veranda to enjoy the nice weather. The registered manager had begun the process of changing the flooring from carpets to wooden floor to promote good hygiene and enable people to move freely with their walking aids and equipment.

Is the service caring?

Our findings

We received positive comments about the caring nature of the staff at Lancaster Court. Comments included, "They're very nice, very good" and "They look after me and I'm happy with what goes on". People's relatives told us the staff were "very nice...very polite, very kind and respectful". Another relative told us the staff were; "absolutely brilliant" and described the service positively stating, "everything's lovely. It's homely and the staff seem to like working here".

Interactions between staff and people who lived at Lancaster Court were positive. We observed people approaching staff with ease to offer affection and a genuine rapport was evident. Staff clearly knew people well, and this was evidenced in the way they spoke to people. For example, we overheard natural dialogue between staff and people around topics such as the person's family background, favourite football team and preferred TV programme.

We saw that this caring approach extended to people outside of the home. For example, one visitor told us they were welcomed to have lunch at the home every day. They told us, "I don't live here but I'm treated as though I do" before offering tactile affection to the registered manager.

The majority of staff working at Lancaster Court had worked at the service for many years. Staff told us, "It's a lovely home from home culture". All of the staff we spoke to told us they would recommend the home. We saw that a person who had previously worked at Lancaster Court for many years had subsequently chosen to live at Lancaster Court.

Care files contained person centred information to ensure staff knew people's routine, likes and dislikes. Personal care documents outlined for instance that one person likes a morning bath. We saw 'social history' documents which outlined the person's background history and information about people's important relationships. This enabled staff to appreciate the person's life story and promoted conversation between staff and people they supported.

Staff ensured that communication was not a barrier to people's involvement in their care. For example, we saw that one person had had a stroke and care plans reminded staff the person had difficulties in expressing words. Staff were reminded to use picture prompt cards to identify what people wanted.

We saw evidence of Advocacy services being advertised in the communal area of the home and within people's bedrooms. Independent Mental Capacity Advocates represent people where there is no one independent, such as a family member or friend to represent them. At the time of our inspection, nobody was accessing advocacy services.

Staff were observed showing respect for people's privacy by knocking on people's bedroom doors and requesting consent before delivering care. Staff described how they ensured people's privacy when delivering personal care. Staff told us, "I make sure the doors are closed and "I ask the person how they want me to support them."

We saw records which demonstrated that staff had been on Equality and Diversity training. We observed staff taking time to ensure dignity was maintained when interacting with people. The registered manager was a dignity champion and this was evident in their gentle and warm interactions with people.

We found staff worked with the aim of supporting people's independence. The people we spoke to told us they washed and dressed themselves. One person told us, "There's help if you need it, but I don't need it". People living at the home were nicely dressed and their clothes were freshly laundered. People wore their own jewellery and carried their own personal possessions such as handbags with them. This demonstrates that people's personal care and social presentation needs were met.

People's relatives told us there were no restrictions in visiting, encouraging relationships to be maintained. People's relatives were welcomed and they told us they had the opportunity to stay for mealtimes.

Is the service responsive?

Our findings

People told us they received the care and support they needed. Although people couldn't remember if they were involved in decisions about their care, everyone said the staff listened to them and acted on what they said.

Care plans covered a variety of areas such as mobility, nutrition and medication. They provided staff with useful information on how to support people effectively.

Care plans were person centred and contained information about people's likes, dislikes, hobbies and backgrounds. Person centred means based on the needs of the person and not the service. For example, we saw information in care plans which outlined what time the person liked to get up of a morning, how much help they needed with personal care, and what food and drink they enjoyed.

Most of the staff at Lancaster Court had been in post for a number of years and knew people very well; this was evidenced by what people told us, and the interactions we observed. Care plans were signed by people (where able) or their representative if they were legally able, to support their inclusion in the planning and delivery of their care. These were subject to regular review to update on any changes to the support plan. Staff told us they also discussed people's care on a daily basis and any changes were recorded in the staff communication book. This ensured all staff had a consistent handover and were aware of any changes to people's care plan or support needs.

There was a recreational programme of activities available and the service employed an activities coordinator. One staff member told us, "They [Owners of the home] do try and make sure they get people in to entertain the residents. We always have time to chat to people as well, which is nice."

People were encouraged to pursue their own interests whilst living at Lancaster Court. People told us that they chose what they did with their personal time, such as reading or crosswords. One person's relative told us their loved one was supported by staff to attend the Opera and the theatre. People told us they also enjoyed group activities, such as singers or quizzes.

We looked at processes in place to gather feedback from people and listen to their views. We saw that the service held monthly meetings with residents and their families to discuss a range of topics such as social activities, meals and menu plans. The minutes from these meetings were on display in the communal area of the home. We saw that peoples feedback was used to improve the service for example, people indicated they enjoyed a specific entertainer, this entertainer was now included in the upcoming activity programme.

People living at Lancaster Court had access to a complaints procedure which was advertised in the communal area of the home. People also had access to the procedure in their own bedrooms. This procedure clearly outlined the process for raising a complaint. We saw that no new complaints had been raised since our last inspection. People told us they knew how to complain but had no cause to complain about the service stating, "I couldn't complain in any way".

Care files contained a transfer information document to enable key information to be shared amongst services as people moved between services which outlined people's medical history, medication list and any nutritional support needs.

Is the service well-led?

Our findings

People's relatives spoke highly of the service at Lancaster Court. Comments included, "It's caring, the food's good, the gardens are beautifully maintained and nice to look out on", "It's always very nice, there's no problems...it's relaxed and always cheerful!", "I think it's pretty good, this is the best home I've been in" and "The atmosphere, when you come in it's nice, the decor, the feel, I'd move in here myself".

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 knew who the registered manager was and felt that they were approachable and helpful. Comments included, "I know of her, she's nice and helpful". People told us that they felt able to speak to the registered manager and felt they would listen and act on their concerns. The registered manager had worked at the service for over two decades and was observed to be a visible presence at the service who was actively involved in monitoring standards and promoting good practice.

Staff described the registered manager as 'supportive' and 'approachable'. All the staff we spoke to said they would recommend the home. Comments included "I would definitely recommend the home" and "It is lovely, I would recommend."

It was evident that the registered provider promoted an open and supportive culture within the service. Staff we spoke with were aware of the registered provider's whistle blowing policy and told us they would not hesitate to raise any issue they had. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency, and protects people from the risk of harm.

There was a system of internal checks and audits in place to monitor the quality of the service. We found that these systems required further development specifically in relation to falls. The registered manager was responsive to our suggestion regarding a new audit tool to analyse these and implemented new documentation promptly.

We saw that the shift manager completed a daily check record of all areas of the environment. We saw that a daily kitchen quality control audit was completed by kitchen staff. We saw, and were told, that any repairs were identified and the registered manager took prompt action to rectify any issues.

The deputy manager completed monthly, weekly and daily audits to check that medicines were used safely, and in accordance with the registered provider's medicine policy. Recent audits had found very few concerns about medicines handling, but we saw that when an issue was identified, it was actioned. For example, an audit highlighted that a staff member had not signed to evidence they had given someone their medication. The deputy manager had responded appropriately and took the correct action following this.

We suggested that the service implement a body chart to guide staff in the application of topical preparations (creams). The deputy manager responded promptly on the day of our inspection and introduced a new body chart to be used by all staff.

The service issued staff questionnaires to gather the views of staff and assess the level of staff satisfaction. We looked at the results from the last survey completed in August 2017 and saw that the majority of staff rated their induction and supervision support as 'exceptionally good'.

We saw that resident's surveys were issued to people living in the home. The questions covered topics such as staff attitude, cleanliness and meals. All of respondents scored the service highly in these areas. The registered manager had reviewed the surveys and devised an audit tool in order to analyse and summarise these responses. People's comments included statements such as "I'm happy" and "All the staff are very helpful".

We looked at a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely.

The vision for the service was clearly displayed in the communal dining area, the ethos of which was a holistic approach to quality care. Staff were asked to describe their understanding of the purpose of the business in their annual appraisal. This helped promote a shared understanding of the service values.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Lancaster Court was displayed for people to see in the communal area.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred within the home in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Lancaster Court.