Careline Lifestyles (UK) Ltd

Lanchester Court

Inspection report

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

Tel: 01914873726
Website: www.carelinelifestyles.co.uk

Date of inspection visit:
20 December 2016
22 December 2016

Date of publication:
08 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 20 and 22 December 2016.

The service was last inspected in April 2016 and recommendations were made relating to making decisions in a person's best interests, staff having regular supervisions, providing care with dignity and to the dining experience.

Lanchester Court is a residential nursing care home providing accommodation and nursing care for up to 22 people. There were 18 people living there at time of inspection. Care and support is provided for people with learning, neurological and physical disabilities.

The service had 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.

We found that checks by the provider proactively identified issues in the service that posed risks to people. We found the environment had been maintained to ensure it was a safe place for people.

People and staff told us they felt there was enough staff to provide support. We saw that nursing, care and ancillary staff were deployed over the week to support people and provide one to one staffing as required.

Staff had been trained and supported to raise any concerns about people's safety and wellbeing. Staff knew how to identify possible safeguarding concerns and felt able to raise these with senior staff.

Staff were recruited safely and inducted to ensure they had the required skills and were safe to work with vulnerable people. People's medicines were well-managed by the service.

Staff were trained and monitored to make sure people received their medicines safely. Care plans were in place to support the use of 'when required' medicines.

Staff were trained in and demonstrated they had knowledge of the Mental Capacity Act 2005, and this was reflected in some work supporting a person to decide about serious medical treatment.

Staff told us they received day to day support from senior staff to ensure they carried out their roles effectively. However, formal supervision and appraisal processes were not used consistently to enable all staff to receive feedback on their performance and identify further training needs. The issue of supervision and appraisal had been raised at a previous inspection and the action taken had not been robust to ensure staff received this in line with the provider's policy.

Arrangements were in place to request health and social care support to help keep people well.

External professionals' advice was sought when needed. This was integrated into people's care plans.

Care was provided with kindness, compassion and in a dignified manner. People could make choices about how they wanted to be supported and were treated with respect. People told us they felt cared for by staff who listened to them.

People who used the service were supported to take part in therapeutic, recreational and leisure activities in the home and the community.

People's care plans were detailed, personalised and reviewed regularly. People had 'three page profiles' where staff could see at a glance how best to support them. We saw that some records were placed in peoples bedrooms in order that staff could refer to them as required.

The registered manager responded positively to concerns or complaints and we saw they took clear action to learn from such events.

The registered manager and provider had not always identified and responded to issues in the service around staff supervision and appraisal. We have made a recommendation in relation to this.

The registered manager had made a significant number of improvements to the service across care planning, staffing and the dining experience.

People, relatives, staff and an external professional all felt the registered manager was knowledgeable and approachable.

We found breaches of regulation in relation to staffing. You can see what actions we have asked the provider to take at the back of this report.

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.

Risks were identified and assessed to promote the safety of people who used the service.

Staff knew how to keep people safe and prevent harm from occurring. People in the service felt safe and able to raise any concerns.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received regular supervision and appraisal of their training and development needs.

People could make choices about their food and drinks and were supported to eat and drink to maintain wellbeing.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff provided care with kindness and compassion and took the time to develop relationships with people. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff worked with people to support them to maintain their dignity. The staff took an interest in the needs of people and staff supported people to make

choices.

Is the service responsive?

Good

The service was responsive.

Staff knew how to support people according to their preferences. People's care plans were detailed and personalised and subject to regular review.

The service offered in house and external activities to support people's interests.

People could raise any concerns and felt confident these would be addressed promptly if managed within the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

Supervision and appraisal of staff had not been embedded into the service since our last inspection.

The registered manager had notified us of any incidents that had occurred as required and taken actions as required.

The registered manager was seen by people, staff and external professionals as knowledgeable and supportive of the staff and people and had made some improvements across the service.

Lanchester Court

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 20 and 22 December 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and a specialist advisor. The specialist advisor was a qualified nurse by background.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from health and social care commissioners of care was also reviewed.

During the inspection we spoke with nine staff including the registered manager, four people who used the service and two relatives or visitors. Observations were carried out and medicines were reviewed. We also spoke with one external professional who regularly visited the service.

Five care records were reviewed as were four medicines records and the staff training matrix. Other records reviewed included safeguarding adults records and deprivation of liberty safeguards applications. We also reviewed complaints records, seven staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance and management of the service.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe and secure living at the service. One person told us, "I like it here, it's been a good place to me and I feel safe living here". A relative also told us they felt the service was a safe place for their family member. They told us how their condition had deteriorated over time and they were now dependant on care staff to keep them safe and well. They told us how staff checked on their family member regularly throughout the day, making sure they were sat comfortably, or had enough to eat or drink.

Staff we spoke with told us, and records confirmed they had attended safeguarding adults training. Staff were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. We saw that a number of safeguarding alerts had been raised with the local authority and the CQC. We reviewed these and saw that staff had made referrals relating to concerns about people's families. We saw that action had been taken to keep people safe and staff we spoke with confirmed how they supported people to remain safe whilst recognising their right to family life.

People's care records contained risk assessments covering their support and care needs. For example people's moving and handling care plans or regular turning and re-positioning in bed to protect their tissue viability. These identified possible risks and mapped out for staff what actions were to be taken to minimise such risks. Staff we spoke with told us that risk assessments were subject to regular review to ensure that they addressed changing needs. For example one person was at increased risk of dehydration so staff now supported and monitored their fluid intake.

We checked the services audits and records relating to the environment as well as touring the service to look for possible hazards. The provider had an audit tool the manager used to check around the service to look for possible risks. We saw the environment had been adapted and maintained to keep people safe.

We checked the services plans for possible emergencies that may arise, such as fire or an evacuation. Records showed that the service had in place a robust plan to support staff and people if such an event were to occur. The service lacked a 'grab bag' containing essential information and equipment that might be needed if an evacuation might occur. When we brought this to the registered manager's attention they took immediate action and confirmed a bag was in place shortly after our visit.

Staff told us they felt able to raise any concerns they had about the service. They told us that at staff meetings service safety was discussed and that actions were taken if required. Staff told us the registered manager responded positively to any concerns or issues they may have. Staff told us how they would go outside the service or 'whistleblow' if they felt their concerns were not addressed. Staff told us they could contact the providers head office or the local authority if they had such concerns. No staff we spoke with had any concerns about the safety of the service.

The registered manager kept records of all accidents and incidents that occurred in the service, including 'near misses'. We saw that they took any immediate actions required and that the registered manager

regularly reviewed any learning from these incidents to check if there needed to be any further changes to how the service was delivered or to peoples care plans. For example we saw that changes had been made to the gardens security and access after an incident.

Staff were present in sufficient numbers to ensure safe levels of observation and to respond to any urgent need for help and assistance. The view of the registered manager and staff was that staffing levels were sufficient to ensure people remained safe. People also told us that staff responded quickly if they required support. The registered manager explained how staffing was calculated based on assessment of each person's support needs to develop an overall staffing level. This had the correct skill mix of nursing, care and ancillary staff. During the inspection we saw staff were busy, but not rushed. They had time to prioritise one to one time with people using the service and provided support at a pace that suited each person.

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the provider included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Records we reviewed for the most recently recruited staff member showed appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received. Staff we spoke with confirmed this process had been followed.

Suitable arrangements were in place to support the safe administration of medicines. Nursing staff we spoke with were able to explain the ordering, administration and recording procedures. Medicines were ordered on a monthly basis, delivered by the supplying pharmacy, and stored securely in the home. Nursing staff took responsibility for administering medicines. They were provided with annual training in the safe handling of medicines and comprehensive assessments to check their competency were also undertaken annually. People told us and records we saw confirmed that they received their medicines at the times they needed them. We saw that adjustments had been made to some people's medicines following consultation with their doctors. Care plans had been drawn up for medicines prescribed to be taken 'as and when required'. Any allergies and information were kept in the person care plan and medicines records.

We saw that the service was clean and that areas of high use, such as dining rooms were cleaned throughout the day. Cleaning staff were on rota seven days a week and the service was clean and free from any odours. Staff had access to personal protective equipment (PPE), such as gloves and aprons and we saw that suitable bins had been provided.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in April 2016 we found issues relating to staff supervision and appraisal. The provider agreed to ensure that these would be in place for all staff in future.

At this inspection we found that supervisions and appraisals for all staff had not been consistently maintained. The registered manager explained to us that this had not taken priority with the other areas of improvement that had occurred since our last inspection. We found that three long standing staff had not had an appraisal since 2014, of these one had only a single supervision in 2016, the others having had two. We spoke with staff about how they were supported to do their jobs well. They all told us that they felt able to approach any senior staff for day to day support and this was always responded to positively. We saw from staff records that recorded meetings with staff had occurred when required around specific issues. After inspection the registered manager confirmed to us that staff supervisions had begun again and that almost all staff had been subject to a formal recorded supervision.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service supported and trained staff to ensure they had the skills to meet people's complex needs. We saw in records that all staff now attended suitable training and had their competency checked where required, for example moving and handling. Staff had been provided with specialist training such as behaviour support. Refresher training had been provided as required and staff were reminded of the need to attend such updates. People and relatives we spoke with told us they felt the staff who supported them had the skills and knowledge of how best to support them. Nursing staff told us how the registered manager supported them to keep their clinical skills updated and supported them to access suitable training for their registration purposes.

The registered manager told us how the providers meetings with other registered managers supported them to share examples of best practice and learning between managers. They told us they felt supported by peer support of other managers and that "There is always someone at the end of the phone to talk something through".

Records showed that the registered manager met, or sought the views of people using the service and communicated changes to the service to them. People we spoke with told us they felt informed about any changes to the service, usually through staff. One person told us that, "I can be a bit isolated, but the staff keep me informed about anything happening and invite me to be involved if I want".

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager showed us their records of applications made and authorisations. There were a number of people subject to DoLS at the service and the correct authorisations were in place, as well as having a review and renewal process to keep these up to date. The registered manager had also sent us the required notifications.

The registered manager and staff told us where the service had worked with external professionals to support someone who lacked capacity around a serious medical decision. We saw the service had considered the options, consulted widely, ensure that advocacy support was in place and reached a best interest decision. This would require a planned approach to support a person before, during and after surgery and we saw a robust plan had been developed to support the person to regain independence and dignity.

However when we looked at how consent was recorded we saw that this was not being recorded consistently. Where the person lacked capacity to consent to their care plan, and were not subject to DoLS, records did not consistently show how consent had been sought after care reviews. We discussed this with the registered manager who agreed to ensure that consent was more consistently recorded in care plans and at reviews of care.

The registered manager had made changes to the layout of the service and moved the dining area to a new room. This was light, airy and well decorated. We saw people use this area during the day and some people were supported to eat and drink by staff. We saw the mealtime was a pleasant experience and that the area was cleaned after use. We spoke to the chef and they told us about how they supported people who were at nutritional risk. They had developed skills over time in preparing suitable and appealing foods of required consistency in order to make the meal more appetising. We saw that people could access a skills kitchen to make drinks or snacks, and that where the choices on the menu were not to their liking an alternative was offered. The food was presented well and was enjoyed by people we spoke with.

The service had a secure garden area; we observed this was used by people throughout the day. The registered manager told us how this had been adapted in line with people's needs and requests to create an extra communal space that was pleasant and used throughout the year. People we spoke with told us the garden area was well used in the summer.

People who used the service were supported by staff to have their healthcare needs met. Staff told us they would contact the person's General Practitioner (GP) if they were worried about them. Records showed people had access to a range of healthcare professionals. For example, in people's care records there was evidence of input from GPs, psychiatry, psychology, opticians, dentists, speech and language therapists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. Care plans recorded the advice and guidance received. People were supported by staff to make complex healthcare decisions, where necessary staff used the MCA to reach best interest decisions for people.

Good

Is the service caring?

Our findings

At our last inspection in April 2016 we found an issue relating to peoples dignity.

At this inspection we found these issues around staff gender support to people for personal care had been resolved through consultation and review. Where people had made choices about who they wished to be support by with personal care staff confirmed they were able to respect those decisions.

During the inspection there was a relaxed and pleasant atmosphere in the service. Staff interacted well with people. Staff were warm, kind, caring and respectful with people and people appeared comfortable with them. Staff had time to spend talking with people. They were all patient in their interactions and took time to observe people's verbal and non-verbal communication. Relatives we spoke with confirmed this support was caring. One relative told us, "I am more than happy this is the right place for [name]. The carers are excellent. They take their time and look out for signs of what [name] wants". People we spoke with also confirmed that staff had a sensitive approach to them.

Some care plans we looked at addressed personal issues, about people's previous lifestyles and choices. We saw these had been written in an appropriately sensitive manner, describing the way to support someone rather than negatively labelling them for past actions. When we spoke with the registered manager and other staff they all spoke about people in a positive way, focusing on people's strengths or progress.

We carried out observations in communal areas of the service and saw staff interventions were appropriate and caring. Staff spoke with people and asked people's permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's support plans which documented how people preferred their support to be delivered from staff. Not all of the people using the service were able to express their views verbally. Support plans provided detailed information to inform staff how a person communicated. For example, one care plan detailed how one person demonstrated if they were unwell or in pain through their behaviour. Staff we spoke with were able to confirm these details and this was also confirmed by one person's relative. This relative told us, "[Name] isn't able to tell us things anymore, but the carers are very good at picking up on the signs that something isn't quite right". They also confirmed this had been a positive move and they had faith in the staff and the service to provide a caring environment.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. We saw that some people had their bedroom doors open whilst they were in bed. Staff had checked with people before doing so. We saw staff knocked on a person's apartment door and waited for permission before they went into their room. Staff sought permission from people before we entered their bedrooms or apartments as we toured the building. One person showed us their bedroom and the care plan held in their room. They told us how they had been involved in developing this care plan and deciding to keep it in their room, as well as the décor and furniture in the room. They told us they felt supported and respected by the staff team.

The registered manager gave us examples of where the service had accessed advocacy support for people. These were for statutory reasons, such as mental capacity or mental health advocacy as well as general advocacy. We saw that there had been changes to peoples care in response to people's requests, or in response to best interests' decisions taken. Staff we spoke with were clear that they had a role to advocate on behalf of the people they supported, but were also aware that they could access external support for people where they may have a conflict of interest.

We saw that one person was making choices that could be seen as unwise and placed them at at risk of harm. We spoke with the registered manager who told us this person had been afforded levels of independence and choice which the service did not always agree with. The decision had been made in partnership with other agencies and we saw the service respected the decision, but constructively worked to minimise the risk to the person. Staff we spoke with about this accepted the person's right to make an unwise decision and worked to support them to find a more suitable service.

We saw that some people had information in their care plans about their preferences for care at the end of their lives or that this had been discussed and declined. Nursing staff told us they were experienced in providing end of life care and they linked in with local GPs and NHS nurses to administer medical support such as pain relief and in making advance decisions care plans.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their changing needs over time. One person told us that they had been unwell recently and that extra checks had been put in place to ensure they were monitored throughout the day and night. Another person told us the staff had supported them with making changes in order that they could use a new electronic device. They told us staff had assisted in getting this to work when they initially struggled with it.

People's care plans were detailed and gave clear advice to staff on people's routines, activities and how best to support them inside and outside of the service. The records had been written to describe possible needs or behaviours people may have over the day, and how staff should respond to them. Staff we spoke with told us that care plans were detailed enough to assist them, and that they contributed towards regular reviews. We saw that staff routines included ensuring that checks were in place for people who required them in line with their care plans.

People's needs were assessed before they moved to the service. These plans were then added to as people were re-assessed over the initial period and were then subject to a process of on-going review. These had been updated and we found the content was person centred, describing the person, their needs and preferences in more detail. 'Three page profiles' had been created for people so staff could see at a glance how best to support people with critical needs and some personalised details. Staff told us these were useful and relevant and people told us they had been involved in creating and reviewing their care plans and three page profiles.

We spoke with the registered manager and staff about reviews of care plans. They told us these involved people's, families and external professionals as required. We also saw the provider had specialist therapy staff who could support care and behaviour support plan reviews, these helped staff draw out learning from any incidents to further improve the care plans. Staff told us they felt that by gradual and planned changes to peoples care plans they had helped to reduce behaviours and assist people to retain their independence. From records we saw that reviews were effective, and that any required actions were promptly taken by staff.

The registered manager told us details of people's or the service's wide activities schedule. Each person had an individual timetable of activities, and social events which was designed to suit their needs and choices. We saw that people were being supported to attend local theatre trips, or other events outside the service. People we spoke with told us they could access external activities, with or without staff support dependant on their needs. Staff told us how they sought out possible activities and offered them to people.

Relatives we spoke with told us they knew how to complain if they were unhappy about any part of the service. People told us that possible complaints was a topic of discussion at any meeting or review, and that staff responded to any concerns they had. Records showed that there had been three complaints in the last year. We saw that the registered manager had responded to each of these in line with the provider's policy. We saw that one had related to staff not following a detail of a person's care plan. The registered manager

told us that action had been taken with the staff responsible and that this issue had now been resolved. Records showed the registered manager had written to the complainant and offered apologies as required and showed candour when responding to these issues.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in April 2016 we found that staff had not been receiving regular supervision and appraisal. This had been discussed at the last inspection and the registered manager advised us that supervisions were then planned.

When we looked at staff records we found these had not occurred and that some staff had not received appraisal since 2014 and that staff had not received regular supervision in line with the provider's policy. This meant staff were not supported to review their progress and identify possible training and development needs. It also meant the leadership of the service had not ensured this vital activity had taken place.

The services checks and audits in the service had not identified issues relating to storage of food, and the suitability of their window restrictors. These should have been identified in checks by the registered manager and the registered provider.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that a series of regular audits and checks were carried out across the service either by the registered manager or other provider staff as part of their quality assurance process. Apart from the issues identified around the environment, supervision and appraisal we saw that these had been all taken place. For example medicines audits had identified where issues arose and either additional training or support had been put in place. Weekly checks included for the nurse call system, fire and environment safety, medicines stock and financial audits. Monthly audits included checks on, care documentation, staff training, medicines management, accidents and incidents, infection control, nutrition, skin integrity, falls and mobility. Staff we spoke with about audits and checks confirmed these were regularly carried out, for example checks on people's moneys that were held by the service.

People and relatives we spoke with told us the service was well led, they noted there had been a number of improvements in the service since the new registered manager started. This was confirmed by the progress the service had made since the registered manager was appointed in care planning and the delivery of care and support to people. One relative told us, "[Name] seems to have things under control, the staff seem happier and I like the new dining area". Staff also confirmed the registered manager had made a number of positive changes to the service. Staff told us they felt "Supported and recognised for the work we put in"; "Able to ask any question and always get an answer" and "This has become a better place to live and to work now". Staff told us the registered manager had created a culture of openness and questioning practice. They told us the registered manager was knowledgeable and offered practical advice when issues arose. An external professional we spoke with told us the registered manager had responded positively to issues their client posed to the service.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of significant events such as allegations of abuse. The registered manager had ensured we were informed of

significant incidents in a timely manner. This meant we could check appropriate action had been taken. We reviewed these incidents with the registered manager and could see that after each event action was taken if required.

The registered manager told us they were well supported by their line manager and that provider quality staff visited the home and were available by telephone for advice and guidance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had failed to ensure that persons employed by the service provider in the provision of a regulated activity receive such appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 17 (2) (a)