

Barchester Healthcare Homes Limited

Lancaster Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 30 and 31 March 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lancaster Grange on our website at www.cqc.org.uk

We undertook this unannounced focused inspection of this location on 2 November 2016. Lancaster Grange is run and managed by Barchester Healthcare Homes Limited. The service provides nursing care and support for up to 60 people. The service is provided over two floors with two units on each floor; during our visit one unit on the first floor was closed. On the day of our inspection 32 people were using the service.

The service had a registered manager in place 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 and associated Regulations about how the service is run. When we last visited the service we found people were not supported by sufficient numbers of staff to meet their needs. This impacted on the ability of staff to ensure people were appropriately supported with their nutritional needs. During this inspection we found the ratio of staff to the number of people who used the service had improved. In addition the registered manager had worked to improve the support people required to meet their needs by deploying support staff at key times in the day to assist with aspects of care. People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed. Risks to people's safety were assessed and reviewed on a regular basis. These risks were managed in such a way as to both protect people and allow them to retain their independence.

People received their medicines safely from suitably trained staff. Staff had a full understanding of people's care needs and received regular training and support to give them the skills and knowledge to meet these needs.

When we last visited the service staff were not receiving support through regular supervisions during this inspection we found staff received support from the management team through supervisions and the registered manager had an on-going supervision programme in place.

There were systems in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The management team were approachable and took the opinions of people who used the service into consideration. Staff received a good level of support and contributed to the running of the service.

There were systems in place to monitor the quality of the service.

Lancaster Grange

Detailed findings

Background to this inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check that improvements to meet legal requirements planned by the provider after our 30 and 31 March 2016 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements and we were following up previous concerns.

This unannounced inspection took place on the 2 November 2016. The inspection team consisted of one inspector, one Specialist Advisor who was a general nurse 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with eight people who were living at the service and three people who were visiting their relations. We spoke with eight members of care staff and one housekeeper. We also spoke with the registered manager and the regional manager.

We looked at the care records of two people who used the service and a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

At our last two inspections we found the staffing levels were not always sufficient to keep people safe and the provider was in breach of regulation 18 of the health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider sent us an action plan to show how they would address this issue. During this inspection we saw the staffing ratio to numbers of people who lived in the service had improved. However we found that due to the layout of the building staff did still sometimes struggle to monitor the communal areas when staff were providing care in people's rooms.

At our last inspection we found the numbers of staff supporting people at mealtimes was insufficient but during this inspection we saw the mealtimes were well organised with people receiving appropriate support from a range of staff.

Most people we spoke with told us they thought there were enough staff on duty. One person said "You can always get someone if you need to." However one person told us, "When you press the call bell they sometimes are a long time coming as sometimes they are dealing with someone else and you just have to wait your turn." But another person we spoke with said, "You can always get someone if you need them." Staff told us they felt staffing levels could be up and down mainly due to short notice sickness. However one member of staff told us the registered manager worked to cover short falls in staffing levels. They told us the registered manager would offer extra shifts to staff, or either they or the deputy manager would try to cover the shift themselves. Another member of staff told us, "The manager tries to make sure we have enough staff but short notice sickness is always a problem."

The registered manager told us they used the provider's dependency tool as a guide when managing staff levels, and also listened to staff views. She said, "I talk to staff about how things are working." Either the registered manager and deputy manager were on call seven days a week to support staff. The registered manager told us she had a small number of bank staff who she tried to use to cover short falls in staffing at weekends. The company also offered an overtime incentive to encourage their own staff to cover extra shifts so people were cared for by staff who knew their needs. The provider was also looking at ways to improve staff retention, as high turnover of staff had in the past added to poor staffing. But the registered manager told us during the last few months the turnover of staff at Lancaster Grange had been minimal and as a result she felt people were receiving consistent care.

We viewed the call bell records for periods of time in the preceding three months. We looked at different times of day and weekends and found there were no records of call bells ringing for long periods of time. One person we spoke with had told us the call bells rang for long periods during the night, however we found no evidence of this in the records we viewed. There was a high number of people using the call bells at night and the records showed they were responded to a timely way.

The registered manager had continued to work to ensure there were sufficient numbers of staff and had looked at ways to improve the staffing levels. They had added a member of staff on a twilight shift to support the evening staff and we saw care staff were supported by the catering team to support people by

providing regular drinks and assisting with mealtimes. This showed the management team continued to monitor the service to ensure they provided adequate staff levels to meet the needs of the people in their care.

This meant they were no longer in breach of regulation 18 of the health and Social Care Act 2008 (regulated activities) Regulations 2014.

People we spoke with who lived at the home told us they felt safe. They told us if they were concerned they would know who to speak to. A person told us, "Yes of course [feel safe] there's nothing to be frightened of here." Another person said, "Oh yes very safe, everyone is lovely." A relative we spoke with told us, "[Name] is much safer here than at home because there are more people to keep an eye on them." People felt they could raise any concerns about safeguarding to members of staff or the registered manager. One person said, "I would feel happy to talk to any carer if I was worried, but I have never had to."

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse. They had attended adult safeguarding training which they said had given them information on how they could recognise and respond to possible abuse. One member of staff told us, "If I saw something I wasn't happy with I could talk to the nurse or the manager." Staff told us they were confident that any issues relating to people's safety would be appropriately addressed by the registered manager. The staff we spoke with told us they had not witnessed any practice they felt uncomfortable about, and had no concerns about the attitude of other staff towards the people they cared for.

We saw the registered manager had a good understanding of how to manage safeguarding issues. We viewed a safeguarding investigation she had undertaken and saw appropriate investigation and actions had been taken and relevant notifications had been submitted to ourselves and the local authority.

Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. There were detailed risk assessments in people's care plans. These showed what help individuals needed with aspects of their day to day activities such as, mobility, nutrition or managing their medicines. We viewed a number of care records and found that these reflected the risks to individuals and the measures in place to reduce the risks. For example, one person's risk assessment identified the risk of them going into other people's rooms and as a result 30 minute checks of the person had been initiated. Alarms were used to alert staff if the person got out of bed at night.

Where the risk assessments had identified people were at risk of falls appropriate equipment to reduce the risk was specified and was in place as required. We spoke with the relatives of a person who was at risk of falling; they told us that they were pleased that a pressure mat had been purchased for their relative so the staff could be alerted when the person tried to get up unaided.

Staff we spoke with were able to explain to us how they managed the risks to individuals who lived at the service. One member of staff we spoke with told us they were able to read risk assessments in place for people, they also told us changes to individual risks were communicated to them via handovers. The registered nurse on duty told us they felt the risk assessments were kept up to date and reflected the current needs to people.

Staff were observed using hoist equipment confidently and safely. One person who required the hoist to move from one place to another told us, "They [staff] always tell me what they are about to do." The person also told us the staff regularly checked the equipment before it was used.

People could be assured the environment they lived in was safe. The regional manager undertook regular

environmental audits and produced an action plan for the registered manager to address following the audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People we spoke with told us they received their medicines safely. One person said, "They bring me my tablets and stay and make sure I take them." A relative we spoke with also said, "They [staff] are up to speed with giving my relative their various medicines." They told us there were no problems in this area.

People received their medicines from staff who had been appropriately trained in the safe handling of medicines. We observed a member of staff undertaking a medicine round and saw people had a locked cupboard in their rooms for their medicines. Where possible staff asked people to return to their rooms to receive their medicines providing privacy and ensuring medicines were administered safely. We saw there were regular temperature checks recorded in the medicines cupboards and fridges to ensure temperatures remained at safe levels for the storage of each medicine. There were processes in place regarding the ordering and supplying of medicines with a member of staff responsible for this process.

Is the service well-led?

Our findings

People told us they felt the service was well led. People and their relatives told us the registered manager was a visible presence in the home. One person told us, "She puts her head round the door regularly." They went on to say, "She is visible, doesn't just sit in the office all day." Another person said, "She [the manager] and her deputy are brilliant." They told us the manager made every effort to sort out issues and problems. Relatives told us they were able to approach and discuss things with the registered manager. They told us the registered manager had worked to improve the service and other people we spoke with felt the service was well run.

Both the people who used the service and their relatives were given the chance to discuss their opinions of the way the service was run. The registered manager held regular meetings with relatives and residents. One person told us they attended these meetings, and said, "We can talk about anything we like, and sometimes changes occur as a result of this." The person was able to give us an example of a suggestion they had made for an excursion and as a result the management team had arranged the trip.

Staff told us they saw the registered manager most days and felt they could speak to her. One member of staff told us, "I get all the support I need from the manager and deputy." Other members of staff told us the manager was approachable and dealt with issues they raised. One staff member told they had recently discussed an issue they were concerned about. We discussed this issue with the registered manager and saw she had undertaken an appropriate investigation following the concerns raised to her. Staff we spoke with were also aware of the company's whistle blowing policy and how they could use the policy to raise any concerns in confidence.

The registered manager worked to provide an open culture in the service and staff told us if mistakes were made they got support and help to put things right. One member of staff told us that with the appointment of the deputy manager support had further improved. The registered manager also told us the appointment of the new deputy manager had been a great support for her.

We saw the management structure in the home was well defined and staff were aware of their roles and responsibilities when we spoke to them. Staff were aware of who was in charge of the home in the absence of the registered manager and who was in charge of the different units.

When we last visited the service we found that staff supervisions and appraisals had not been carried out on a regular basis. During this inspection we saw the manager had started to address this and a number staff we spoke with had been supported with regular supervisions. The registered manager was also working to provide senior staff with training to ensure there was a strong team of staff who could ensure all staff received regular support through supervision.

Staff we spoke with told us there were regular meetings and one member of staff told us their suggestions

and ideas on how to improve the service were listened to by the management team and tried out. They gave an example of how they had suggested some changes in the way staff daily routines were organised.

Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. Auditing systems were in place that monitored aspects of service provision such as people's care plans to ensure they were up to date and accurate. Medicines management was also audited, as was the environment, to ensure any shortfalls could be identified and actions implemented to maintain the quality of the service. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.