Careline Lifestyles (UK) Limited

Lanchester Court

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

Overall summary

This inspection took place over two days, 10 and 12 March 2015. The first day of the inspection was unannounced. We last inspected Lanchester Court in March 2014. At that inspection we found the service was meeting the regulations that were in force at the time.

Lanchester Court is a residential nursing care home providing accommodation and nursing care for up to 22 people. Care and support is provided for people with learning, neurological and physical disabilities. At the time of the inspection there were 21 people living at the service.

The service had a registered manager who had been in post since July 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

There were enough staff to meet people's needs. People using the service and their relatives told us they were well cared for and felt safe with the staff who provided their care and support.

Medicines records were accurate, complete and the service's arrangements for the management of medicines protected people. People's medicines were stored securely.

Accidents and incidents at the home were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences.

Staff recruitment practices at the home ensured that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults. Security checks had been made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of safeguarding adult's procedures. Staff understood what abuse was and how to report it if required. A whistleblowing policy was available that enabled staff to report any risks or concerns about practice in confidence with the organisation. All relatives we spoke with were positive about the standards of cleanliness and hygiene at the home.

Staff were attentive when assisting people and they responded promptly and kindly to requests for help. People living at the home had appropriate risk assessments in place to ensure risks were evaluated and that appropriate care and support was identified.

Detailed procedures and information was available for staff in the event of an emergency at the home.

People received care from staff who were provided with effective training and support to ensure they had the necessary skills and knowledge to meet their needs effectively.

Staff told us, and records we examined showed that regular supervisions and annual appraisals were being carried out. All new staff received appropriate induction training and were supported in their professional development.

The provider had a Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) policy and detailed information was available for staff. The requirements of MCA were followed and DoLS were appropriately applied to make sure people were not restricted unnecessarily, unless it was in their best interests.

People were supported to make sure they had enough to eat and drink, to have access to healthcare services and to receive on-going healthcare support. Relatives we spoke with told us communication with the service was good.

People told us that staff treated them well and we observed kind and caring interactions between staff and people using the service. Staff were patient, unhurried and took time to explain things to people.

Staff acted in a professional and friendly manner and treated people with dignity and respect. We observed staff supporting people and promoting their dignity and independence wherever possible.

People's relatives were involved in the care and support their family members received. Care records confirmed the involvement of relatives in care planning and reviews.

Meetings for people using the home and their relatives were held. Advocacy information was accessible to people and their relatives. Surveys were undertaken to seek and act on feedback from people and their relatives in order to improve the service.

Care plans were regularly reviewed and evaluated. They contained up to date and accurate information on people's needs and risks associated with their care. Health and social care professionals and relatives were involved in the review process where applicable.

A complaints policy and procedure was in place. People and their relatives told us that they felt able to raise any issues or concerns. Complaints received by the service were dealt with effectively and the service had recently received a number of compliments.

Summary of findings

People were supported by staff to access their communities, pursue leisure interests and were encouraged to maintain relationships with their families and friends. This meant they kept in regular contact with people who mattered to them and this reduced the risk of social isolation.

The service had a registered manager who was positive and enthusiastic about their role. They told us they was keen to develop their role and help ensure people continually received good quality care and support. The service worked with another organisation to develop staff knowledge and ensure they were up to date with best practice.

Care staff we spoke with told us the management team were approachable and supportive. We received positive feedback from people, their relatives and staff about the management team and how the service was managed and run. Staff meetings were held regularly.

Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service and the care and support they received.

Summary of findings

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 enough staff to meet people's needs. People using the service and their relatives told us they were well cared for and felt safe with the staff who provided their care and support.

Medicines records were accurate, complete and the service's arrangements for the management of medicines protected people. People's medicines were stored securely.

Staff recruitment practices at the home ensured that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults.

There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of safeguarding adult's procedures. A whistleblowing policy was available. This meant staff could report any risks or concerns about practice in confidence with the organisation.

People living at the home had appropriate risk assessments in place to ensure risks were evaluated and appropriate care and support identified. Accidents and incidents at the home were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences.

Is the service effective?

Good

The service was effective. People received care from staff who were provided with effective training and support. This ensured they had the necessary skills and knowledge to meet their needs effectively.

Staff told us, and records examined showed that regular supervisions and annual appraisals were being carried out. All new staff received appropriate induction training and were supported in their professional development.

The provider had a Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) policy and detailed information was available for staff. The requirements of MCA were followed and DoLS were appropriately applied to make sure people were not restricted unnecessarily, unless it was in their best interest.

People were supported to make sure they had enough to eat and drink, have access to healthcare services and receive on-going healthcare support.

Is the service caring?

Good

The service was caring. People told us that staff treated them well and we observed kind and caring interactions between staff and people using the service. Staff were patient, unhurried and took time to explain things to people.

Staff acted in a professional and friendly manner and treated people with dignity and respect. Staff supported people and were promoting their dignity wherever possible.

There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of safeguarding adult's procedures.

Summary of findings

People's relatives were consulted and involved in the care and support their family member received. Care records confirmed the involvement of relatives in care planning and reviews.

Meetings for people using the home and their relatives were held. Advocacy information was accessible to people and their relatives. Surveys were undertaken and people's feedback was acted upon.

Is the service responsive?

Good

The service was responsive. Care plans were regularly reviewed and evaluated. They contained up to date and accurate information on people's needs and risks associated with their care. Health and social care professionals were involved in the review process where applicable.

A complaints policy and procedure was in place. People and their relatives felt able to raise any issues or concerns. Complaints received by the service were dealt with effectively and the service had recently received a number of compliments.

People were supported by staff to access their communities, pursue leisure interests and encouraged to maintain relationships with their families and friends that mattered to them. This meant they kept in regular contact with people and reduced the risk of social isolation.

Is the service well-led?

Good

The service was well-led. The service had a manager who spoke positively and enthusiastically about their role. They told us they were keen to develop their role and help ensure people continually received good quality care and support.

The service worked with another organisation to develop their knowledge and ensure they were up to date with best practice.

Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service, care and support they received.

Care staff we spoke with told us the management team were approachable and supportive. We received positive feedback from people, their relatives and staff about the management team and how the service was managed and run. Staff meetings were held regularly.

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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 over two days, on 10 and 12 March 2015. The first day of the inspection was unannounced.

Prior to 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. We contacted two social workers and a clinical psychologist and did not receive any information of concern. Following the inspection, we also spoke with the local authority commissioners for the service who gave positive comments about the service.

The inspection team consisted of an adult social care inspector, a specialist advisor 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.

We spoke with 10 people who used the service to obtain their views on the care and support they received, along with five relatives. We also spoke with the registered manager, the provider's head of compliance, one nurse, eight care assistants and a domestic assistant.

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.

We also looked at a range of records. These included care records for four people living at the home, 21 people's medicines records, six records of staff employed at the home, duty rotas, accident and incident records, policies and procedures and complaints records. We also looked at minutes of staff and relative meetings, premises and equipment servicing records and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People using the service told us they were well cared for and felt safe with the staff who provided their care and support. All the relatives we spoke with were happy with the care, treatment and support their relative received at the home. One person told us, "On the whole, I feel really safe." Other people's comments included, "I know the staff are there to protect me, which is important as all of us living here have problems," and, "I moved here five years ago… I've always felt safe." A relative told us, "They are as safe as houses; they are looked after all the time and I have no worries about their safety." Another relative said, "I have no concerns; they are safe and well cared for." Other relatives' comments included, "They are definitely safe and I have no worries or concerns. They do hourly checks and they are checked through the night. They're on the ball and they are well cared for," and, "They are very safe, nothing concerns me."

We saw that where safeguarding incidents were identified, these were reported and acted on appropriately and recorded for reference. A safeguarding policy was available for staff to refer to and this had been updated and reviewed in January 2015. This included the procedure for making alerts and referrals, a safeguarding adults actions flowchart, along with contact details for the local authority safeguarding adults team. Staff we spoke with had a good understanding of safeguarding and knew how to report concerns. They were able to describe various types of abuse and were aware of potential warning signs. Staff told us if they had any concerns they would report matters directly to the manager. All of the staff we spoke with said they did not have any concerns about the care provided or the safety of the people living in the home. They told us they felt able to raise concerns and felt the manager would deal with their concerns immediately and effectively. We saw that four safeguarding adult's referrals had been made to the relevant local authorities in the last 12 months.

We noted the service had a whistleblowing policy. Staff we spoke with were aware of the provider's whistleblowing policy and procedure. This meant staff could report any risks or concerns about practice in confidence with the organisation. When asked about the whistleblowing policy, one care assistant told us, "I feel I could report something if I was unhappy."

We looked at how medicines were handled and found that the arrangements at the service were appropriate, efficient and managed safely. There were detailed medicines policies at the home which had recently been reviewed and updated. This meant current policies, and guidance were available for staff to refer to regarding what was expected of them when handling medicines.

We reviewed 21 people's medication administration records (MARs). The MAR charts were neat and tidy, contained no loose pages and there was a current photograph for each person, to prevent errors and ensure medicines were not given to the wrong person. We observed a nurse conducting a medicines round and saw it was conducted professionally, sensitively and medicines were administered and stored safely. We found medicines were monitored and checked regularly by the registered manager, to make sure they were being handled properly and that systems were safe.

We examined six records for staff who had recently been employed at the service. We found the service operated comprehensive, appropriate and safe recruitment practices. Each staff member's file had a completed application form, detailing their employment history, reasons why their employment had ended and proof of their identity. At least two written references had been obtained and verified, including where possible, from the last employer. We also noted that security checks had been made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People and their relatives told us they felt that staffing levels were appropriate and this was confirmed by our observations. We noted that there were sufficient staff to provide a good level of support to people. We looked at staffing rotas for the week of the inspection, the previous two weeks and the two weeks after the inspection and saw staffing levels reflected what we were told by the registered manager. One relative told us, "Yes, I think there's always enough staff on." Other relative's comments included, "I find there's always enough staff; if the bell goes, there's an instant response and someone's there straight away," and, "There's generally enough (staff); but they could do with an extra pair of hands sometimes." The majority of staff we spoke with told us they believed staffing levels were appropriate. One care assistant told us, "We've had six or

Good

Is the service safe?

seven staff leave recently which has led to some staffing issues. It means I've had to do extra hours, but they are interviewing and it usually runs smoothly when we have a full complement of staff." However two members of staff told us, "They were run off their feet."

The registered manager told us accidents and incidents were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences. We were told where appropriate, care plans and risk assessments would be reviewed to ensure people were kept safe. We also noted where one person had been involved in a fall, this had resulted in an initial referral to the provider's own Occupational Therapist and a further referral had been made to a NHS falls clinic. We saw the service kept an accident and critical incident file which was completed and regularly reviewed by the registered manager. This included incidents which had resulted in safeguarding adult referrals and reports sent to the Health and Safety Executive.

People living at the home had appropriate risk assessments in place to ensure risks were identified and reduced. For example, care records we reviewed identified risks in relation to mobility, safe moving and handling and falls risks. We saw that where external professionals had been involved in supporting people, their assessments and advice about safety had been incorporated into the risk assessments.

Personal emergency evacuation plans (PEEPs), describing how people should be evacuated from the building in the event of an emergency were in place for each person at the home, along with a fire evacuation plan of the building. A detailed contingency plan and emergency procedures were also in place in case of a fire, flood, loss of utilities, or other emergency. The registered manager told us, and records confirmed that the provider operated an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies. Records confirmed regular fire drills and procedures were undertaken. One person told us, "They go through the fire alarm and what you have to do every two or three weeks."

Relatives told us they were happy with the condition, presentation and cleanliness of the home. All the relatives we spoke with were positive about the standards of cleanliness in the home. A relative told us, "The place is very clean." Other relative's comments included, "It's clean and tidy and well maintained," and, "Very clean and well kept." We found the home was clean and no unpleasant odours were evident in any part of the home.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about the staff employed by the service and told us they enjoyed spending time with staff and they were well cared for. One person told us, "We have people (staff) that really know what they are doing. They understand about learning disabilities and how these affect me. Yeah, I really think I get the right type of support and can really have a personal talk with staff." A relative told us, "Every time I go there they are happy; they like the staff. They seem very happy there and they are very content." Other relative's comments included, "It's smashing there and I'm over the moon with it. I find the staff very easy to talk to and all my queries are dealt with," "They are really happy there; everything is ok," "Staff are really helpful, nothing's a problem and they're on the ball," and, "They have brilliant staff."

The registered manager told us all new staff received appropriate induction training. Staff we spoke with confirmed their induction period helped prepare them for their jobs and the working environment before working alone. All new staff attended an initial three day induction course, followed by in-house introductory training and a one week period of shadowing an experienced and established colleague, before working unaccompanied. The registered manager told us staff then undertook a six month probationary period, during which their suitability to perform their role was regularly reviewed. Following a successful completion of their probationary period, staff were enrolled on a level two National Vocational Qualification or a diploma and embarked on gaining adult health and social care qualifications. One care assistant told us, "When I started they arranged for me to have someone to shadow… with tasks to do; this helped me learn the job." Another care assistant said, "When I first came they arranged for me to observe how best to care for someone. As I became more confident, I was helped to get more hands on. The good thing is they don't throw you in the deep end. They always ask to make sure you have all the support and training you need."

Staff we spoke with confirmed they had received the training they needed. We saw and staff told us they had undertaken mandatory safe working practices training. For example, equality, diversity and dignity, safeguarding adults, fire safety, food hygiene, moving and assisting, emergency first aid and infection control. Training records and certificates examined confirmed that care staff received training that was specific to the needs of individuals they cared for. For example, dementia, epilepsy, autism, diabetes and Parkinson's Disease.

Staff we spoke with told us they felt equipped and supported to carry out their roles. They said training opportunities were welcomed by the provider and they were supported in their careers and professional development. One care assistant told us, "We get good training and I'll have the chance to do more… We get all the training we need to care for people here such as Parkinson's, PEG feeding (specialist feeding technique), evacuating a disabled person, refreshers in lifting and handling. When we started to care for someone who used sign language the training was arranged." Other staff comments included, "Everything I need to work here is covered," and, "We have lots of training accompanied by time to read policies and procedures."

During our inspection staff told us, and records confirmed that one to one meetings, known as supervisions, as well as annual appraisals were conducted. Supervision sessions were used, amongst other methods to check staff progress and provide guidance. Appraisals provided a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. One care assistant told us, "In supervisions they addressed that I was picking up some bad habits and they helped me put it right." Another care assistant commented, "When I first started I didn't feel confident. It took me two months, but they gave me feedback in supervision; it makes you feel better."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who may not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. The registered manager was able to demonstrate their knowledge and understanding of the MCA and awareness of the legal changes widening the scope of DoLS. We saw the provider had a MCA and DoLS policy and MCA / DoLS information was available at the home. The registered manager told us, and records confirmed that 25 DoLS applications had been made to the local authority

and had been authorised within the last 12 months. Care records viewed showed evidence that mental capacity assessments were being completed consistently and were regularly reviewed.

People were supported to keep up to date with regular healthcare appointments, such as GP's, dentists, nurses, specialist consultants, social care workers and other primary care services. A relative told us, "They have regular health appointments with the dentist." Another relative commented, "They see the chiropodist quite often."

Throughout the visit we saw people were offered choices and asked for their permission. For example, whether one person would prefer a milkshake instead of a cup of tea. At lunch time, staff asked people if they had finished their meals, before taking plates away and asked one person if they would like their drink transferring to a smaller cup so they could drink more easily. We saw staff were pleasant and gave people adequate time to consider and discuss their choices. One care assistant told us, "Some of the protocols have changed and I've been spending time with people getting their consent."

We spent time observing the lunch time experience at the home. We saw people were supported to eat and drink sufficient amounts to meet their needs. Meals were well presented and there was an enjoyable and relaxed atmosphere in the dining area. We observed staff consistently supported people, whilst promoting their independence. Where staff were providing support for people to eat or drink, we saw this was done in a personalised and dignified way, with staff providing encouragement to people throughout the meal. We noted a selection of snacks and refreshments were available between main meals.

The majority of the people we spoke with were complimentary about the variety and quality of the meals at the home. One person told us, "They come around with the menus on the day so you can choose; there are two options. There's a variety and mixture on the menu. I don't really snack in-between meals, but I think I could if I wanted." A relative told us, "They like their grub and plenty of it; they enjoy the meals there." However, one person told us they did not enjoy the meals at the home and would like a better variety and choice of meals.

We discussed this person's comments with the registered manager and provider's head compliance, who told us the provider had recently recruited a new regional catering manager in order to improve the menus and quality of meals at the service. In addition, the registered manager told us new menus had recently been implemented at the home and changes made. This had been following a recent resident's meeting where a trial of new meals at the home had received positive feedback. The home were also developing pictorial menus and a menu display board in order to improve communication and further assist people with their choice of meals. We also noted the service had recently recruited a new cook and another cook was due to return to the service following an absence.

At the time of our visit, we were told no people required fluid balance monitoring. Care records examined showed evidence of food, fluid and Malnutrition Universal Screening Tool (MUST) assessments being completed.

All the relative's we spoke with told us communication with the service was good. One relative told us, "I get plenty of information and they are always on the phone. Even if there's nothing wrong I get a weekly update." Another relative said, "I go to meetings and get plenty information. Everything is brought up, discussed and they really do listen."

The home was a relatively new building which was well appointed, furnished and decorated throughout. We noted there was a passenger lift between floors and there was good wheelchair access around the building. People's rooms were decorated to their personal tastes and colour schemes and different colours had been used to paint and identify people's bedrooms. The home has a secure and enclosed patio area, a designated smoking area, as well as a large well-maintained garden. We saw communal bathroom and toilets were clearly identified, with tactile (touch informative) braille signage for the visually impaired and hand and grab rails had been installed at key points around the home.

The registered manager told us there were plans to develop and convert two ground floor rooms into an occupational therapy room and a living room with a kitchen for people to access and relax in. This was in order to improve their daily domestic living skills and promote their independence. One person told us, "I'm really happy with my room." A relative commented, "It's like a five star

Good

Is the service effective?

hotel there; you couldn't fault the place." Another relative told us, "They love it there; the big open spaces; big gardens. They enjoys it there and it's ideal for them being there."

Good

Is the service caring?

Our findings

Due to their health care conditions, some people were unable to tell us about their experiences of living in the home. However, people we did speak with and their relatives spoke positively about the care and support people received. One relative told us, "They have very good staff, very civil, very pleasant and very caring." Another relative said, "They have excellent staff who care and they are nice lads and lasses and I am really happy with the place." Other relatives' comments included, "They are very caring and that's what I like. They are well looked after and they couldn't have found somewhere better," and, "They are very well looked after; they are in good hands."

During both days of our inspection care staff were observed acting in a professional and friendly manner, treating people with dignity and respect. Staff we spoke with had a good understanding of the importance of treating people with dignity and respect. They gave us practical examples of how they delivered care and how they achieved this. For example, making sure people were dressed according to their choice, knocking on people's room doors and waiting for a response before entering, maintaining people's dignity and respecting their rights and choices. We observed one example where a person who had spilt some crisps they were eating and had become anxious. We observed a care assistant deal with this in a sensitive manner, at the same time reassuring the person and without any fuss, or drawing unnecessary attention to the incident. One person told us, "I get one to one support to look after my flat, which is good. The staff respect my decision about my room and what I want… The staff are good at giving prompts and helping you think about making decisions. We have different key workers who usually work as part of a team of named staff. This works well as they don't change and they really know me well and I feel I can go to them when I need to". Another person told us, "I can ask the cleaner when I want them to come into my room and sort it out with them." One relative told us, "They have got their privacy and the staff are respectful."

Throughout our inspection we saw staff were attentive when assisting people and found that they responded promptly and kindly to requests for help. We also saw staff would pay attention to people when they were spoken to, listened carefully to what they had to say and regularly sat with, or walked alongside people and chatted with them.

Relatives we spoke with were especially complimentary and told us how impressed they were with the staff. They told us how well staff had developed good friendly relationships with the people living at the home. We observed staff interacted with people well. We saw staff taking the time to stop and chat with people, listening carefully to what they had to say and showing a genuine interest. For example, three people were discussing with staff about purchasing 'Red Noses' and dressing up in fancy dress for the forthcoming Comic Relief Red Nose Day. Another person was discussing giving up smoking and was being given encouragement by the care assistant. One relative commented, "They have always liked the staff; they get on very well with them." Another relative told us, "The care's excellent; they interact with them and I couldn't praise them enough."

People and their relatives were consulted about the service people received and the environment in which they lived. A satisfaction questionnaire was sent out every six months, to obtain views and feedback on important issues at the home. The resident's survey was available in an easy to read version. The resident's survey from February 2015 and a relatives' survey from September 2014 showed that people were positive and satisfied with the overall service at the home. The registered manager told us completed surveys were reviewed and if shortfalls were identified these would be subject to follow-up actions for improvement by them and the wider organisation. One relative told us, "I get to give my opinions in a survey letter – everything is excellent." Another relative said, "I get a couple of surveys every year I think; my comments are positive overall."

Relatives we spoke with told us, and records confirmed, they were involved in the care and support their family member received. Care records confirmed the involvement of relatives in care planning and reviews. This helped to ensure that important information was being communicated effectively and care was planned to meet people's needs and preferences.

We saw staff were patient and took time to explain things to people in an unhurried way. For example, one person was taking a long time over their breakfast. A care assistant sat with the person and spoke kindly and patiently and discussed choices and activities they may like to enjoy later that day. Another two care assistants took time to explain to two people what they needed to do in order to get up

Good

Is the service caring?

from seats safely and access the garden. One person was assisted by a care assistant into the garden who walked by their side, whilst encouraging them to use their walking aid safely. Another person told us they had been asked by the registered manager to be part of a selection panel during interviews when the service was recruiting new staff. This person told us, "I've sat on a couple of interviews. The manager will come and ask people to sit in on the interviews; this is important so you can get good staff and the right staff."

In the reception area and notice boards around the home, we saw information and contact details on advocacy services for people were on display. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives and that they have their voice heard on issues that are important to them. The provider's head of compliance told us both the provider's service user's guide and their statement of purpose were currently being reviewed and updated and advocacy information and contact details would be included in future documents. The registered manager told us, and records confirmed one person was using an advocacy service at the time of our visit. They also told us they were currently in the process of arranging an advocacy service for another person at the home.

Good

Is the service responsive?

Our findings

Some people living at the home were able to tell us about their experiences. One person told us, "I have a good keyworker who is kind to me. I have a bad memory and they keep me right." Another person said, "When I ask for support to go out, the staff will check and try to arrange it." A relative said, "I'd happily recommend the place to anyone. They are well dressed; clean and well looked after." Another relative told us, "It's the best thing that's happened for them. I'd definitely recommend it… they've done a sterling job with them."

All the people and relatives we spoke with told us they were aware of the complaints procedure and how to make a complaint. We saw the service had a complaints policy and procedure. This detailed the process that should be followed and indicated that complaints received should be documented, investigated and responded to within a set timescale. All six people we spoke with told us they could confidently raise issues at residents meetings and all said they would approach their key worker, or the registered manager if they wanted to make a complaint. One person told us, "I would be confident about asking staff and going to them when there's a problem." A relative commented, "I certainly have no complaints at all; I'm very happy and have not complained previously." Other relatives' comments included, "I have had no concerns or complaints whilst they have been there," and, "I'm very positive and have never had a problem, or ever had an issue; The registered manager or one of the nurses would sort something straight away."

We examined the complaints records for the service and saw 15 complaints had been received within the previous 12 months. Records confirmed these 15 complaints had been documented, investigated and resolved, where possible to the satisfaction of the complainant. There was evidence to confirm a response had been given to the complainant. The registered manager told us they regularly reviewed complaints received to identify emerging patterns and trends and to identify any potential risks.

We saw five compliments had been recently received by the home. We saw comments included, 'Many thanks for the care and attention you showed to (person) over the years. We are grateful for everything,' and, 'A big thank you from (person and parent) for making them so happy while at Lanchester Court.'

People and relatives told us regular activities were organised throughout the home. The registered manager told us activities were currently arranged and co-ordinated by the occupational therapist who was based at the home. The registered manager also told us they were keen to improve the range and quality of activities, events and other leisure interests at the home. The registered manager told us she had recently approached the provider and requested an activities co-ordinator be employed at the home. The majority of people and relatives were complimentary about the range of activities available and how people were engaged and stimulated. During our visit we saw people enjoying an organised baking session and people playing board games with staff. We saw activities advertised around the home included trips out to places of interest, excursions to local shops and hairdressers, arts and crafts, time spent on the in-house computer, pub and restaurant meals out and day trips to the coast. The registered manager told us people also enjoyed swimming and exercise at local leisure centres and attending tenpin bowling alleys. One person told us they would like to see an increase in activities and to have more to do during the day.

The four care records we examined were detailed from pre-admission to present day. The records were stored correctly and the contents were clearly indexed. All records examined contained a pre-admission assessment and a comprehensive set of care plans that reflected people's assessed needs. We noted nursing staff developed and maintained the records and updated the care plans on a monthly basis. A daily report record for each person was kept in a separate file to allow for contemporaneous records of care.

We saw where people were treated for diabetes, they had a diabetes management support plan in place, along with easily accessible hyper and hypoglycaemic warning signs information sheets for staff to refer to. Where people had specific dietary requirements due to their physical health condition, comprehensive care plans were in place.

Care plans described the person's needs, how their needs would be met and any potential risks associated with providing their care. We found care plans were regularly evaluated and GPs, nurses and other health and social care professionals were involved in the review process where applicable. Family members we spoke with said they had been involved in care planning and told us there was good

Good

Is the service responsive?

communication within the home. They also said they felt fully informed about any changes or developments in people's care and condition. One relative told us, "They are straight on the phone to tell me if they are not well; they always ring."

People and relatives we spoke with told us meetings for people using the home and their relatives were regularly held. Records confirmed these meetings were held monthly and were well attended. The monthly meetings were known as 'My Say' discussion forums and the times and dates of each meeting were advertised on notice boards throughout the home. We saw topics discussed at previous meetings included forthcoming activities and outings, visits to museums and other places of interest, attending football matches, new menus, bingo and karaoke sessions and film nights with take-away meals. Three people we spoke with told us the 'My Say' meetings were informative and the manager took on board and was receptive to any matters raised. One person told us, "We asked for new chairs; it took a couple of months but we got them. But we know things can take time as the manager needs to talk to someone to get the money. There's a lot of stuff we've asked for and got. We've asked for things that will make the garden better… They're doing something about it."

People told us they were supported and encouraged to maintain relationships with their families and friends who mattered to them. This meant they kept in regular contact with people and this reduced the risk of social isolation. One person told us they were supported to visit their relative every week and another person said, "It's a long way to walk to my relative's and they (staff) have helped me so I can go."

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post since July 2013. The registered manager was a registered nurse with extensive experience of working with people with learning disabilities and behaviour that challenges. The registered manager spoke enthusiastically about their role in ensuring the care and welfare of people who used the service and they were keen to continuously improve the quality of care and support provided at the home. People living at the home and staff were fully aware of the roles and responsibilities of the management team and the lines of accountability.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within a required timescale.

We discussed checks the registered manager and senior management team conducted and completed to ensure people were receiving appropriate care and support. The registered manager told us, and records confirmed that monthly periodic service reviews (PSRs) were completed by them to ensure health and safety at the home was maintained. These checks included environmental areas within the home and the exterior of the building. Issues identified and actions required in the PSRs and audits were tracked. The person responsible for addressing the issue was identified and an agreed timescale for the action to be addressed was given. The audit was checked to confirm the areas identified had been rectified prior to the next audit occurring.

Quarterly health and safety trend analysis reports were also completed by the registered manager and submitted to the provider's head of compliance. This included all resident and staff accidents and incidents, the number of RIDDOR (reporting of injuries, diseases and dangerous occurrences regulations 1995) reports made, CQC notifications, safeguarding adult's referrals, complaints and compliments.

We saw other regular monthly audits were undertaken and these included fire safety checks, fire fighting equipment and alarm checks. Emergency lighting was tested weekly and doors and fire doors were checked fortnightly. Staff fire instructions and drills were undertaken monthly.

The registered manager told us and records confirmed senior management visits were conducted by the provider's area compliance manager and/or the head of compliance. These visits were unannounced and a full audit was undertaken at the service during weekday office hours one month, with an unannounced night time visit the following month. An unannounced weekend visit would also be conducted at the service on a regular basis. This meant senior management checks were being conducted at different times of the day and week and were on a continuing monthly basis.

Records confirmed and staff we spoke with told us staff meetings were held regularly every two months. We saw topics discussed at staff meetings included improving communication between staff, the importance of accurate documentation, staff recruitment, new cleaning rotas for night shift staff and the use of mobile telephones whilst on duty. Staff told us they were able to 'speak up' at the meetings and they felt confident they were listened to and able to discuss important matters.

We saw records were kept of equipment testing and these included fire alarms and firefighting equipment, electrical appliances, emergency lighting, evacuation chairs and the calibration of scales. Other equipment and systems were also subject to checks by independent companies or assessors. For example, records showed hoists, slings and medi-bath lifts, passenger lift servicing, gas and electrical checks, legionella risk assessments, fire safety systems servicing and checks were carried out at appropriate intervals. We noted that these were up to date, accurate and were completed regularly.

The provider's Head of Compliance told us the registered manager had been nominated in the home manager category at the recent North East Care Awards in recognition of their hard work and dedication to the home. The Head of Compliance themselves had been nominated and won an award in November 2014 at the North East Care Awards in recognition of their dedication to improve the services provided, supporting staff and dealing with behaviour that challenges. These events celebrate and award excellence within the care sector. A nurse and a support worker had also been nominated for awards in acknowledgement of their hard work.

We saw the service was a 'gold' member and had links with the British Institute of Learning disabilities (BILD). This meant the service could develop their knowledge, share

Good

Is the service well-led?

good practice and ensure its service was up to date with national best practice standards. The registered manager also told us they had forged links with a local drama group and college to support people learning new work skills.

All care staff we spoke with told us they felt well supported by the registered manager and they were confident they could approach them at any time and discuss any issues they may have. One staff member told us, "The manager, they are good; very supportive." Other staff members' comments included, "Everyone works together. There are no cliques; just good teamwork," and, "Everything gets done and runs smoothly. The manager keeps everything organised." The deputy manager was also singled out for particular praise by one person who commented on how well they knew the people at the home.

People we spoke with and relatives all told us there was a good, positive and friendly atmosphere at the home. One relative told us, "It gives me great peace of mind they are amongst friends and lead a reasonably normal life. They are content and there's a great atmosphere." Another relative said, "It's a lovely home. I wouldn't want them anywhere else and I'm very positive about the service."

People and relatives also told us they thought the home was well managed. One person told us, "The management do a good job. If you want anything done you can go to your keyworker and then the manager will get it done. We needed new furniture and she got onto it right away." Relatives' comments included, "The manager is fine; very good in fact," "The manager is great; a very caring person," and, "The staff are excellent and the manager is excellent."