

Barchester Healthcare Homes Limited

Lanercost House

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

About the service

Lanercost House is a residential care home providing personal and nursing care for up to 82 people. The service provides support to people with physical and mental health conditions, including those living with dementia. At the time of our inspection there were 67 people using the service.

People's experience of the service and what we found:

People were safe. Monitoring and quality assurance checks were completed, including on the care provided, the premises and equipment.

People's medicines were managed well. We made a recommendation to further enhance this.

There were enough safely recruited staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were fully supported, and the management team were well known. The staff and management team were kind, caring and responsive and promoted a person-centred ethos.

A significant refurbishment programme was underway with a further unit to be fully decorated and modernised in the early new year. Suitable infection control procedures were followed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good published 26 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Lanercost House on our website at www.cqc.org.uk.

Recommendations

We made one recommendation regarding medicines management.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lanercost House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector, 1 regulatory coordinator and 2 Experts by Experience. A regulatory coordinator is a new role which is part of the new inspection team changes within The Care Quality Commission. They were shadowing the inspection and talking to staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lanercost House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lanercost House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local authority safeguarding team, the local infection control team, the local fire service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people about their experience of the care provided. We spoke with 20 relatives to gain their feedback on the care provided to their loved one. We spoke with the registered manager, deputy manager, 2 unit managers and the regional manager. We gained feedback from a further 14 members of nursing and care and support staff.

We contacted the 12 health and social care professionals to gain their feedback and received responses from 6.

We reviewed recruitment records for 4 staff and a range of records relating to the management of the service, including audits, risk assessments, and policies. We also reviewed the care plans of 8 people who lived at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely. One person said, "I get all my medicines and help with my exercises, it's very good."
- We found some issues with the completion of medicines documentation. This was fully reviewed and updated after feedback. This included 'as required' protocols and topical (creams/lotion) documentation.
- Staff had received training and had their medicine competencies checked.
- Thickeners used to help people with swallowing difficulties were not always stored securely. The provider addressed this immediately.

We recommend the provider further review their medicines procedures in line with best practice.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People felt safe and relatives confirmed this. One person said, "They come if you push the buzzer. They can't do enough for you. I'm very safe here I couldn't ask for better."
- Staff had received training and would not hesitate to report concerns.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Checks on the premises and equipment were in place. Fire safety checks were completed, and fire alarm systems were monitored. We noted personal emergency evacuation plans held centrally (which would be given to the fire service in the event of an evacuation) were not all up to date. This was addressed immediately and were to be kept under review as a minimum, on a monthly basis.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. An ongoing recruitment drive was in place to fill any vacant posts. One relative said, "We are in at all different times and there is always staff about, sometimes if people are off it can be stretched but they have put contingencies in place to cover it."
- The provider operated safe recruitment processes. This included requesting suitable references and conducting Disclosure and Barring Service (DBS) checks to confirm staff were appropriate to work with vulnerable people.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- Staff had received infection control training and had enough PPE to help minimise cross infection.
- The home was clean and tidy with no malodor.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were recorded, monitored and reviewed. Where any lessons could be learnt, these were shared with staff.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- The provider was working in line with the Mental Capacity Act.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. People and the staff team were observed to have good relationships with each other. Staff were respectful and kind towards people, relatives, and each other. One relative said, "We cannot speak highly enough of this place, the staff are superb." Another relative said, "The unit manager is great as are all the nursing and care staff. We could not want for a better home."
- The management team were approachable. Relatives told us the registered manager and management team were kind and wanted to do their best for their relatives.
- The provider had systems to provide person-centred care that achieved good outcomes for people. This included providing physiotherapy sessions to people from a dedicated member of staff which had proved extremely positive for some people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. From conversations it was clear the registered manager understood the need to be open and honest and apologise if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Medicine checks were going to be further reviewed after feedback.
- Staff felt supported and part of one team. One staff member said, "I feel supported. I know I can approach colleagues and learn everything that you need to learn."
- Incidents reportable to the Care Quality Commission and other authorities had been reported appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Meeting and activity groups took place with people, relatives and staff. One person was involved with helping to organise exercise classes for them and other people. One staff member said, "We can make

suggestions and we are provided with feedback."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. This included specialist roles within the staff team.
- The management team looked for opportunities to improve the care and wellbeing of people. This included, having caring, well trained staff and a range of stimulating activities available for everyone.

Working in partnership with others

- The provider worked in partnership with others. One health care professional explained staff had been very responsive to a request they had made for the benefit of one person. Another health care professional said, "I've always felt that patients are safe and well looked after. Patients are usually happy and if distressed the staff are attentive to that and able to help reassure and calm them."