Barchester Healthcare Homes Limited

Lanercost House

Inspection report

Berkley Grange
Newtown Road
Carlisle
Cumbria
CA2 7PW

Tel: 01228595138
Website: www.barchester.com

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 24 & 25 November 2015. We last inspected Lanercost House on 13 January 2014. At that inspection we found the service met all the regulations that we assessed.

Lanercost House provides nursing and residential care and accommodation for up to 82 older people. The home is in a residential area of Carlilse and is purpose built being divided into two units: one for people living with dementia and the other for people with mobility and health issues. All bedrooms have ensuite toilet facilities. There are accessible gardens for people to use.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the time of the inspection there were 80 people living in the home. Those we spoke with told us that they felt safe living there, that staff were "kind", and there were enough staff available when they needed them.

The home had moving and handling equipment and aids to meet people's mobility needs and to promote their independence. The home was being well maintained. We found that all areas were clean and free from lingering odours.

We found that there was sufficient staff on duty to provide support to meet people's individual personal care needs. Staff knew about the people they were supporting. They were aware of the choices they had made about their care and daily lives and respected their wishes.

People had a choice of meals and drinks, which they told us were good and that they enjoyed. People who needed support to eat and drink received this in a supportive and discreet manner.

Staff had received training relevant to their roles and were supported and supervised by the registered manager and the care manager. The home had effective systems when new staff were recruited and all staff had appropriate security checks before starting work.

People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home. All the visitors we spoke with told us that the manager and staff were "approachable" and that staff were "friendly" and "available" when they wanted to speak with them.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service worked well with health care professionals and external agencies such as

social services and mental health services to provide appropriate care to meet people's different physical and emotional needs.

The staff we spoke with were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.
People were asked for their views of the home both formally, using questionnaires, and on a daily basis as staff provided support and their comments were acted on. People knew how they could raise a concern about their safety or the quality of the service they received.

The provider had systems in place to ensure the delivery of good quality care.

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.

Staff had received training on safeguarding people from abuse and what action to take if they were concerned about a person's safety or wellbeing.

Staff had been recruited safely with appropriate pre-employment checks. There were sufficient staff to provide the support people needed, at the time they required it.

Medicines were handled safely and people received their medicines appropriately. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Is the service effective?

Good

The service was effective.

Nursing and care staff working in the home had received training and supervision to make sure they were competent to provide the support people needed.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Systems were in place to assess people's individual needs and we saw evidence that people's needs were regularly assessed so they received the right care.

Is the service caring?

Good

This service was caring.

People told us that they felt well cared for and we saw that the staff treated people in a kind and respectful way and that their independence, privacy and dignity were protected and promoted.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes, dislikes and preferred activities.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

Care plans and records showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

People told us a range of activities were available and people were able to follow their own faiths and beliefs.

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good

The home was well led.

People who lived in the home and their visitors were asked for their views of the service and their comments were acted on.

Processes were in place to monitor the quality of the service and action had been taken when it was identified that improvements were required.

Staff told us they felt supported and listened to by senior staff.

Lanercost House

Detailed findings

Background to this inspection

The inspection took place between the 24 & 25 November 2015 and was unannounced.

The inspection was carried out by an adult social care inspector, an expert-by-experience and a specialist professional advisor in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we spoke with 12 people who lived in the home in communal areas and in private in their bedrooms. We spoke with six relatives who were visiting people living in the home, four nurses, eight care and ancillary staff, including, domestic and maintenance staff. We spoke with the regional manager for Barchester North region. The registered manager was on annual leave but we contacted her the following week for updates.

We observed the care and support staff provided to people in the communal areas of the home and during the lunch time meals. We looked in detail at the care plans and records for eight people and tracked their care in detail. We looked at records that related to how the home was being managed.

Before our inspection we reviewed the information we held about the service. We contacted the local authority and social workers who came into contact with the home to get their views of the home. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

The service had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We planned the inspection using this information.

Good

Is the service safe?

Our findings

The people who lived at Lanercost House told us that they felt "safe" and "comfortable" living at the home. One person told us, "I feel safe here, the staff are alright and there are always plenty around. My bell is answered straight away and my room is very comfortable". One person who had only lived there a short time told us they already felt safe in the home.

A relative we spoke to said, "The staff are all very helpful and we feel [relative] is safe in this home". Another told us, "I am sure they are safe living here, that's very important to me". Other visiting relatives told us, "The staffing levels are good, I can usually find staff when I need to" and another told us that they had been supported by the manager and staff and were "very happy with the home".

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. We spoke with three members of staff individually. They were able to explain how to identify and report different kinds of abuse.

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm including a whistle blowing procedure for staff to report poor practice. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service were at risk of developing pressure ulcers, also known as bed sores. Support plans had been put in place to ensure that people's skin condition was regularly monitored to ensure they received the correct treatment in a timely manner.

We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place.

We saw records that showed that the equipment in the home was serviced and maintained regularly to ensure that it was safe to use. The training given to staff and the regular maintenance of equipment ensured that people who lived in the home were protected against the unsafe use of equipment.

We spoke with the manager and asked how she ensured that there were sufficient staff to meet people's needs. The manager explained that the number of staff was based on the identified needs of the people who used the service. During our inspection we observed that staff met people's needs in a timely, efficient manner. We noted that call bells were answered promptly and we did not see anyone have to wait for staff attention. We also noted that communal areas always had a staff member present to ensure that people were safe.

We reviewed recruitment procedures in the service. The manager explained that they advertised in the press

when there were job vacancies in the service. All potential candidates were interviewed with the registered manager present. If they were successful criminal records checks were carried out and references would be sought. The manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record. All this information helped to ensure only suitable people were employed to care for.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow including in the event of a fire or of the lift breaking down while a person was using it. The staff we spoke with told us that they had regular training in the actions they needed to take if there was a fire. This meant the staff knew how to protect people if there was an emergency in the home.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Good

Is the service effective?

Our findings

We asked people if they thought staff were experienced and were meeting their needs. People told us that the staff supporting them respected the choices they made.

One person said, "Yes they're all good and I know they are always doing training." Another said , "Staff ask me what I want doing".

We asked people what they thought about the food provided in the home, "They do us proud. The food is excellent, its always been very good." "There's always plenty of choice and lunch today was very good" and also "I am enjoying my meals, the food is delicious."

We asked relatives the same question. All the relatives we spoke to were very happy with the care and treatment received by their relatives. They told us , "I don't think he could get better care anywhere." Another said, "Its very individual care. He is well looked after and the health side is also very good, with the GP called out when its needed."

We looked at training records for the staff and saw that they had received training in various aspects of health and social care including moving and handling, medication and the management of diabetes. We saw that all the staff had vocational qualifications in health and social care. We saw that the nursing staff were supported to keep up their professional qualifications and skills through advanced training in areas such as, catheter care, pain management and skin pressure care.

We spoke to six care staff, a domestic and the handyman who all reported that the training was very good and wide ranging. The domestic told us, "I'm included in all the training that the whole staff team get. I think this helps to make sure we are all giving a good service and singing from the same hymn sheet. I've had training in cleaning products safety, moving and handling, food allergies and safeguarding vulnerable people to name a few."

We spoke with the manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The manager told us that all staff had received supervision six times per year. This included the manager spending time observing the staff while they worked. Staff we spoke with confirmed this. We looked at appraisal records for the service and saw that they were up to date.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which

applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dieticians and speech and language therapists had also been obtained. People's weight was monitored on a regular basis, this helped staff to ensure that they were not at risk of malnutrition. We observed the lunchtime meal and saw that people received individual support in a discreet and patient manner, with equipment available to be able people to eat as independently as possible.

People commented on the high quality of the meals and we saw that fresh vegetables, salad and fruit was readily available. We spoke to the cook who was very knowledgeable on the dietary needs of older people. They discussed the ways in which to make a variety of meals for specific needs, such as high calorific and high protein foods that were both nutritious and appetising.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. This included GPs and other associated healthcare professionals. This supported people to maintain good health.

Good

Is the service caring?

Our findings

We asked people if they felt well cared for at Lanercost House. People told us that the staff were caring and looked after them. One person said, "It's lovely here, I get asked about how I am and how my family are and they make my visitor very welcome as well". Another said, "The staff are all so nice, even down to the handyman…he's always having a chat and is so friendly."

A relative we spoke with said, "My husband never wears the same clothes two days running. The staff are good and paying attention to detail with things like clothing."

We observed staff caring for people in a relaxed, warm and friendly manner. Staff took time to speak with people who used the service. On occasion we saw that non care staff who worked in the home such as kitchen staff and the handyman took time to sit with people and chat. We observed staff sitting talking to people and engaging in lively conversations about their families, social events and sharing memories. We noted that staff took every opportunity to engage with as many people as possible. For example by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who lived in the home were capable of making their own decisions about the way they chose to live. We observed on several occasions people approaching the manager and staff and expressing their points of view. We were also approached by people who wished to discuss the service and were quite clear in their opinions. This was obviously a normal thing for them to do.

Both people who used the service and their relatives were able to attend 'resident and relative' meetings if they wished to express their views in a slightly more formal manner.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important. When we looked at people's care plans we noted there were references to maintaining people's privacy and dignity throughout. We saw how staff had engaged one person to help out with advice about light bulbs for the home as they knew he had been an electrician before he retired. This person was obviously very pleased to be consulted and this started a really animated conversation between other people in the lounge.

The plans were very clear on ensuring that support was given to the right level and did not undermine people's independence. One person said. "I get super care here, I look after myself a lot, but they come if I

call them." Another person told us she was supported by staff to carry on being an agent for a catalogue. Staff told us that this was very important to this person and we could see how this promoted this person's self-esteem.

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medication to ensure their death was as comfortable as possible.

Good

Is the service responsive?

Our findings

We asked people if they felt the service was responsive to their needs, "One person told us, "I've been pleased with my decision to move here. The home is really good at managing my condition, but I can come and go as I please, so I've still got a lot of independence."

People told us they knew they had a care plan and some said they had been involved in setting it up. A few people said they had left this for their families to do. They also said that they were asked frequently about entertainments and activities. One person said that they often went into town shopping with staff support. Another said that staff ordered them a taxi.

The atmosphere in the home was friendly and inclusive. We saw that the staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff on duty and people who lived in the home.

A visiting healthcare professional we spoke with told us, "There are no problems in this home. They are really good at only getting in touch when they need to; we have a really good working relationship. There's never any issue with the staff following our advice or instructions."

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were supported to mobilise correctly and appropriate equipment had been purchased.

The standard of care plans was good and they were written in a clear and concise manner. The service had gathered information about people in order to ensure that care plans were person centred. For example information about people's likes and dislikes were used to formulate care plans relating to people's daily routine and their nutrition. The service had also made the effort to compile people's personal histories.

We looked at care plans for people with complex healthcare needs and saw that these had been regularly reviewed so that people continued to receive appropriate care. For example, we could see where changes in wound management had happened following a weekly wound management evaluation. Care plans also contained up to date information about the care and treatment people wanted should their condition deteriorate.

We looked at how information was handed over from shift to shift within the service. We saw that 'handovers' were thorough and contained relevant information to ensure that people were cared for consistently throughout the day and night.

People told us that they received the care they needed at the time they needed it. People told us they were given the choice on how to spend their time within the home. They said the staff knew their preferences about how they wanted to be supported. One person told us, "I sometimes join in the home's groups but

other times I will enjoy my own company. But staff are always popping in for a chat to keep me company."

People were able to maintain the relationships that were important to them. Everyone we spoke with said they could see their families and friends at any time they wanted to. Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home. One person told us, "We as a family have been very impressed with the care given and how they respond to Dad. It feels very homely for a large home and care is individual and they offer as much choice as possible , given it's a large home."

People told us they knew how they could make a complaint but said they had never needed to do so. One person told us, "I don't have any complaints about the staff or the home". People told us that if they had any concerns they would speak to the manager, the nurse on duty or to the owners.

The registered provider had a procedure to receive and respond to complaints. We saw that a copy of the complaints procedure was displayed in the entrance to the home. People could speak to the manager of the home or refer a complaint to the owners. This meant that people could raise concerns with a senior person in the organisation who was not directly responsible for managing the home.

Good

Is the service well-led?

Our findings

Everyone we spoke with who lived at Lanercost House told us that they felt that this service was being well managed. People who lived in the home and their visitors said they knew the manager of the service and saw them "Just about every day".

Before the inspection we had contacted health, social care and medical professionals who supported people who lived in the home for their views and experiences. They told us they had positive professional relationships with the manager and nursing staff employed there. Comments that had been made to us included, "I have found the senior nursing and admin staff especially [manager and deputy manager] to be outstanding in their organisational skills and caring attitude".

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they were supported by the registered manager and deputy in the home to develop and "progress". We were told, "I have been encouraged to develop my skills and that makes it all more interesting and rewarding. I am happy in my work". Another staff member told us, "I think we have good leadership, we can rely on our manager". Another staff member told us, "It's an open culture, no divisions or them and us" and also "[manager] is very fair but firm".

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the manager and provider and said that they enjoyed working in the home. They said they had regular staff meetings to discuss practices, share ideas and any areas for development.

We found that there were effective systems being used to assess the quality of the service provided in the home. This monitoring system included a programme of audits undertaken to assess compliance with internal standards and regular quality monitoring visits from the registered provider.

We saw that regular audits had been done on care plans and care records, wound management, medication records, the premises and environment and training. Maintenance checks were being done regularly by staff and records had been kept and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning audit and records relating to premises and equipment checks to make sure they were clean and for the people living there.

There were processes in place for reporting incidents and we saw that these were being followed. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed. There was regular monitoring for individual risks to check if there was a theme or pattern emerging. This meant the service was continually learning and improving as a result.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.