

Care Services (UK) Ltd

# Lanrick Cottage

## 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 ●

# Summary of findings

## Overall summary

Lanrick Cottage is a residential care home for 4 people who have some learning disabilities and autism. It is in a central residential location with good access to local shops and leisure facilities.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care that people received was effective. Mental capacity assessments had improved to ensure that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their medicines safely. The risk of infection was controlled because the home was clean and hygienic. Lessons were learnt from when mistakes happened.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People and their relatives knew how to raise a concern or make a complaint and the provider had a complaints procedure although they had not received any.

The registered manager had systems in place to receive feedback on the quality of care provided. There were quality systems in place which were effective in continually developing the quality of the care that was provided to people.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service has improved to Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Lanrick Cottage

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 March 2018 and was unannounced. It was completed by one inspector. We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with two people and also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. After the inspection we received written feedback from one person's relatives and spoke with another person's relative on the telephone to receive their feedback on the quality of care received.

We spoke with the registered manager, the area manager, the deputy manager and three care staff. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, and health and safety checks.

## Is the service safe?

### Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I would report anything that worried me straight away. We had some good training where they discussed scenarios which helped me to understand different situations because everyone is different". We saw that there were notices in communal areas so that people knew where to report any worries. There had not been any safeguarding concerns reported since our last inspection and when we spoke with staff and reviewed records we were assured that this was accurate.

Risk was managed to protect people from harm. When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. For example, they discussed the safe staffing ratios for people to go out and how these could be altered if more than one person was going. They understood the triggers for some people which could lead to them behaving in a way which could harm themselves or others. They also understood the non-verbal signs to monitor which could reflect distress for some people; such as, increased pacing or vocalisation. We reviewed records which demonstrated that staff had clear guidance in managing risk and that it was regularly reviewed.

The environment was regularly checked to ensure that it was a safe place to live. Staff told us that they did a check of the security of the building every night. We saw that there was a 'snatch bag' available to take in an emergency and this included information about people that might be needed. They also told us that they did a weekly fire evacuation. The registered manager said, "We know that is more than required but the people who live here like a regular routine and if we stopped fully evacuating we are not sure they would respond as required in a real fire". Records that we reviewed confirmed that regular checks took place.

People were supported to understand how to reduce the risk of infection within their home. We saw one person ask for a red cloth to clean their bathroom and staff explained that they used different colours for different areas of the house. People were supported to prepare food and we heard them prompted to follow hygiene rules before doing so; for example, washing their hands. Staff also told us of their duties to ensure the home was clean and hygienic and we saw that it was.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. We saw that there were systems to record and review any incidents to look for patterns. The registered manager told us, "We review all incidents to look for any changes and consider actions we could take; for example, one person has recently been referred to health professionals".

There were enough staff to ensure that people's needs were met safely. We saw that staff had time to spend with people throughout the day of the inspection and were able to support them with going out or seeing friends and family. We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

Medicines were managed to ensure that people received them as prescribed. Staff told us about the training they received and the checks that were in place to ensure that they were competent in

administration. Some people did not have prescribed medicines and we saw there was guidance in place for them to take over the counter medicines when needed. The medicines were stored, recorded and monitored to reduce the risks associated with them.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection we found that the provider needed to improve how they assessed people's ability to make decisions. At this inspection we found that this improvement had been made and it was clear how decisions were made. The staff had consulted with families and other professionals to ensure that their best interests were considered. DoLS authorisations were in place when people did have restrictions in place that they couldn't consent to and we saw further applications were in process.

People's needs and choices were met to ensure they were able to live how they wanted to. One person told us about activities they liked to do and holidays they were planning. This showed us that people were supported in line with best practice guidance; for example, Valuing People Now 2009 which states that people should have a presence in their communities.

The staff team worked effectively across organisations to ensure that people's needs were met. For example, one person had regular visits from a speech therapist to assist them to communicate. The registered manager told us, "We have organised for the speech therapist to do some training with staff so that they have a better understanding of the person's communication". They also ensured that people were supported to keep well through monitoring of their health and regular appointments with healthcare professionals. One member of staff told us, "One person gets anxious when they are having check-ups; so this time we arranged for the doctor to demonstrate things like blood pressure checks on me first to help to put them at ease".

There was support for people to plan, shop for and prepare their own meals. One member of staff told us, "Everyone gets involved in meal preparation and we also plan a day a week for people to do some baking because they all enjoy that". People's food and drink were monitored as well as regular measuring of their weight to ensure that they had a balanced, healthy diet.

People were supported by staff who were skilled and knowledgeable. One relative told us, 'The staff quickly become competent in understanding people and their diverse needs. But they are not a uniform crew. Each member of staff is allowed and encouraged to bring the individuality of his or her skills or experience to the house and to the people who live here. The staff are very good and really support us'. Another relative said, "New staff are supervised and trained and not left alone until they are skilled". Staff we spoke with confirmed that they received the training and support they needed to do their job, including regular supervisions. This demonstrated the provider checked that staff were competent to fulfil their roles.

The environment was accessible and designed to meet people's needs. There were some photos and signs in communal areas but not all of the people who lived at the home liked to have things hung on the wall and so people also had their belongings in their own bedrooms.

## Is the service caring?

### Our findings

People had caring, kind supportive relationships with the staff who supported them. One relative person told us, "I trust the staff and there is nowhere else I would like my relative to be". Another relative said, 'The standard of care in Lanrick has been excellent throughout'. People told us that they liked the staff and we saw warm interaction between them.

People were involved in making choices about their care. One person told us about the support they required from staff and also what they liked to do independently in their room. When people couldn't verbally say what they wanted they had communication tools to assist them; for example, one person's had pictures to help them to express what they wanted to do and how they were feeling. Staff we spoke with understood the importance of communication style for some people; for example, we saw that when one person became distracted by talking about events in the past that staff helped them to avoid that subject by engaging them in other conversations that interested them.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw that some people spent time in their room and staff knocked on their doors if they needed them. One member of staff told us, "One person spends their evenings mostly in their room. If we are doing a sleepover we just say goodnight and leave them privately in their room and they decide when to go to bed".

There were arrangements in place for people to see family members and maintain important friendships. For example, one person was supported to visit a childhood friend on a weekly basis. One member of staff said, "One person's family live further away so we support them to stay in touch through Skype and emails". Another person also talked to us about their pets and how they were supported to care for them.



## Is the service responsive?

### Our findings

People were supported by staff who knew them well and helped them to plan for things they wanted to do. One person told us about the things they enjoyed doing during the week which included horse riding and shopping. They also told us about jobs they were supported to do at home; for example tidying the kitchen and laying the table. The staff member supporting the person helped them to explain to us that the people who lived at the home had a regular weekly meeting when they planned activities and menus together. The staff member told us that this meant that staffing could be planned to make sure people could do the things they wanted to. We saw that each person had a weekly record of the activities they planned and this was in a format with pictures which would help them to understand the information.

People had care plans which were regularly reviewed to ensure that staff had guidance to enable them to support them in the requested way. Some of the care plans were recorded in an accessible format; for example, information about the person and what was important to them. Each person had a keyworker, who was a named member of staff with additional responsibility to support someone. One member of staff said, "We have a monthly meeting with the person where we discuss goals and future plans at a level that they can understand". We saw that there was a 'keyworker checklist' which described their additional duties to ensure that people's support was regularly reviewed and amended.

Relatives told us they knew how to make complaints and were confident that they would be listened to. One relative said, "I have no complaints but if I have a concern they resolve it and make a note of what I have said so that all of the staff are aware". Another relative told us, 'We know that if there was any question in our minds, the staff would always be very approachable, well informed and open in their response'. The provider had a complaints procedure which also had pictures and symbols to help people to understand it. No complaints had been received since our last inspection.

At the time of our inspection there was no one receiving end of life care and so we did not review this.

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People knew the registered manager and we observed them interacting with them in a relaxed manner. The registered manager told us, "We have regular reviews with people to ensure they are happy and also speak with people's relatives often to get their feedback. We did send surveys previously but not many were completed and I think that's because families know they can pick the phone up at any time". One relative said, "I know the manager and the deputy well and can always speak with them. We have also known the area manager for many years and know that we can speak with them if we have any concerns". This demonstrated to us that the provider encouraged an open culture where people could share their experiences to improve the quality.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "I have regular supervisions and that is an opportunity to have a good chat about how things are going and sort out any issues. I definitely feel listened to". Staff were clear about their roles and responsibilities; for example, they explained that only staff who had completed certain qualifications had responsibility for medicines administration and sleepovers. The registered manager also told us about the support they received through regular meetings with the area manager and other managers. The area manager told us that the provider was approachable and responsive; for example, they said that they visited informally each month but that if there was anything that needed resolving they would reply and resolve it quickly.

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place to respond to areas highlighted. There were links with other agencies and professionals to ensure that people's needs were met effectively and information was shared when needed. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.