Barchester Healthcare Homes Limited

Lanercost House - Carlyle Suite

Inspection report

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Date of inspection visit:
22 January 2019
23 January 2019
30 January 2019

Date of publication:
17 April 2019

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

About the service: Lanercost House - Carlyle Suite is a complex dementia care home which provides care for up to 15 people. The service specialises in providing care to people living with a complex dementia need. At the time of the inspection 13 people were being cared for at the service.

People's experience of using this service: Relatives were very positive about the caring nature of staff and the quality of care people received. Relatives described their family members as happy and relaxed with staff. One relative said, "We have no concerns at all. My family member is safe and very well looked after."

Improvements had been made to the way risks were assessed, monitored and communicated to staff. People received their care as planned. The provider had learned lessons from our previous inspection and a recent safeguarding incident. They had put in place a number of improvements in response.

Systems were in place and followed so people were safe. People received their medicines as prescribed. The home was clean.

There were enough staff to meet people's needs. Recruitment processes had been followed. Staff received a range of training and regular supervision meetings.

People regularly went on trips in the community and a range of activities were planned around their interests to support people with their social needs.

Relatives and staff were very positive about how well the service was run. The provider listened to people's feedback and made changes based on their views.
The provider had made improvements to the checks they carried out to monitor the quality of the service they provided. They had increased the management presence in the home and carried out more observations of staff practice.

Rating at last inspection: Requires improvement (previous report published September 2018).

Why we inspected: This was a planned inspection in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit. If any concerning information is received we may inspect sooner.

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

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 effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Lanercost House - Carlyle Suite

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Lanercost House - Carlyle Suite is a care home which provides nursing care. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Our inspection was planned using the information we held about the service, including the completed Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used feedback from the local authority to help plan our inspection.

During the inspection we looked at: three people's care plans, three staff recruitment files, information relating to staff training and management of the home.

People who used the service were not always able to verbally tell us about their views of the service. 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 spoke with four relatives, and observed a relative's meeting where an additional relative shared their feedback on the service.

We spoke with the registered manager, the provider's regional manager, the deputy manager, a nurse, six care staff, and the activities coordinator

After the inspection we asked the registered manager for some additional information which they shared with us. We spoke with four health and social care professionals about their views on the service.

Good

Is the service safe?

Our findings

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

At the last inspection, published in September 2018, we found staff did not always follow care plans, which had left people at risk of harm. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated this key question as requires improvement.

Following that last inspection, we asked the provider to send us an action plan to show the steps they were taking to ensure people received safe care, and to improve this key question to at least good. At this inspection we found sufficient action had been taken. The service was no longer in breach of any regulations.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- Improvements had been made to the way risks were managed. New processes had been put in place, so it was easier for staff to see what risks people faced, and what steps they needed to take to minimise these risks.
- We saw staff delivered care in line with people's care plans. Relatives and healthcare professionals confirmed this.
- Staff understood how to support people who, at times, displayed behaviours which challenged staff or put themselves or others at risk. Staff diffused situations effectively and responded calmly when people displayed anxiety of agitation.
- Checks were carried out regularly on the building and any equipment used to make sure they were safe and in good working order.

Learning lessons when things go wrong.

- The provider had taken steps to improve care where there were shortfalls. Since our last inspection the provider had been made aware of safeguarding concerns related to staff practice. The registered manager had been supported by the provider's regional manager in reflecting on the incident and putting an action plan in place to address the situation. This included additional training for staff, increased management presence and more frequent one to one and team meetings for staff.
- Accidents and incidents were reviewed. Where possible action was taken reduce the likelihood of accidents or incidents happening again.

Systems and processes to safeguard people from the risk of abuse.

- Relatives told us Lanercost House - Carlyle Suite was a safe home.
- Systems were in place to minimise the risk of abuse.
- Staff had been trained in, and understood, how to spot abuse, and what they should do if they had any concerns.

Staffing and recruitment.
● There were enough staff to support people safely and meet their needs.
● Staff were calm and unrushed. They had time to spend sitting with people and talking with them.
● A member of staff was always available in the communal areas. Staff and relatives told us they thought this system worked very well. One relative said, "They have eyes everywhere. If you need them they are there. There is always someone around."
● Safe recruitment procedures continued to be followed.

Using medicines safely.
● Medicines were well managed.
● Records showed people had received their medicines as prescribed.
● There was a safe system in place to receive, store, administer and dispose of medicines.

Preventing and controlling infection.
● The home was clean and well maintained.
● Staff used gloves and aprons to minimise the risk of infection.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.
Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- People's needs were assessed before they began using the service, to make sure the service could properly support them.
- Staff used recognised guidance and tools to assess people's needs.
- Care plans, written to describe how staff should meet people's needs, were detailed and specific.
- The clinical lead described best practice guidance for people living with dementia and how it had been put in place in the service.

Staff support: induction, training, skills and experience.
- Staff completed training courses relevant to their role. Since our last inspection staff had received more specialised training. This training was based on the specific needs of people who used the service, such as training in managing actual and potential aggression (MAPA) and dementia care.
- New staff completed an induction programme which incorporated the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours that should be covered if staff are new to care.
- Staff told us they felt supported. They attended regular meetings with their supervisor to discuss their performance and the care they delivered.
- At the time of the inspection, only two members of care staff had completed a care qualification. The provider had already identified this as an area for development for the coming year.
- Nursing staff had access to training to make sure their clinical skills were kept up to date.

Supporting people to eat and drink enough to maintain a balanced diet
- People appeared to enjoy their meal and relatives described the quality of the meals as "very good."
- Meals were prepared to meet people's individual needs, and encourage them to eat. For example the chef prepared pureed meals, fortified food with a high calorific content to help build up their nutritional health and finger foods so people could eat even if they did not like to sit down.
- Where needed people's food and drink intake was monitored to make sure they were taking in enough.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.
- Staff had good working relationships with other health services to support people's behavioural and health needs.
- People were supported to access health services when they needed to.

Adapting service, design, decoration to meet people's needs

● The home was designed to provide a dementia-friendly accommodation.
● Staff aimed to create a calm, quiet environment for people who were sensitive to noise.
● People had space to walk around the unit, with seated rest areas.
● People had good access to outside space. There were two secure accessible outside sitting spaces. We saw staff supported people to put on warm clothes and go for a walk in the garden area.
● People could interact with sensory items which aimed to be interesting to look at or touch.
● Signs in picture format helped people to orientate themselves and supported them to be independent. After a recent renovation some bedroom doors had not been personalised. Staff said they would work with people and their family to create a visual sign which was meaningful to them.

Ensuring consent to care and treatment in line with law and guidance.

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 Act 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 Safeguards (DoLS).

• The provider continued to follow the MCA. People were offered day to day choices about what they wanted to eat or what they wanted to wear.
• Where people did not have capacity to make decisions this had been properly assessed. Family members and healthcare professionals had been included in best interest decisions.
• Where people's liberty was deprived to keep them safe, DoLS authorisation had been granted. Conditions on authorisations were being met.
• One healthcare professional told us they had some concerns about staff understanding and application of the MCA. This feedback had already been shared with the provider. We saw they had made improvements. The concerns had been discussed in staff meetings, and paperwork related to decision making had been updated.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.
● People were treated with kindness, compassion and dignity.
● Relatives were passionate about the service. Their feedback was consistently positive. One relative said, "The staff create an emotional environment that is very supportive. People are exceptionally well cared for."
● Relatives told us staff were warm, friendly and knew people well. One relative said, "Staff are lovely with [my relative]. [My relative] always smiles at them and is comfortable with them."
● We saw staff put people at ease. Staff chatted to people throughout the day. They asked them questions and frequently used their name. Staff described how they used touch to make people feel valued and cared for.
● People's rights were upheld. People were supported to access to multi-faith providers. Staff understood and respected people's right to a private life. Relatives were given private space to spend time with their loved ones.
● Families were made to feel welcome. Relatives were invited to have lunch together with their family member. Staff told us they thought this was really important in supporting people and relatives continuing their lives together. One relative said, "Staff are always kind and supportive. Towards me as well as [my relative]."

Respecting and promoting people's privacy, dignity and independence.
● People's right to privacy and confidentiality was respected.
● People's dignity was upheld. Staff knocked on people's bedroom doors before they entered. We saw staff were aware of people's dignity when they offered them personal care. One staff member quietly asked one person after lunch, "Oh you have a little something on your top. Would you like me to help you swap it for a clean one?"
● Staff supported people's independence. Staff encouraged people to feed themselves over lunch, helping them to hold their fork in a comfortable way. After lunch we saw staff offered people a wet wipe and showed them how to use it to clean their own hands.

Supporting people to express their views and be involved in making decisions about their care.
● Staff supported people to express their views and be as involved in their care as possible. Care plans were written using information from people and their relatives.
● Relatives told us they felt very involved and kept up to date with their family member's care. One relative said, "One of the things they do really well is keep you informed when there are issues and the impact of their interventions. That's really reassuring. I was [my relative's] main carer before. It was a big change for us both coming into residential care. But they have been brilliant."

● People were supported to access advocacy services, who provide impartial support to people to make and communicate decisions. Two people were supported by an advocate at the time of our inspection.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- People received care which was planned around their needs, choices and preferences.
- Relatives told us staff were very responsive to people. They told us they knew people well and noticed any changes in people. One relative said, "Staff work hard on personal relationships with people in the centre of everything they do. It can be quite challenging for staff as people have high needs, but they meet the level of challenge." Another relative said, "[My relative] settled here straight away and is so relaxed here."
- Care plans which described how staff should care for people were specific and detailed. They communicated to staff people's life histories, likes and dislikes and how they liked their care to be provided. Care plans included whether people preferred male or female staff and their preference was met.
- People's care was regularly reviewed to make sure it still met people's needs.
- People could take part in a range of activities inside and outside of the home. One staff member said, "Relatives are thrilled that people get to go out so often. Due to their needs they couldn't always go on visits at previous homes, but we know how important getting out and about is. We make sure people have the chance to go if they want to."
- One relative said, "[My relatives] goes out frequently on the minibus. They go to garden centres and for little trips out. Staff take them out for a walk to the local park and he sits in the garden."
- Activities in the home were based on people's interests and hobbies. During our inspection we saw both activities and care staff using books and items to reminiscence with people. Staff played games with people, supported people with crafts, had a sing song and accompanied people on walks in the garden.
- Information was available in a variety of formats to meet people's individual needs.

Improving care quality in response to complaints or concerns.
- Complaints had been responded to as per the provider's policy. The provider reviewed any complaint to determine if any improvements could be made in response to people's concerns.

End of life care and support.
- People were supported with care and compassion at the end of their lives. As the service specialised in caring for people with behaviours that challenged staff, people sometimes moved to other services as their health needs progressed. However, staff had been trained in end of life care. Nursing staff had been trained to use, and had access to, equipment which was used to administer medicines typically used as people approached the end of their lives.

Good

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 previous inspection we rated this key question as requires improvement. The checks the provider and registered manager had taken had not been robust enough to highlight issues we found with delivery of care and the standard of record keeping. At this inspection we found that action had been taken to improve.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.
- The provider had used feedback from our last inspection and information from a safeguarding incident to make improvements to the service and the care people received.
- The provider and registered manager had created a detailed action plan based on lessons learned. Steps had been taken to provide staff with more support and training. Improvements included increased management presence and increased staff observations.
- Relatives and staff spoke positively about the recent changes the registered manager had put in place.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.
- Relatives told us they thought the service was very well run and provided a good standard of care. One relative said, "I would recommend this home to anyone and have done."
- An effective system was in place to plan and promote person centred care.
- The registered manager and provider regularly checked the quality of care people received. Audits and checks were carried out regularly to monitor the service they provided. For example, following a checklist to make sure care plans were accurate and easy to understand and using an observation tool to check mealtimes were an enjoyable experience for people.
- The registered manager and management team were open and transparent. Following a safeguarding incident, they had held meetings and wrote to people to explain what had happened and the steps they were taking in response.
- The registered manager was aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
- Relatives were positive about the management team. There was a clear management structure in place to oversee the service. One relative said, "If I need to speak with someone or ask something I talk to [staff name] or I can go across to speak to the management staff if I need to. There's always someone to let me know what's happening or to ask."
- All regulatory requirements were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

● Views were sought from people who used the service, relatives and staff. They were involved in making decisions about the service.

● Surveys were sent each year to people, relatives and staff. Results from the most recent survey were positive. Lanercost House – Carlyle Suite was based on the same site as another of the provider's services. The survey had been sent to people and families of both of the homes and collated. We discussed with the registered manager and provider that this might dilute feedback specific to Lanercost House – Carlyle Suite. They assured us feedback would be analysed individually going forward.

● Relatives meetings were held regularly. We attended one and saw relatives were invited to share their views. The atmosphere was open and relaxed.

● Staff told us felt well supported and listened to. A theme from our conversations with staff was that they felt like the staff and management team had one shared goal of good quality care.

● The service had good links with the local community. People attended local events and groups, supported by staff. The registered manager had built relationships with local organisations.

● Staff worked closely with health and social care professionals involved in people's care.