Barchester Healthcare Homes Limited

Lanercost House

Inspection report

Berkley Grange
Newtown Road
Carlisle
Cumbria
CA2 7PW

Tel: 01228595138
Website: www.barchester.com

Date of inspection visit:
02 May 2018
03 May 2018

Date of publication:
26 June 2018

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 was an unannounced inspection that took place on 2 and 3 May 2018. We previously inspected this service in November 2015 and rated the service 'Good'.

Lanercost House provides nursing and residential care for up to 82 people. It is a purpose built single story home situated in the west of the city of Carlisle. At the time of our visit there were 77 people living there.

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

The home had a suitably qualified and experienced registered manager. 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.

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 staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service provided structured activities for people as well as hiring entertainment. The service intended to develop in this area and create a broader range of activities that involved the local community in which it was situated.

The staff team understood how to protect adults from situations in which they would be vulnerable to harm and abuse. Staff had received suitable training and talked to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action taken to lessen the risk of further issues. Risk assessments and care plans provided guidance for staff in the home. People in the service were involved in the creating of care plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

The registered manager ensured that there were sufficient staff to meet people's needs in a timely manner,

at the time of our inspection the service was looking at how better to deploy their staff. Staff were suitably inducted, trained and developed to give the best care possible. We met experienced staff members who understood people's needs. We observed kind, patient and suitable support being provided. Staff knew people well. They made sure that confidentiality, privacy and dignity were maintained. Staff were suitably skilled in providing end of life care and were able to discuss good practice, issues around equality and diversity and people's rights.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. They accessed hospital appointments as a matter of routine.

We saw that an assessment of needs was in place and that the staff team analysed the outcomes of care for effectiveness. People were happy with the food provided and we saw well prepared healthy meals that staff supported and encouraged people to eat. The home itself was clean and comfortable on the day we visited. Suitable equipment was in place to support people with their mobility.

Complaints and concerns were suitably investigated and dealt with and good records management was in place in the service and there was a quality monitoring system which was used to support future planning.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lanercost House

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 checked 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 provide a rating under the Care Act 2014.

This inspection took place on 2 and 3 May 2018. The first day was unannounced.

The inspection was carried out by one adult social care inspector 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. The expert by experience who accompanied the inspector had experience in the care of older people.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. We used information the provider sent us in the Provider Information Return. 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 spoke with health and social care professionals and asked their opinion of the service.

We observed people's care and support in all areas of the home. We spoke with 10 of the people who used the service, six relatives and 17 staff including the registered manager, care staff, nurses, kitchen staff and maintenance staff. In addition we consulted two representatives of the local authority, reviewed seven care records and various other records relating to the service such as training records and equipment maintenance logs. We walked around the building and with permission entered people's rooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at Lanercost House. "I feel very safe here yes."; "Yes I am safe enough here, no concerns."; "Yes I am safe as there are always people around if I need them."; "It's very secure here, can't say exactly why but I do feel safe and happy here."

When we asked relatives if they felt people were safe they told us, "I feel my family members are safe here and it is a great comfort to know they are safe and cared for." Another relative added, "It's a safe environment for my family member there is staff around if the need anything." And another commented, "I feel it is safe for my family member, I don't worry about them as much as I know they are safe here and looked after."

We spoke with members of staff and asked them how they safeguarded the people who used their service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or emotional. They told us they would speak with the registered manager if they suspected abuse was taking place. This meant staff knew how to identify and report abuse. The registered manager demonstrated their knowledge on how to report and investigate issues relating to abuse and safeguarding. We saw from our records they appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

Staff confirmed that staffing levels on the whole were appropriate to meet people's needs in a timely manner. One staff member said, "We have good and bad days, some of them are busier than others."

The provider used a dependency tool to review and monitor staffing levels. The tool was based around people's dependency levels and took account of areas such as personal hygiene, mobility, health, dementia and nutrition. This was reviewed on a monthly basis. We viewed staffing rotas which showed the expected staffing levels had been maintained. However we did note that staffing levels on each unit were identical, which meant either the service was clear that people living with dementia had identical needs to people who were frail and elderly or staff were being deployed incorrectly. We asked the registered manager to carry out a review of the deployment of her staff which she did immediately. She implemented improvements including trialling new shift times and reviewing staff deployment according to the needs of people on a daily basis.

Effective recruitment processes were in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. Where required, such as following receipt of information from DBS, risk assessments or additional checks were carried out to assess the staff member's suitability before they started working at the home.

The provider had systems for the safe management of medicines. Only nurses or specially trained care staff, whose competency had been assessed, administered people's medicines. We saw records relating to the

receipt, administration and disposal of medicines were accurate. Medicines were stored safely with checks in place to review storage arrangements. For example, daily temperature checks of the storage rooms and medicine fridges helped ensure medicines remained safe to use.

People told us they received their medicines when they were due. One person commented, "I get my medication a few times a day,it seems ok." Another person said "I usually get my medication in the morning and in the evening. The staff give it to me I don't know exactly what it is but it seems to work." A third person added, "I get my medication twice a day by the staff."

Risk assessments had been carried out when needed to help keep people safe. Examples of completed risk assessments included the use of walking frames, the safe use of moving and handling equipment and a fire risk assessment. Risk assessments clearly identified who was potentially at risk and the control measures in place to reduce the impact on people. Evidence was available to show these had been reviewed at least annually.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations.

The home was clean and hygienic. Regular infection control audits were completed to check cleanliness was maintained to a high standard. We viewed the records of previous audits which showed effective systems were in place. These showed a good standard of hygiene was confirmed. We noted hand washing guidelines were displayed near all hand washing facilities as a reminder for staff, people and visitors. We observed domestic staff at work throughout our time spent at the home.

Detailed records were kept for incidents and accidents at the home. These were audited to check appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. It was evident the registered manager constantly reviewed the care provided at the home to look for ways to improve the service.

Good

Is the service effective?

Our findings

The service had a system of assessment in place which helped to identify people's needs. They contained information about people's history prior to entering the home. The assessments were detailed and written in the first person. Staff told us that people were as involved as they possibly could be in the assessment process.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. One person was making use of an electronic tablet to help them communicate with staff. A call bell system was in place so people could summon staff easily if required.

We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. Staff told us, "The team are nice and my [registered] manager is supportive."

Records confirmed that staff had completed mandatory training. This included moving and handling, infection control and safeguarding vulnerable adults. New staff were provided with induction training which included a period of probation. During this period their competencies were regularly checked by senior staff. Staff were able to access more formal vocational training such as the care certificate.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles with a senior member of staff. Staff were able to discuss all elements of their role during supervision sessions. When we spoke with staff they told us that they found these sessions helpful in terms of their development and performance.

People's nutritional needs were being met. We saw everyone had support plans relating to food and fluid. We noted that kitchen staff were making nutritionally balanced meals that took into account people's needs. For example fortifying foods to ensure people did not lose weight. This helped to support people to achieve a healthy balanced diet in line with their care plans. We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been asked for and provided. We monitored a lunch time meal service and observed it was well organised with people who required additional support receiving it. people told us, "The food is nice, if I want something different I ask for that." And, "I like the food here, I enjoy it." And, "The food is good here, no complaints." We saw positive encouragement being given to people by staff, they were chatting to people and asking, "Is everything ok? Are you enjoying that? Would you like anymore?"

The home frequently accepted transfers from other services including the local acute hospital. We saw staff carefully planned this and managed it appropriately. They ensured the correct documentation and information was in place in order to minimise any inconvenience or delays for the person being transferred.

Care plans were in place to ensure people's health and wellbeing were monitored. We saw that people

regularly attended the GP or the dentist or were seen by visiting professionals. Care plans contained information about any long standing medical problems and people were supported to go to hospital appointments. We observed health and social care professionals visiting the home during our inspection.

Communal areas, corridors and bedrooms were clean and in a good state of repair. The unit which supported people who lived with dementia was scheduled to undergo a significant refurbishment. There were different areas for people to watch television and relax, a dining area and each person had their own bedroom which was personalised to how they wanted it. The grounds of the home were extensive, secure and well kept.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people who used the service were either appropriately subject to a DoLS or were awaiting authorisation for one.

Good

Is the service caring?

Our findings

We spoke with people who used the service and asked if they felt the staff were kind and caring. One person told us, "Staff are nice and always kind." Another person said, "The staff here are lovely, always happy to help and have a joke as well." Another added, "Staff are very pleasant and will always help you."

All the relatives we spoke with on the day of inspection spoke quite highly of the staff and told us that they felt happy and involved in making choices and decisions about their care plans. One relative wrote to us stating, "After a major brain trauma my Mum spent almost a year recovering in hospital. When she became physically and mentally strong enough to leave the hospital we began the search for a care home for her. I visited many in the Carlisle area but after visiting Lanercost House I knew instantly it would be the perfect home for Mum and her needs. Mum became a resident at Lanercost House. The transition was made so sympathetically and professionally by the home. Mum and ourselves (especially my young children) were instantly made to feel so welcome and a part of a community. The staff at Lanercost House have all become good friends to Mum and have helped immensely in her recovery and her happiness. I wish I could name everyone individually and say thank you for their hard work and devotion. Her physiotherapist has particularly made a huge impact on Mums life, their special bond and friendship has helped Mum's confidence and physical abilities improve dramatically. We will be forever grateful to all of the staff at Lanercost House for the care, support and attention Mum has received over the last two years. Our minds are always at ease knowing Mum is in the most capable and professional hands and her spirits are always kept high."

The registered manager had details of advocacy services that could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives. We looked at people's written records of care and saw support plans were devised with the person who used the service with support from their relatives or advocates. This meant where possible, people were actively involved in making decisions about their care treatment and support.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. This information was accurately recorded in people's care plans.

We observed staff treating people in a respectful manner. During our inspection people's privacy or dignity was not compromised. Staff had received training on how to ensure all of the people who lived at the service were treated with kindness and respect. I addition they had been trained to treat people equally and account for people's diversity.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be

shared with other staff or other agencies in order to keep the person safe.

Care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff told us they made sure people were given choices to enable them to retain as much independence as possible. We saw that some people were able to move freely around the home alone, whereas other required staff support. All of the people who used the service were encouraged to be as independent as they wanted and were able to be. People we spoke to told us they went about their own daily routines as they wished. We were told by several people that they could go to bed when they wanted to and could get up when they wanted. One person said, "I like to go to bed by 8pm and sometimes I have a lie in." Two other people added, "I like to go around 9pm as I like to watch television, I get up whenever really." And, "I go to bed quite late as I like to knit."

The home had a welcoming atmosphere, we saw that family relationships and friendships were positively promoted as part of day to day life within the service.

Good

Is the service responsive?

Our findings

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally. We asked people if they knew how to complain if they were unhappy with the service. One person said, "I have no complaints but I would say something if I wasn't happy." Another commented, "I have no complaints or problems at the minute. I would feel comfortable to complain if I needed to."

People's care plans were written in the first person and with the involvement of people who used the service, their relatives or advocates and staff. People's strengths and areas where they required support were included. For example, some people required help getting in and out of bed. Staff had identified what equipment was needed and how many staff were required to provide this support. Some people needed less help than others and this was outlined correctly in people's records of care.

Care plans were comprehensive and contained information around all aspects of people's health and wellbeing. Staff had taken time to collect information about each person using a variety of sources including the person themselves, relatives and health and social care professionals. Together the staff and people who used the service had used the information to write care plans that took into account people's current needs and abilities and encouraged people to maintain their independence. People had clear ideas how they preferred to spend their day, for example some people enjoyed privacy in their rooms whereas others liked to take part in activities or go out with relatives.

People were able to access the community if they chose to do so. If this was not possible the service endeavoured to bring the community into the home. We saw examples of school children who had visited and entertainers such as musicians and singers regularly came to the home. There were dedicated activity co-ordinators who facilitated a range of activities including quizzes, painting and pampering.

The service employed a number of strategies to help people communicate their wishes. this included technologies such as electronic tablets, notice boards with pictures and written notices in large clear writing. A variety of communication strategies and procedures were outlined in the providers policies.

The service was able to deliver end of life care. There were policies and procedures in place and the registered manager provided evidence to show that staff were well trained and competent in this area. The registered manager told us care at the end of life would be supported by a multi disciplinary team approach which would include the GP, hospice at home and other health and social care professionals.

Good

Is the service well-led?

Our findings

We asked people who used the service and their relatives how they felt about leadership in the home. One person told us, "I know my relative is well looked after here." Another said, "The [registered] manager is nice and is always friendly." Another added, "The [registered] manager always says hi if I see them."

We spoke with staff and asked them about the leadership in the home. Staff told us they were very confident about the leadership exhibited by nursing staff and were complimentary about the registered manager. One member of staff commented, "I enjoy my job and l have been here for years. The staff are all fab, the [registered]manager is very supportive, and the residents are lovely."

We noted that the registered manager was involved in all aspects of the service and modelled professional behaviour to her team.

During our inspection we discussed the future of the service with the registered manager and asked them what their hopes were for the future of Lanercost House. They told us they were keen to move the service towards a rating of 'outstanding' and were looking at different ways to do this. The registered manager was keen to develop a sense of 'being part of the community' in the home and was overseeing the investment of time and money into improving the way people who lived with dementia were supported.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided. All audits and checks were shared with the provider to help them monitor the performance of the service. During the inspection, the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed a culture where the staff and the registered manager had worked hard to improve the service There was also evidence within records that people and, where possible, families were consulted about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face to face formal meetings and written surveys.

The ratings from the previous inspection were displayed in the home as required and on the provider's website.