

Northgate Healthcare Limited

Lane House Residential Care Home

Inspection report

265 Lichfield Road
Tamworth
Staffordshire
B79 7SF

Tel: 01827314806

Date of inspection visit:
27 July 2023
28 July 2023

Date of publication:
31 August 2023

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

Lane House is a residential care home providing personal care to up to 33 people. The service provides support to older people, some who may have a diagnosis of dementia, a physical disability and or a sensory impairment. At the time of our inspection there were 32 people using the service.

People's experience of using this service and what we found

People told us they felt safe and happy living at Lane House. People's risks were managed safely by enough staff who were suitably skilled to meet people's needs well.

Care records were person centred and staff received training to enable them to support people in the most effective way. People's dietary needs were met, and people had access to healthcare as required. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff respected people's privacy and dignity and provided compassionate care. People were encouraged to maintain positive relationships with peers and relatives. There were mechanisms in place to report concerns and complaints.

The interim manager was described by staff as approachable and was supporting the staff team through a period of change. There were governance systems in place which the management used to assess and manage the safety and the quality of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lane House on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lane House Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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.

Lane House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lane House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post, however they were not available to

support the inspection. An interim manager had been appointed in the absence of the registered manager and was being supported by a registered manager from one of the provider's other homes.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 4 May 2023 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and observed care people received. We spoke with 3 relatives about their experience of care provided.

We spoke with 9 members of staff including the interim manager, a registered manager from one of the provider's other services, a senior care worker, 3 care workers, a housekeeper, an activity coordinator and a dining assistant.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Lane House.
- Comments we received from people and relatives included, "Yes, I feel safe. Staff are caring and will get you anything you need", "I do feel safe and comfortable" and, "As a relative, I can sleep at night and feel I can get back to being a daughter again."
- Staff received relevant training which enabled them to recognise and respond to concerns of abuse. Staff felt confident any concerns would be dealt with in a timely and appropriate way.

Assessing risk, safety monitoring and management

- People's risks were assessed and managed effectively.
- Care plans contained detailed risk assessments which guided staff to care for people and help protect them from avoidable harm.
- Staff knew people's needs well and told us what actions they took to keep people safe.
- There were regular safety checks carried out in and around the environment to ensure Lane House was a safe place for people to live.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People told us they were not left waiting to receive support and our observations during the inspection confirmed this. Staff felt the staffing levels were appropriate and did not compromise the quality of care they provided.
- Staff were recruited safely and were subject to pre-employment checks such as the Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- People received their medicine as required.
- Medication Administration Records (MAR) corresponded with medicine stock levels. Medicines were stored and disposed of in line with best practice guidance.
- Staff were trained to administer medication and these staff had their competency to do so checked at regular intervals.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no visiting restrictions in place and visitors were able to access the home as required.

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong.
- Accidents and incidents were reviewed regularly and analysed so themes and trends could be identified and actions taken to try and prevent future re occurrence.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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 received pre-assessments prior to moving to live at Lane House to enable the management to ensure they could effectively meet people's needs.
- Staff worked with people to build relationships and familiarity enabling plans of care to be compiled which reflected people's routines and preferences.
- Staff used the care plans to guide them to provide the most appropriate and effective care and support package for people.

Staff support: induction, training, skills and experience comments

- Staff were skilled and knowledgeable about people's needs and were able to tell us about people they cared for and how they liked to receive their support.
- Staff received sufficient training to enable them to meet people's needs and support them in the most effective way.
- Staff received a period of induction prior to commencing their employment and we observed staff being supported through this process during our inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet.
- Mealtimes were scheduled so these were a positive experience for people. For example, to enable people with additional needs to be supported in a dignified and timely way, staff were deployed effectively across two sittings for each mealtime
- People were offered choices at mealtimes and specific and modified diets were catered for.
- For specific health related dietary needs, advice was sought from relevant professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Processes were in place for staff to keep up to date with people's on-going and changing health needs. For example, daily handovers meant staff could share information with one another to ensure people received consistent care and support.
- People had access to healthcare as they needed it and staff worked alongside other professionals and records evidenced other health professionals had been consulted to ensure people were supported in the most appropriate way. These included district nurses, occupational therapists and speech and language

therapists.

- The interim manager held regular reviews with the GP and the practice nurses from the local surgery which meant people's health concerns were addressed and medical professionals had an oversight and knowledge of people's needs

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

- There was signage across the home to help orientate people, particularly those people who had a diagnosis of dementia.
- The home was free from odours and was clean.
- People had their own belongings in their rooms to make them individualised and personal 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff sought consent before providing them with any care or support.
- People had their decision-making ability assessed where appropriate. Where people did not have the capacity to make decisions, staff consulted with relatives and other professionals to ensure care and support was provided in the person's best interests.
- Where people were deprived of their liberty, the relevant applications and authorisations had been sought to ensure this was done legally and in line with best practice.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- Staff treated people with kindness and compassion.
- People spoke highly of staff and told us about the high-quality support they received. One person said, "I couldn't ask for better! The staff are all lovely, they treat me so well, they are all so kind, and never rush me." Another person told us, "The staff are all very nice. They'll help with anything if I need it; they are all very good."
- Relatives were also complimentary about the care provided. One relative said, "The staff are all incredibly welcoming and kind; just so polite and kind." Another relative told us, "[Relative] could not be in a better place."
- People were asked about their diverse needs to ensure people received care in line with their choices and preferences. The interim manager had planned to further build on equality assessments to ensure people had opportunities to express their needs.

Supporting people to express their views and be involved in making decisions about their care

- People were able to be part of the care planning process as they wished, and had opportunities, along with their relatives to make decisions about their care needs.
- The interim manager had plans to commence resident meetings as a mechanism for people to give feedback.
- Staff forged good relationships with people's relatives and advocates. Where people could not make their own wishes known, information about what was important to the person was ascertained from other sources for staff to provide quality care.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said they were involved in decisions about their care and their privacy was respected.
- Staff told us how they supported people to maintain dignity and privacy. One staff member said, "I always explain what we are doing and get consent. We cover people with a big towel when supporting with personal care with and shut doors and close curtains." Another staff member told us, "If we are in bedrooms, we make sure curtains are drawn if doing personal care. We talk to people kindly, quietly and discreetly where we need to, and I always ask for consent from people to support them."
- We observed interactions between people and staff which confirmed what they had told us.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support was personalised and tailored to each individual living at Lane House.
- Care plans reflected people's likes, dislikes, and choices.
- There was a programme of activities, led by two activity coordinators which promoted the overall wellbeing of people.
- People and their relatives gave us feedback about the activities, receiving comments such as, "The activity co-ordinators come and sit and have a lovely chat with me. They gave me a wonderful birthday party last week and one of them made me a teddy bear" and, "The activity co-ordinators take me out for a walk when they have time, and they get me involved in painting and things like that, which I enjoy – they are great."
- People were encouraged to maintain contact with their relatives and to maintain important, positive relationships.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team understood their obligation to meet the AIS. They said, "We have access to literature in different formats and have things such as pictorial menus in place. We have had people use assistive technology, such as artificial intelligence devices which all help people who need that additional support."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- Brochures were given to people and their relatives which contained details should people wish to raise a concern.
- At the time of our inspection, there were no ongoing complaints.

End of life care and support

- End of life care plans were in place.
- People's end of life wishes, and needs were considered and recorded in care files. People had ReSPECT

forms in place. ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process that creates personalised recommendations for a person's immediate clinical care in a future emergency in which they cannot make or express choice.

- At the time of the inspection, there was no one in receipt of end of life care.

Is the service well-led?

Our findings

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

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

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

- The interim manager had been supporting staff through a transitional period of change and had taken actions to create a positive culture across the service. They said, "The standard of care we provide is important; we have been making changes to improve care, but we work alongside staff to make sure we get the best from them; thus, creating a positive atmosphere and culture."
- People and their relatives gave us positive feedback about the home and the interim manager. One person said, "I know who the new manager is. I know I could go to them with anything, but I can't ever see me having a problem." A relative said, "[Relative] is so happy here and it is lovely to see. If we have any issues, the manager will sort them out for us."
- Staff also spoke positively about the recent changes across the service and spoke highly of the interim manager. One staff member said, "[Interim manager] has gone out of their way to make us feel valued in such short time. They have made a difference here and they have always got a smile on their face as well." Another staff member said, "[Interim manager] is a lovely person. They are very easy to speak to with an approachable personality; I've even learned some new things I did not know before."
- The management team had introduced new systems across the service to improve the quality of care people received.

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

- The interim manager understood their obligations in meeting the duty of candour. They said, "We always say to staff none of us are perfect, and we all make mistakes but it is about ensuring staff know we work in an open and honest way where we need to be transparent." At the time of the inspection, there had been no requirement for the management to respond under the duty of candour.

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

- There were governance systems in place which supported the oversight of the quality and safety of the service.
- Audits were completed. It was acknowledged by the interim manager some of these audits needed improving and actions had already been taken to address this. Where shortfalls were found, action was taken, and further improvements had been made.
- The new management team had clear oversight of the service as there was a scheme of delegation in

place which meant staff had clear lines of responsibility and accountability.

- The interim manager understood the regulatory requirements.

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

- People told us they were able to speak with management as a means of getting involved with the running of the service. Newsletters were issued to people and their relatives and social media was used with consent, so people's relatives could receive regular updates.
- Staff were given opportunities to feedback through regular supervisions or team meetings. Staff told us these were useful forums to discuss professional and personal development.
- Staff felt team morale had recently improved. Comments received included, "We all get on really well; everyone is really close - the residents make our job!" and "Everything is really good just lately; morale has been boosted. We are all happy here at the moment and it is just so rewarding to help residents and make their day better."
- Staff initiatives were in place such as a new employee of the month scheme and monetary bonuses at Christmas time.

Working in partnership with others

- The interim manager worked in partnership with other health and social care organisations to support people and improve the quality of care.