

Restful Homes (Coleshill) Ltd.

Lanesborough House Care Home

Inspection report

Lanesborough House
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11 January 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Lanesborough House is a residential care home providing personal and nursing care to up to 91 people. Lanesborough House is a purpose-built home where each floor of the building has separate adapted facilities that accommodate people who require nursing, dementia and residential care. At the time of our inspection there were 83 people using the service.

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

People did not always have important aspects of their care effectively monitored.

The provider had established systems and processes to review and maintain oversight of the quality of care being provided. There was a clear management structure and staff were aware of the roles the management team.

People and staff told us there were enough staff to provide people with the support they needed.

People's risk assessments contained the information staff needed to keep people safe. People's care records were comprehensive and detailed.

People felt safe living in Lanesborough House and told us they were happy living in the home. Relatives also told us that people were well cared for.

Staff told us there was enough training available to support them in their roles and regular supervision. Staff felt supported and listened to by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; systems and policies in the service supported this practice.

People's care was person centred. People and their relatives were involved with their support plans. These detailed people's wishes likes and dislikes as well as their physical and mental health needs and helped staff identify people's interests.

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

Rating at last inspection and update

This service was registered with us on 16 January 2020 and this is the first inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Good 

Lanesborough House 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.

Inspection team

Four inspectors, a specialist nurse advisor and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Three inspectors and a specialist nurse advisor visited the home and one inspector supported the inspection by making phone calls to staff. An expert by experience made calls to relatives of people who were cared for in the home.

Service and service type

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 January 2022 and ended on 13 January 2022. We visited the location's service on 11 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, the deputy manager, two senior care workers, four unit managers, the head of care, the chef and three care workers. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We reviewed multiple agency staff profiles. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to review and consider information received from the provider following the inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare had been identified and detailed in people's care records. However, actions that should be taken to manage risks were not always documented. For example, we found incomplete records of when people's urinary catheter bags were checked and emptied. The chart to record the checks had numerous gaps, including where no output was recorded at all.
- We saw where risks had been managed safely. For example, one person who had skin damage from prolonged periods of time in one position had pressure relieving equipment. We found that this person's records contained detailed monitoring of the affected area and it also showed that the damaged area of skin was improving.
- The provider had procedures to ensure that robust reviews of safeguarding incidents took place and any lessons learnt identified to reduce the risk of reoccurrence. We saw evidence of this in action taken to immediately speak to staff to gather facts around a reported safeguarding incident. However, where reported incidents had highlighted a need for increased monitoring of clinical actions this had not always been implemented and we found gaps in people's monitoring charts.
- Systems ensured that fire safety was effectively managed. Checks on fire equipment and fire drills were completed. There were detailed emergency evacuation plans (PEEPS) for people. These detailed how people should be evacuated in the event of a fire.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- Relatives told us that they felt their loved ones were safe. One relative said, "I have had no concerns, never heard anything bad from there. By all accounts it's a good, safe place." Another relative explained how the support had been adapted after an increase in falls, they told us "One to one was put in because of the falls."
- Staff told us that they had regular training around safeguarding people from abuse. There were comprehensive systems to ensure that any suspected abuse could be reported, and relevant agencies informed.

Staffing and recruitment

- There were sufficient staff to ensure that people got the support they were assessed as needing. Where care plans identified people needed 1:1 support this was provided at the relevant times. There had been an increase in the use of agency staff due to the impact of the COVID pandemic. Agency staff had access to the relevant information regarding the care needs of the people they supported and none of the relatives we spoke with raised any concerns over the use of agency staff. There were agency profiles in place for staff which evidenced they had the relevant checks and training to ensure care could be given safely.
- There were robust recruitment processes to ensure only suitable staff were employed. Staff applications

contained reference checks on previous employment and also checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (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

- There were medicine systems in place to ensure that people received their medicines in line with their prescriptions.
- Medicine administration records [MAR] were signed as medicines were administered. We counted some of the prescribed medicines and found it tallied with the relevant rolling stock balance.
- Where medicines were administered covertly, we saw the appropriate procedures had been followed including meetings with professionals to agree covert medicines were in the person's best interests. This was kept under review with the GP and pharmacist to ensure they were safe to be given in a covert manner.
- Where people required medicines to be administered on an "as required" basis, there were protocols (plans) in place for the safe administration of these medicines.

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 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 accessing testing for people using the service and staff.
- 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.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 had their needs assessed prior to receiving care and support. Care was planned and delivered in line with evidence-based practice and met current guidance, legislation and standards.

Staff support: induction, training, skills and experience

- Staff told us that they had good levels of training and support to do their roles effectively. New staff were required to complete essential training in areas like manual handling and safeguarding. They also worked through an induction period which included shadowing with more experienced staff and increased support and supervision until they became familiar with the expectations of the role.
- The provider had a system of monitoring each staff members' training and identified when refresher training was due. The registered manager told us that staff would then be prompted to complete any outstanding training needs.
- Staff completed The Care Certificate. The Care Certificate is a nationally recognised set of training standards for health and care workers.

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

- Most people told us they enjoyed the food. We saw that people had access to food and drink when they wished, and that food was freshly prepared by an onsite chef.
- Care plans included information about people's specific dietary needs. This included information about where food needed to be specially prepared to reduce the risk of choking or fortified to provide people with weight loss or extra calories. There was also information about people who had diabetes or specific food intolerances. The chef told us "We keep an eye on blood sugar levels but I really believe that people shouldn't miss out. I would hate to sit there next to someone with a huge chocolate cake and be told by staff I can't have that because I have diabetes, - it would bother me. So, we always use sweetener rather than sugar in custard and offer people the same, just maybe slightly different portion sizes."
- People had daily fluid targets based on their weight and their intake was monitored through food and fluid charts.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to other health professionals to support their healthcare needs, such as the GP, district nurse, dietician and mental health team. We could see where staff had reported concerns about a person's health, and this had resulted in the person seeing a doctor the same day.
- People were supported to attend health appointments when required and care records were updated with any changes.

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

- People had access to facilities such as a cinema room and areas where they could relax. The service was regularly maintained and was clean and spacious. There were communal areas for people as well as outside spaces. Some aspects of the outside spaces needed attention, for example we found discarded cigarettes and some areas contained rubbish that had not been properly disposed of. When we raised this with the registered manager, they took immediate steps to rectify this.
- The layout of the home to allowed for social distancing and isolation if needed.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to external health professionals when concerns were identified about their health or wellbeing. This included doctors, dieticians, mental health services and speech and language.
- There were staff handovers during each shift to ensure that important information about people's health and wellbeing was shared to the relevant staff team.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People where needed, had Mental capacity assessments and applications were made to the authorising body for anyone identified as potentially being deprived of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence, Supporting people to express their views and be involved in making decisions about their care

- Relatives we spoke with told us that people were treated with respect. Most of the time we observed people being treated with dignity and respect. We saw staff take time to understand what people were telling them, and also take time to reassure people who were displaying signs of distress. However, we did observe where confidential information about a person's care needs were being discussed in a way that did not protect the privacy of the person. We raised this with the management team, they reassured us that they would address this immediately and reinforce with the staff the importance of maintaining people's dignity.
- Relatives told us people were supported and involved where possible to discuss their care and support needs. One relative told us how they had tried different morning routines and by involving the person in what they liked and what worked for them they had established "Something that worked well." They told us that this approach had maintained the persons independence in aspects of their personal care.
- Overall, relatives told us they were involved and kept updated about their family member's health and welfare and if there were any changes with their care and support needs.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that staff were caring. One relative said, "I am really happy with his care, and how he is being looked after." Another said, "It's peace of mind for me that she's well looked after and that they know her needs. I don't have to worry about what's happening."
- All staff received training on equality diversity and human rights.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care records contained information about people's personal preferences and needs. Staff told us that this contained the information they needed to provide personalised care.
- Information about care interventions were personalised, for example relaxation and distraction techniques were individual to the person.
- Most relatives were positive about the personalised care. One relative said, "There seems to be a lot of activities. Mum loves the rabbits, loves cuddling them. There's an aviary outside. There seems to be plenty of activities."

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.

- People had their own communication needs detailed in their care plan and staff understood what support people needed to understand their care and support needs.

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

- The home environment had purpose-built facilities including a cinema room and sensory rooms. Whilst people had access to these, we did not see these in use on the day of our visit, however staff told us that these facilities were regularly used with people. One relative said, "There's a huge communal room, and the activity organisers come into each of the lounges."
- During the pandemic the registered manager had identified the challenges with avoiding isolation when restrictions were in place. One of the initiatives was to use technology to enable people to connect and engage in activities. One relative said, "They do a Face Book most days – cooking, the Face Book page has been a godsend during Covid."

Improving care quality in response to complaints or concerns

- There was a system to record complaints and to track investigation into any concerns raised through this process and details of actions taken and how the complaint was resolved were recorded. However, we found one complaint where action needed to be taken to provide assurances that monitoring was taking place of people's catheters. This had not been identified as an action and we found gaps in how this was

being monitored on people's charts.

End of life care and support

- People had details of their end of life care wishes including any advanced care plans detailed in their care records.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Improving care quality in response to complaints or concerns Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people 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 provider had established systems to enable oversight of the service. These included systems that audited medicines, incidents, training and safeguarding. This included had a 'Head of Dementia Care' who provided additional oversight of the standards of dementia care in the home, and their role included observational audits of how care was being delivered. There was also a system to gather regular feedback from relatives, staff and professionals.
- There was a system to record complaints and to track investigation into any concerns raised through this process and details of actions taken and how the complaint was resolved were recorded. However, we found where action needed to be taken to provide assurances that monitoring was taking place of people's catheters. The provider's audits had not identified where monitoring of people's catheters had not been effectively recorded.
- Staff were positive about the support they had in their roles. One staff member said, "I feel I have the support I need and enjoy working here." Another staff member said, "Good team. Supported. No problems."
- One relative said, "It's extremely well managed, yes. On weekends they don't have any management in. There was a time I was struggling to get hold of someone on the weekend, but that's because the person on reception is doing other things. There's always a supervisor on each unit, so if and when I needed, there is always a supervisor."
- Staff and relatives told us that there was an open culture in the home. A relative said, "I see her if I need to have a word with [manager], if I want to email her. If I am visiting, she will come over and say hi. Her door is always wide open. She's much more accessible than I thought a care home manager would be, to be honest. I have absolute confidence in her. She got his needs straightaway."

Working in partnership with others

- The registered manager, the providers representatives and the provider were committed to making improvements at Lanesborough Care Home. Feedback from our inspection was welcomed and assurance was provided that action would be taken to address all of the areas which required improvement.
- The registered manager and provider worked with their partners in health and social care and ensured they were up to date with current government guidance.

