

Country Court Care Homes 3 OpCo Limited

Lakeview Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lakeview Lodge Care Home is a 66 bed residential home providing personal care to 63 people at the time of the inspection. The care home staff support people in a purpose-built building.

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

People did not always receive consistent safe care. People were not consistently safeguarded by staff. Though staff had been trained they were not clear how to assist people and prevent falls. There were inconsistencies in records which led to staff recording information inconsistently, and some record keeping had missing entries. Medicines were not always managed safely, where staff did not administer medicines in line with best practice. We recommend the provider considered the national guidance on the administering of medicines.

Infection control checks were in place and provided us with an assurance that the transfer of infection was minimalised by good staff practices.

Staff were knowledgeable about people's individual needs and informed by their care plans. These contained varying degrees of consistent information, though the registered manager was working towards a greater degree of consistency and transferring them on to the providers care plan template. The complaints process was managed effectively, and staff had been complimented on the service provided for some people. Staff had considered people's end of life choices and made reference to this in care plans.

Some quality monitoring of files and documents had been undertaken. The audit systems that were in place were not operated effectively or overseen by the provider to ensure people received a consistent quality service. Staffing levels were adequate to provide acceptable levels of care.

People's views of the service were sought on a day to day basis, through regular meetings and six-monthly surveys. The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

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 Good. The last report was published September 2018.

Why we inspected

The inspection was prompted in part by notifications of concern from concerned family members and the local authority. A decision was made for us to inspect and examine those risks and concerns.

The overall rating for the service has now deteriorated to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report. The provider has started to make changes to reduce risks, these will take some time to be fully embedded.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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.

Requires Improvement ●

Lakeview Lodge 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. 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. 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 team consisted of two inspectors and an assistant inspector. A third inspector followed up with telephone calls to people's relatives and staff.

Service and service type

Lakeview Lodge Care Home 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 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. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

Notice of inspection

The inspection was announced. We gave a short period of notice for the inspection because we wanted to be sure the provider had an infection Control procedure and Covid-19 risk assessment in place. We did this so we could adhere to their policies and follow government guidelines in relation to social distancing. The inspection site visit took place on 23 and 25 September 2020.

What we did before the inspection

Before the inspection we spoke with local authority safeguarding, contracts and commissioning teams. We reviewed notifications of incidents we received and used all of this information to plan our inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The provider completed a Provider Information Return before the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time observing the care and support being provided to people in the home. We observed six people who lived in the home and all three dining rooms at lunch time. We spoke with three people and three visiting relatives. We also spoke with the area manager, registered manager, two support staff and head housekeeper.

We looked at the care records for six people who lived in the service. We also looked at a number of medicine records and other records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

After the inspection

Following the inspection, we made telephone calls to another five relatives and five members of staff. We asked the registered manager to send us further documentation following the inspection site visit which included copies of the staff training records, the staff rota and minutes of meetings for the people who lived in the home, and staff meetings. These were supplied and considered when writing this report.

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 this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- People were not consistently safeguarded from abuse. We found one person who had been confined in their reclining chair. A member of staff had assisted them into the chair and then removed the remote control so the person could not get out of the chair. This had caused the person distress. We reported this to the registered manager who took action and attended to the person to relieve their stress levels. The registered manager followed this up with the staff on duty and staff interviews were commenced.
- The registered manager reported the incident to the local authority who has the power to investigate and act upon such unauthorised restrictions to a person's rights and freedoms.
- People told us and relatives we spoke with felt people were safe in the home. One person said, "Yes I feel safe. There are plenty of people around so if I need help, I get it." A relative said, "[Named] needs are being met. I know they are safer here compared to the last care home they were in."
- Staff had completed safeguarding training. Following the incident described, the registered manager stated they were considering how to undertake further safeguarding training with staff to ensure all were aware of their responsibilities towards ensuring people's freedoms.
- Staff told us they knew how to report any concerns and were confident they would be properly dealt with by the registered manager. One member of staff said, "I would report abuse to the senior and the manager. If they didn't do anything about it, I would whistle-blow." A second member of staff confirmed they would report on any alleged abuse they witnessed. They said, "I can call CQC if the manager doesn't act."
- The provider had a safeguarding policy, procedure and systems in place to protect people from avoidable harm and abuse. Records showed the local safeguarding protocols were followed when concerns were reported about people's safety and appropriate action was taken by the management team.

Assessing risk, safety monitoring and management

- Risks had been assessed to protect people. Risks around the care and treatment of people had been assessed and documented. However, we noted that some records completed by staff were incomplete. For instance, there were gaps in records of continence wear, changes, turning records and daily records. This did not assure us people were cared for consistently.
- We also saw some prescribed food thickeners were left unattended where people could ingest them accidentally. This placed people in danger from choking. We told the registered manager about this and they took immediate steps to have the items stored securely to prevent any accidents.

Using medicines safely

- Medicines were not always managed safely. We observed a staff member who did not administer medicines in line with best practice. We told the registered manager who followed this up with staff

concerned.

- Care plans did not always contain information about how people preferred to take their medicines, for example with water or food. We also noted that staff were uncertain about the consistency of people's drinks thickened to ensure they didn't choke.
- Processes were in place for the timely ordering and supply of people's medicines.
- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- Medicines were stored securely and safely at the correct temperatures. Staff had correctly completed medicine administration records.
- Staff were trained in the safe administration of medicines and their competency assessed before they administered medicines.

Staffing and recruitment

- Staff were employed in sufficient numbers.
- People who lived in the home told us, and staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. One person said, "Yes, there are plenty of people [staff] around and I get help quickly if I need it."
- When we asked people if staff came quickly when they were called, one person said, "I press my bell they come quickly. I need a hoist [and two staff] and I don't usually have to wait." A second person said, "If I press my bell, they come quick."
- People's relatives told us there were staff shortages and a high turnover of staff. We spoke with the registered and area managers about the staff turnover. They stated there had been a number of staff who had moved on to new employment since the new manager took up their post. This was for a variety of reasons, and they were actively advertising locally for staff to ensure staffing numbers remained adequate to meet people's needs.
- The provider had followed safe staff recruitment procedures. Staff files contained evidence of a Disclosure and Barring (DBS) check, references were obtained and a record of the person's interview.
- Recruitment was overseen by staff at the company head office, who ensured the recruitment process was adhered to and ensured staff were safe to work with people.

Preventing and controlling infection

- The registered manager and staff understood their requirements to keep people safe from the current Covid-19 pandemic. The people who lived at the home were continuing to isolate, and neither they or any of the staff had displayed any symptoms.
- People living in the home and staff were tested in line with current government guidance to ensure outbreak was dealt with promptly. Testing for staff and visitors was completed on a daily basis and people living in the service monthly, in line with current guidance.
- The registered manager and staff were aware of the guidance distributed about the virus and acted accordingly.
- People were protected from the risk of infection because systems and processes complied with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- There was a detailed policy and procedure in place to assist staff to protect people. Staff were aware how to protect people from the risk of cross infection or cross contamination.
- The head housekeeper kept detailed records of the processes and checks in place to ensure people's safety. The registered manager oversaw the process and explained how the head housekeeper had dramatically improved the overall cleanliness and safety by the introduction of the new regime and checks.

Learning lessons when things go wrong

- Incidents and accidents were reported on a database. This meant the provider and the registered manager were able to identify any trends and act when needed.
- Information from investigations or company updates was shared with staff through individual supervision or staff meetings.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to 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

- People's care is personalised and planned to meet their needs. People told us staff supported them. One person said, "I think I get good care. They [staff] know what I need and how to help me." Another person said, "Yes, it's [care is] alright, I get looked after, they [staff] do things properly, how I like them." Another said, "Staff do listen. They know how I like things and if I say I don't like something they respect my decision."
- People's risk assessments were linked to care plans which had been reviewed and updated with guidance, so staff could provide a consistent level of support. For example, for a person who lived with dementia there was good information in place about their early years and growing up in a public house. The care plan indicated this would get them communicating so staff could then lead onto other subjects such as personal care or meals.
- There was further information for staff if people responded to them with aggression. There were detailed prompts on what range of deflection techniques calmed the person and helped them to move on.
- People's health was monitored. Records showed people who remained in bed were re-positioned regularly to prevent further skin damage. Fluid intake charts were completed, and staff encouraged people to drink to reduce the risk of dehydration.
- Since the new manager had taken up their post, they had updated a number of care plans, and risk assessments. The registered manager stated staff were continuing with the process and all would be updated.
- Some relatives told us that they were not invited to care plan reviews. We told the registered manager about this who said they would ensure staff invited relatives where appropriate to 'virtual' meetings.
- Staff had good insight about the people they supported and spoke in a person-centred way about people's specific needs. This showed they knew people's individual routines and likes in relation to their appearance and food preferences. However, some staff said communication between staff was not good. Some staff said information passed from management staff to senior care staff at handovers between shifts was not always shared them. We informed the registered manager who stated they would follow this up and ensure better handover procedures.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessment identified their specific communication needs which included wearing glasses

or hearing aids to promote effective communication. However, people's relatives told us prior to the restricted visiting due to the pandemic, they regularly had to search for missing glasses or remind staff about replacing hearing aid batteries. We spoke with the registered manager about this who stated they would again follow this up with staff and ensure senior staff followed this up as part of their governance checks. We saw where entries had been made in care plans to remind staff about the importance of these details.

- Care plans contained information about the impact of people's physical health on their ability to communicate well. Staff were observed facing people whilst talking with them, were positioned at a suitable distance and where required used short sentences to assist people's understanding of what was being said.
- Some information was made available to people in an alternative format that met their needs. For example, pictorial menus and information was produced in an easy read style. However, we noted on the top floor of the home which is specifically for people living with dementia, there was a lack of dementia friendly signs. This would assist people to navigate to important areas such as the toilet without requiring staff directions and improve people's dignity.

Improving care quality in response to complaints or concerns

- People and most relatives told us they were confident that their complaints would be taken seriously and acted on. However, one relative told us, "I have concerns over [named] spending too much time in their wheelchair and gaining weight, which will affect their mobility even more." We looked into this and ascertained that the person had not had a weight increase that would normally trigger a mention to the GP. The registered manager stated they would follow this up with a GP referral and with staff to increase the person's mobility, exercising and walking with two staff.
- The complaint procedure included contact details for the local authority and local advocacy services and was displayed throughout the service.
- Complaints were recorded with the outcome of the investigation and included action taken and copies of any contact made with the complainant. The management team had investigated previous complaints and resolved them where possible to the complainant's satisfaction. The registered manager was responsive to concerns we raised during the inspection and started to address the issues by the time we visited on day two.

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 relatives had found visiting had been restricted due to the Covid-19 pandemic. Visiting had recommenced on an appointment system in the 'garden lounge'. Visitors booked an appointment in advance and after having their temperature taken in the reception, were shown to the garden lounge via the outside of the building.
- During this restricted visiting the company had provided tablets so video calls could take place along with the continuing window visits and telephone contact.
- Activities were organised on a regular basis, but some had been curtailed due to the pandemic. A relative said, "There's not enough staff to do activities, [named] would need support with activities but I've never seen anything to show what they have done." Another relative said, "They try to encourage [named] to do activities but they sometimes refuse." The activities programme was displayed throughout the service along with photographs from events which showed people taking part. Where permission had been granted photos were also put on the external 'Facebook' page of events that people had taken part in. The registered manager stated they would re-commence trips out in the bus as soon as it was safe to do so.
- People's hobbies and interests had been identified through discussions with them and where appropriate their close relatives. Activities were planned around this and included bingo, quizzes and games and external entertainers. Individual activities included hand massages, nail care and reminiscence. People's religious needs were met by video services and two people receive letters and contact from their chosen

church congregation. People's diversity needs were recognised.

End of life care and support

- Some people's final wishes and in some other cases that of their family members were recorded. For example, some people had in place a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). People's capacity to make informed decisions about the DNACPR's were documented. For example, a person had expressed their wish to be treated for illness at Lakeview Lodge Care Home and not to be taken into hospital, which had been recorded in their advanced care plan. Some files had nothing recorded in this part of the plan. We spoke with the registered manager about this and they said they would follow up and record where people had chosen not to discuss the subject.
- Staff were provided with training relating to end of life care.
- The service had received 'thank you' cards from people's relatives who lived at Lakeview Lodge Care Home and had received compassionate 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have sufficient or accurate systems in place to identify when support and care was not delivered consistently. We found issues with the recording and oversight of continence wear, food and fluid charts. However, there was no evidence of harm to people.
- By the time we had returned on day two the registered manager had introduced additional checks on their daily 'walkaround check' which included checks on medicines administration and spoke with staff regarding the importance of accurate record keeping. This assured us that the registered manager had commenced improvements which would take time to embed within the overall provider checks.
- Records within care plans were not always kept up to date or accurate. For example, we found conflicting information regarding the regularity of when staff check people's weight records. We also discovered anomalies between the correct amount of drink thickener and staff's interpretation of the correct amount. The registered manager stated they would ensure all documents were updated and cross referenced.
- Some people's care plans and risk assessments had been updated and transferred to the provider's updated recording system. The registered manager stated staff were in the process of updating the rest of the plans before transferring them onto the new system. We also noted some differences between the care plan and monitoring documents, where different time scales were recorded. The registered manager stated they would ensure all records were brought up to date and reflect the correct recording information.

Promoting a positive culture that is person centred, open, inclusive and empowering which achieves good outcomes for people

- The registered manager had commenced processes to ensure people were cared for and supported safely in line with current legislation. However, this was early days as they were only registered in July 2020.
- Staff told us they received regular supervisions and support. The registered manager has a visible presence in the home, however has yet to meet all the relatives of people in the home. They demonstrated honesty and transparency and encouraged the same from all levels of staff and leadership following an incident.

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

- People were consulted on a day to day basis and through meetings making choices about their life in the

home.

- The registered manager said they were aware questionnaires had been provided to people in the past by the previous registered manager, however, they could not find any outcomes from these. These were forwarded following the inspection. There have been three quality evaluations [questionnaires] circulated to people in the home, their relatives and staff. These prompted answers on a yes/no or agree/disagree basis, and some provided a space for comments. Some of the comments have been taken on board and changes made.

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 registered manager understood information sharing requirements. Records showed information was shared with other agencies, for example, when the service had identified concerns, and the registered manager had sent us notifications about events which they were required to do by law. There was similar information sharing with the local authority and medical services.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the home.

Continuous learning and improving care

- Staff said the registered manager was accessible most times, approachable and dealt with any concerns they raised. They added they felt confident about reporting any concerns or poor practice to the registered manager or senior care staff.
- The home has deteriorated from Good to Requires Improvement. From the point of the inspection beginning the management team provided all the information we required in a timely way. The provider representative, the area manager clarified the improvements they would continue to make to ensure they returned to a good rating.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with the Speech and Language Therapist (SALT), the local authority social care and safeguarding teams and other healthcare professionals.