

Blackcliffe Limited

The Lakes Care Centre

Inspection report

Off Boyds Walk
Dukinfield
Cheshire
SK16 4TX

Tel: 01613302444
Website: www.lakescare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lakes Care Centre is a care home. It is registered to provide personal and nursing care for up to 77 people aged 65 and over within three units. The Derwent unit provides nursing care whilst the other two units, known as the Coniston unit and Kendal unit provide residential care. All units have single bedrooms, some of which are en-suite, and a range of communal spaces, including adapted bathrooms, lounge and dining areas and secure outside gardens. At the time of the inspection 53 people were receiving support at The Lakes Care Centre.

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

People's medicines were not always being safely managed and record keeping in this area was not robust. The home was clean and tidy and staff had access to plenty of personal protective equipment (PPE). Safe recruitment processes were being followed and staff felt supported and well trained to undertake their role.

There were systems for oversight and governance. However, these were not always sufficiently robust or undertaken frequently enough to identify issues in a timely way. The registered manager was committed to learning and following the inspection took steps to address the shortfalls found. The registered manager maintained regular contact with families and families felt they were kept informed and updated of any changes happening within the home. Staff felt the home was well run and everyone was committed to achieving positive outcomes for people.

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 10 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced Comprehensive inspection of this service on 05 and 07 February 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

Enforcement

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how medicines are being managed and how the home ensures they have sufficient oversight and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Lakes Care Centre

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 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 inspection was completed by two inspectors 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.

Service and service type

The Lakes Care Centre 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.

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

Notice of inspection

This inspection was unannounced.

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.

During the inspection

We visited the service and spoke with three people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, unit managers, nurse, care workers and auxiliary staff. We were mindful of the impact of COVID-19 and the need to ensure we complied with current guidelines for care homes.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted five staff and four people and relatives to seek their views of the service. We looked at numerous records provided by the service.



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 Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to ensure medicines were being managed in line with best practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Controlled drugs were not being safely managed. Records of receipt, administration and disposal were not being accurately maintained. Staff were not accurately recording the receipt and disposal of other prescribed medicines.
- Staff were not following best practice when managing people's medicines. We found that the opening dates of people's medicines was not being consistently recorded on boxes, bottles and creams. This meant that people had received medication that had expired and was no longer fit for purpose.
- There was insufficient guidance for staff on administering people's medicines that were prescribed to be taken only 'when required', such as pain relief medicines. People did not always have 'when required' (PRN) protocols in place and protocols we saw did not contain enough detail to ensure the medicine was given safely. Protocols were not regularly reviewed.
- Medicines audits were being completed by the registered manager. We found these were not robust or frequent enough to ensure medicines were safely managed and identify any shortfalls in a timely manner.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety of medicines was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prescribed thickeners and creams were being securely stored with in the home. Following our last inspection systems for checking this were put in place and checks were being completed on a regular basis at this inspection. We found that guidance regarding the application of creams were not always sufficiently detailed.
- A new system for ordering repeat prescriptions of people's medicines was in place. The registered manager told us that the new system had resolved the issue where people's medicines had not arrived in time. With one exception, medication administration records indicated that people were having their medicines as they were prescribed..

Systems and processes to safeguard people from the risk of abuse

- People were well presented and looked well cared for. We observed how people who were unable to tell us about their experiences were cared for and saw they had positive relationships with staff. We observed kind and caring interactions between people and staff, and staff knew people well.
- People told us they felt safe and one person said, "I am very happy here and wouldn't want to be anywhere else." Relatives agreed and one relative told us, "We have no qualms whatsoever about the standards of care or safety in the home."
- Staff understood how to keep people safe and felt confident raising concerns to their line manager. Not everyone had completed recent training in this area. The home had recently changed its training approach to e-learning due to the impact of the COVID-19 pandemic and ongoing training for staff was being addressed.

Assessing risk, safety monitoring and management

- People had various risk assessments in place to guide staff on how to support them safely. There were risk assessments specific to individual needs, as well as generic and environmental risk assessments. People's risk assessments were regularly reviewed, and covered areas include food and fluid, falls and skin integrity risk as well as personal emergency evacuation plans (PEEPs) to guide staff on how to support people in an emergency.
- Equipment and premises were well maintained. There were systems to ensure that regular checks of all equipment including hoists, lifts, electrics and gas were completed.

Staffing and recruitment

- Staff were safely recruited. The home ensured that appropriate checks were completed to ensure people were suitable. This included references of previous employment and checks with the disclosure and barring service (DBS).
- There were enough staff to meet people's needs. People and relatives generally told us they felt there were enough staff. One person told us "With quarantine and everything there has been times when there haven't been as many as usual. That hasn't meant I have had to wait as staff work harder for everyone." One relative told us, "In the past they were short [of staff], but not now. I know [my family member] doesn't wait for care."

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Systems to ensure lessons were learnt and embedded were not always effective in how they were applied.
- The registered manager acted on feedback given. Following the inspection, the registered manager investigated concerns in order to ensure lessons were learnt. The clinical commissioning group (CCG) offered support to the home following the inspection.

- There were systems to investigate and learn from incidents, accidents and safeguarding concerns. The electronic care planning systems helped the registered manager to review incidents for themes and trends and appropriate action was taken when incidents had occurred, such as when a person had a fall.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to ensure systems for governance were sufficiently robust to identify the issues we found during that inspection regarding medicines. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Continuous learning and improving care

- Audits of people's medicines were being completed but were not regular or robust enough to identify issues in a timely manner. We found that the checks of people's medicines did not cover all areas relevant to ensuring the safe management of medicines and good practice. These checks were only completed on each unit once a quarter. This meant that ensuring a timely response to any issues would be delayed.
- Regular checks of the environment, staff practices and other quality assurance issues were in place. However, these did not always contain the detail or reflect our observations on the day, making it difficult for the registered manager to identify any themes or trends within the home, for example in relation to staff use of PPE.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety checks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Steps were being taken to enable relatives to safely visit their family member. Work was ongoing to build safe 'visiting pods' and ensure up to date government guidance was being followed.
- Staff told us the home had positive culture and the team worked together to meet people's needs and achieve good outcomes. Staff spoke affectionately about the people they were supporting and understood individual's needs. Care plan records could be more person-centred and detailed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 their responsibilities in relation to the duty of candour. The home worked with other services including the local authority safeguarding team as needed and submitted statutory notification regarding accidents incident, falls and safeguarding concerns to CQC.
- Concerns and complaints were investigated, and steps taken to address concerns. The registered manager would investigate and provide responses to family members where concerns were raised.

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

- The home worked with other healthcare services including doctors, speech and language therapist and district nurses. Staff would follow advice given by external professionals and this information was incorporated into people's care plans. We noted examples where shared responsibilities for areas, such as the management of controlled drugs, were not always effectively managed and communication could be improved.
- Formal resident and relative meetings had been stopped due to the impact of the COVID-19 pandemic. Relatives received updates regarding the home and their family member and told us they felt able to ask questions and would generally receive a quick response from the registered manager.
- Staff felt communication was good and they were involved and kept informed of changes. Staff told us there was a sense of team work and they felt able to share ideas and raise concerns if needed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (g) Safe care and treatment Medicines were not being safely managed. Records were not accurate and detailed enough to ensure people were supported with their medicines in line with best practice.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (2) (a) (b) Good governance Systems for oversight were not sufficiently robust to ensure shortfalls were quickly identified.

The enforcement action we took:

Warning notice