

Alpha Health Care Limited

# Lakeview Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 3 October 2017; this was an unannounced inspection visit. Our last inspection visit took place in October 2016 and we found some improvements were needed. We rated the home as requires improvement. The provider was not in breach of any regulations. We found people were not always supported in line to make decisions where they lacked capacity and we also found the quality monitoring systems that were in place did not always identify areas for improvement. At this inspection we found some improvements had been made, however further improvements were still needed.

Lakeview has seven units which are situated across the two storey building or in a separate unit. The home offers a wide range of support on the different units, care, nursing, dementia care and care for behaviours that may challenge. The home can accommodate 151 people. On the day of inspection 113 people were using the service.

The service did not have a registered manager in post. There was a manager in post who was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When people lacked capacity to make decisions for themselves, capacity assessments had been completed however these were not always specific to the decision being made. Further work was needed when decisions were made in people's best interests. The systems in place to monitor the quality of the service were not always effective in ensuring improvements were made.

People felt safe and staff knew how to recognise and report potential abuse. There were enough staff available to support people in a timely manner. Risks to individuals were assessed and managed in a safe way. Medicines were managed to ensure people were safe from the risks associated to them.

Staff received an induction and training that helped them offer support to people. Staff knew people well and people's cultural needs were considered. People enjoyed the food available and were offered a choice.

People were supported in a caring way by staff they liked. People's privacy and dignity was upheld. People were encouraged to be independent and make choices how to spend their day. Relatives felt updated by the home and people felt involved with their care. People were given the opportunity to participate in activities they enjoyed.

Staff felt listened to and had the opportunity to raise concerns. The manager understood their responsibilities around registration with us and notified us of significant events that occurred within the home. People and relatives had the opportunity to raise concerns and suggested improvements, we saw these were considered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff understood when individuals were at risk. There were enough staff available to offer support to people. Medicines were administered in a safe way. The provider ensured staff suitability to work within the home.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

When needed, people's mental capacity had been assessed, however it was not always specific to the decision being made and it was unclear how the decision had been reached. People did not always receive access to health professionals in a timely manner. Staff received an induction and training that help them to support people. People enjoyed the food.

### Is the service caring?

Good ●

The service was caring.

People were happy with the staff and felt they were treated in a kind and caring. People's privacy and dignity was promoted and they were encouraged to remain independent.

### Is the service responsive?

Good ●

The service was responsive

People received care in their preferred way and cultural needs were considered. Activities and pastimes that people enjoyed were available for people to participate in. There were systems in place to manage complaints.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The systems in place to monitor the quality of the service were not always effective in ensuring improvements were made. The provider sought the opinions of people who used the service and used this information to bring about changes. Staff felt supported and listened too and had the opportunity to raise concerns. The manager understood their responsibilities in relation to their registration with us.

# Lakeview Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 3 October 2017 and was unannounced. The inspection visit was carried out by three 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. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with eight people who used the service, four relatives, ten members of care staff and the manager. We also spoke with one member of the quality assurance team and the operations director. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for ten people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe here, I feel safe when staff assist me to transfer". Another person told us, "Yes I have no concerns with my safety". When people needed equipment to keep them safe we saw this was in place. This included bed sensors and other specialist equipment. We saw this equipment was used in line with people's care plans. Records confirmed the equipment had been maintained and tested to ensure it was safe to use. This meant people were supported in a safe way.

Risks to people were identified and managed to ensure people were protected from harm. For example, when people were at risk of developing sore skin we saw they used pressure relieving equipment. Staff we spoke with knew about the individual risks to people. One member of staff said, "We have to ensure they sit on this (cushion) to reduce the risks of them getting further skin damage". We saw this information was recorded in their risk assessment and care plan. When risks had been identified for other people, assessments had been completed to identify these and actions taken to reduce them. This demonstrated staff had the information needed to manage risks to people.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "It's safeguarding any concerns about people's physical or mental wellbeing". They told us, "I would raise my concerns with the local authority; the number is displayed around the home so I would know what to do". Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed.

We saw and people told us they received their medicines as required. One person said, "Staff give medicines and have given painkillers if I need them". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them.

There were enough staff available and people did not have to wait for support. One person said, "They are enough staff, yes". A relative confirmed there were enough staff available for people. We saw that when people needed support staff responded in a timely manner. For example, we saw one person pressed their buzzer to seek assistance. Staff responded to this promptly and offered support to the person. The provider had a system in place to ensure there were enough staff working within the home.

We spoke with staff about the recruitment process. One member of staff said, "I had to wait for my DBS before I could start working here". The Disclosure and Barring Service (DBS) is the national agency that

keeps records of criminal convictions. We looked at four recruitment files and saw pre-employment checks were completed before staff could start working within the home. This demonstrated the provider ensured the staff working in the home were suitable to do so.

## Is the service effective?

### Our findings

At our last comprehensive inspection, improvements were needed to ensure the provider was working with the principles of The Mental Capacity Act 2005. At this inspection we found progress had been made however, further improvements were needed.

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 or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found when needed, mental capacity assessments had been completed. These were completed for specific areas including, when people had covert medicines and for the care they received. However, one capacity assessment had been completed for all the areas they were assessing. For example, for one person they had one capacity assessment for DoLS, covert medicine, personal care and bed rails. The capacity assessment did not show how each decision had been made and was not specific to each area. This meant these assessments were not decision specific as required. We saw for some decisions there were best interest decisions in place, however for others we saw that relatives had made the decision on the person's behalf. Relatives are only able to make decisions for people when they hold Legal power of attorney. For these people we did not see this was in place. For example, one person's relative had declined them having a flu jab. This meant we could not be sure the provider was fully working within the principles of MCA.

We recommend that the provider researches current guidance on best practice, to assess the capacity in relation to specific decisions for people living at the home.

The provider had considered when people were being restricted unlawfully. DoLS applications had been made to the local authority and there were authorisations in place for some people. Staff understood the reasons behind these and their role in protecting these people.

People did not always receive support from health professionals in a timely manner. We saw one person had difficulty when eating and drinking, this resulted in them severally coughing. When we alerted staff to our concerns they told us, "They do that a lot". The records we looked at for this person did not reflect how we saw the person supported with this and there was no risk assessment in place. We spoke with the manager who took action straight away. Although concerns had continued a referral to speech and language had not been made.

Staff knew how to support people. One person said, "They know me". Staff received training and an induction that helped them to support people. One staff member said, "I had a really good induction. I

shadowed for a few shifts and we went through everything". Another staff member commented, "We do training, its good quality and relevant to what we do". This demonstrated staff received training that was relevant to meeting people's needs.

People enjoyed the food and drinks and were offered a choice. One person said, "Food is quite good". Another person said, "I get enough drinks". We observed that people were supported in line with their care plans and when people needed specialist diets these were provided for them. Throughout the day people had cold drinks available to them and hot drinks and snacks were offered regularly. Records we looked at included an assessment of people nutritional risks. We saw when these risks had been identified people had their food and fluid intake monitored. We saw that any concerns with this were recorded and reported to the nurse so that further action could be taken.



## Is the service caring?

### Our findings

People and relatives were happy with the staff. One person said, "The staff are very nice". A relative told us, "I have always found the staff competent, kind and caring". We observed people were supported in a kind and caring way in a relaxed and friendly manner. For example when someone was transferred using specialist equipment, staff offered the person reassurance throughout.

People's privacy and dignity was promoted. One person said, "Staff shut my door and close curtains when assisting me with personal care". A relative said, "They treat my relation in a very dignified way". Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. We saw there were dignity trees displayed around the home. It was decorated with leaves, each leaf had a suggestion on that people had made on how their privacy and dignity could be promoted.

People's independence was promoted. One person said, "The staff encourage me". A relative, "They have supported my relation in such a good way, they offer an approach that allows them to do it for themselves. They don't overpower them and do it for them". The care plans we looked at showed information about the levels of support people needed and examples of how they should be encouraged to maintain their independence. This demonstrated people were supported to maintain their independence.

People made choices about their day. One person said, "I can sit in here or my room, I like bit of both". Another person said, "Staff will ask me when they get me up in the morning. They have no problem with whatever I chose".

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said "I come everyday nothing is too much trouble". Another relative told us, "I come a lot, I know all the staff by the first names. They look after me as well, nothing is too much trouble for them". We saw relatives and friends visited throughout the day and they were welcomed by staff.

## Is the service responsive?

### Our findings

People were provided with personalised care that reflected their preferences. One person said, "They know me well". A relative said, "They know my relation very well, they have helped them so much". We saw that staff knew people well and their cultural needs had been considered. For example, one person required support from staff with their cultural needs. We saw there was a care plan in place detailing how staff should offer support; we saw staff offered support in line with this. Staff we spoke with demonstrated an understanding of how they offered support to this person. For one person we saw the Sikh council had been contacted for advice in relation to end of life care. This meant people's cultural needs were considered.

People had the opportunity to participate in activities they enjoyed. One person said, "I like doing crosswords, I enjoy activities with (name of Co-ordinator)". We saw displayed around the home, photographs of activities people had participated in, previous and up and coming events. We saw and people confirmed a McMillian coffee morning had been held the previous week and a steel band was due to perform in the home later in the month. One person commented, "There's something for everyone". On one of the units we spoke with the activities co coordinator they told us, "We offer person centred support. We do a lot of reading to people on an individual basis this can be the newspaper, short stories, poems depending on people's preferences. We have board games if people wish or may assist with crosswords. We can do gentle exercise with people who are able. Nail care and hand massage. We do reminisce with people on an individual basis, doing life history and memory boxes outside rooms ". We observed some of this activities taking place.

People and visitors told us if they had concerns or complaints they would be happy to raise them. One person said, "I have groans, they listen". A relative told us, "I would go to the manager if I needed to complain". The provider had a complaints policy and systems in place to manage complaints. The provider had not received any recent complaints but said they would respond to them in line with the policy.

## Is the service well-led?

### Our findings

At our last comprehensive inspection we found the quality monitoring systems that were in place did not always pick up areas for improvement. At this inspection we found further improvements were needed.

There were systems in place to monitor the quality of the service however; this information was not always used to bring about improvements. For example, we reviewed pressure care. We saw for one person they were not always having their dressing changed in line with the guidance that was in place. The provider was completing an audit on this area; however this had not been identified through the audit. The audit we looked at did not show any actions or how this information was used to make improvements. Furthermore we completed stock checks of people's as required medicines within the home. For the four people we looked at the amount of stock that we counted did not match the amount of stock the providers electronic system showed us there should be. The provider's audits had not identified this concern.

We recommend the provider ensures their quality audit systems are suitable and sufficient to drive improvement and demonstrate the action taken.

People and staff we spoke with were positive about the new manager and the home. One person said, "It seems much more organised now". A relative said, "It is well managed now". Staff told us they felt the manager was approachable and they would be listened to. One member of staff said, "They seem to of hit the floor running, we always see them walking around and the door is open if we need anything". The manager, who was in the process of registering with us, understood their responsibility of registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken. We saw the provider was displaying their rating on their website and within the home from our last inspection in line with our guidance.

People and relatives had the opportunity to complete surveys relating to the service. We saw that a variety of surveys had been completed in the past year. Including feedback on meal time experiences. Where areas of improvement had been identified the provider had taken action to address these. This demonstrated the provider sought the opinions of people who used the service and used this information to make changes.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "There is a policy in place and I would be supported with this". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.