

Country Court Care Homes 7 OpCo Limited

Lakeview Lodge Care Home

Inspection report

2 Elba Gate
Newton Leys, Bletchley
Milton Keynes
MK3 5QU

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lakeview Lodge Care Home is a residential care home providing accommodation for people who require personal care for up to 66 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 62 people using the service.

Lakeview Lodge Care Home was purpose built. Communal areas assisted toilets and bathing facilities, and bedrooms with en-suite facilities were sited over three floors. There is an accessible garden.

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

People's safety was underpinned by the provider's policies and processes. Potential risks to people were assessed and measures put in place to reduce these. Lessons were learnt and improvements made through the analysis and reporting of accidents and incidents. People were supported by sufficient staff who had undergone a robust recruitment process and had undertaken training in topics to promote safety. Medicine systems were managed safely and people's independence was encouraged, with some people administering their own medication. People lived in an environment which was well maintained and clean, with safe infection and prevention measures.

People's health and wellbeing needs were assessed and their health and welfare monitored by staff. Staff liaised effectively with health care professionals to achieve good outcomes for people. People were encouraged to maintain their independence with some people organising their own health care appointments. Staff had the knowledge and experience to meet people's needs. People's dietary needs were met assisted by staff's commitment to create a positive dining experience for people and by ensuring there was access to food and drink at all times.

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; the policies and systems in the service supported this practice.

People and family members were complimentary about the quality of care provided. They spoke of the kind, caring and compassionate approach of staff, and the support provided by staff to maintain independence and make decisions on their day to day lives and care.

People's needs were recorded in personalised care plans considering all aspects of their care. Opportunities were available for people to engage in a range of activities supported by the facilities offered, which included a hairdressing and beauty salon, spa, café area and cinema room. People took part in activities and events organised externally of the service, which included day trips.

People consistently spoke well of the quality of care they received and of the commitment of staff in providing high quality care. People's views and that of family members were central to the continuous

development of the service and were regularly sought, supported by effective communication. Well embedded and effective governance enabled the provider to continually develop the service through proactive monitoring.

The provider recognised the commitment and importance of staff in achieving good quality outcomes for people. The provider acknowledged the commitment and hard work of staff through nominations for external and internal awards to recognise their individual achievements. The provider was committed to the development of staff and provided opportunities for staff to gain further qualifications to support career progression.

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

Rating at last inspection

This was a planned inspection based on the provider's registration date. The provider was registered under its new legal entity on 02 August 2021.

The last rating for the service under the previous provider was Good, published on 27 July 2021.

Why we inspected

This was the first inspection of this service since its registration under its new legal entity.

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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. 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

The inspection 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since its registration under its new legal entity. We sought feedback from the local authority who work with the service. We sought information from the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with seven people using the service and three relatives in person and sought their views about their experience of the care provided. We spoke with the registered manager, a senior carer, two carers and the hospitality and infection prevention control lead.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including minutes of meetings, and quality and performance audits.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question Good. This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse, supported by staff who had the knowledge and training required. A staff member told us, "I would make sure the resident was safe. I would report it to my manager, area manager or to the Care Quality Commission (CQC) if required."
- Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols.
- The registered manager kept a record of any safeguarding concerns. The information included the nature of the concern, who had raised the concern and its outcome, which included information to learn and improve the safety of people and shared with staff through internal communication systems.

Assessing risk, safety monitoring and management

- Potential areas of risk were assessed and kept under review. Measures were put into place to reduce risk and promote safety. For example, the use of pressure relieving equipment to promote skin integrity.
- Family members were aware of equipment used to promote and maintain their relative's safety. A family member told us, "I feel that my relative is perfectly safe in this place. They've put a lot of thought to encourage them to move if they want, but to be kept safe. They have a crash mat, and the bed is very low, so if they roll over the crash mat has an alarm which rings."
- Potential areas of risk were assessed and kept under review with measures put in place to reduce potential risk and harm. For example, people at risk of falls were supported by equipment which included the use of equipment to move people safely. A person told us, "Staff always ask if I am okay to be lifted in the hoist, and check if I am comfortable."
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility. Other factors to be considered to support a safe evacuation were also considered. For example, people's communication needs, such as a hearing impairment.
- People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order.

Staffing and recruitment

- There were sufficient staff with the necessary training, skills and competence to promote people's safety and wellbeing.
- We noted staff responded to people in a timely manner when they needed assistance and had time to sit

and talk with people. A person told us, "I am very safe because staff are around and they work so hard to help me."

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (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

- People were supported with their medicines in a safe and timely way. People's records detailed their prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- Assessments were carried out and kept under review to determine the level of support, if any, people required to take their own medicine. This approach encouraged independence by supporting people in taking their own medicine. A person told us "I like very much that staff let me do as much as I can for myself. I self-medicate, staff do come and check if all medicines have been taken once a week, I feel like that I am in my own home."
- Medicines were received, stored, administered and disposed of safely by staff who had undertaken training in medicine management and who had their competency regularly assessed.

Preventing and controlling infection

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

Visiting in care homes

- People visited the service in line with current government guidance with regards to COVID-19. All visitors wore a mask and had their temperature taken upon arrival at the service.
- Agreed plans and arrangements were in place to support family members and friends to continue to visit people at the home, should there be an outbreak of COVID-19 or any other infectious disease.

Learning lessons when things go wrong

- Processes and systems were in place to learn and improve people's care following an accident or incident. For example, an analysis of falls showed people were more likely to fall during the night. The registered manager shared the findings of their analysis with staff and staff increased the number of care interventions during the night to increase people's comfort, which reduced the likelihood of falls.
- Incidents and accidents were reported to the relevant authorities, including the local authority, safeguarding teams and the CQC.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At a previous inspection under the previous provider we rated this key question Good. This is the first inspection of 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's physical, mental health and social care needs were assessed and kept under review to ensure their needs were met.
- Assessments determined where equipment would be beneficial to reduce risk, promoting safety and wellbeing, and to support and encourage people's independence.
- The registered manager and staff kept up to date with standards and guidance through training and consultation with health care professionals.

Staff support: induction, training, skills and experience

- People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support, which included training to support staff in meeting people's needs. For example, dementia awareness.
- People had confidence in the knowledge and skills of staff. A person told us, "I have no problems with the skills and level of knowledge, even general knowledge of staff." A second person said, "Staff who help me are lovely, they do everything so professionally."
- Staff upon commencement of their role were supported with an induction package and training which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff spoke positively of the support provided by the management team through ongoing training. A staff member told us, "The training is very good, we do it regularly to make sure we are up to date."

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

- People's nutritional and hydration needs were met and there was a strong emphasis on the importance of eating and drinking well. Meals were served regularly throughout the day, chosen from a menu with alternatives being made available and supplemented by the serving of snacks. 'Food stations' were placed around the home so people could help themselves to snacks.
- People's meals along with morning and afternoon snacks of biscuits and cake were served by 'hostesses'. This helped create a positive dining experience and ensured care staff were available to support people with eating and drinking where required.
- People told us they were satisfied with the meals and food provided. A person told us, "Meals are enjoyable events. Snacks are available, there are so called 'stations', and you can have whatever you like, biscuits, hot drinks. The kitchen is open most of my waking hours, so no issues there."

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

- People's day to day health and well-being were monitored by staff with referrals being made to health care professionals where required. A family member spoke of their relative speaking with staff about their health, and how staff had organised an appointment with a doctor.
- People were encouraged to be independent in meeting their health care needs. A person told us, "I do my own appointments as much as I can, I have a dentist appointment in November."
- Healthcare professionals visited the home regularly, which included district nurses, a dentist, a chiropodist and doctors.

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

- The property was purpose built and designed around people's needs, maximising people's independence and quality of life and decorated to a very high standard.
- The property had facilities for people to take part in meaningful leisure activities and included a spa, a hair and beauty salon, a café area with a grand piano which had tables laid out with a variety of board games and a cinema room. The cinema room had an induction loop facility to support people with hearing difficulties.
- Facilities also included areas for family members to spend time in private with their relatives. A private dining room was available for people to invite family and friends to dine or celebrate events such as birthdays, and have a meal served by the 'hostess' staff. A family room provided toys for people who had young visitors to support a positive experience for all.
- A garden, which was accessible to people with mobility difficulties provided a range of outdoor seating and tables to encourage people to relax and spend time with others, as well as an opportunity to garden.
- Facilities included bedrooms with en-suites, whilst lounges and dining rooms with kitchenettes provided space so people could spend time with each and gather to take part in activities. Corridors and doorways were wide to support easy access of people throughout the home and included a passenger lift.
- There were assisted bathing and shower facilities, and toilets which provided equipment to support people with mobility difficulties.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity was assessed consistent with the MCA. People's records included information as to their capacity to make an informed decision about individual aspects of their care and treatment. The registered manager said they would improve records kept providing greater evidence as to how people's capacity had

been assessed.

- Staff were aware of their responsibility in gaining consent from people with regards to their care. A staff member told us, "When people who don't have capacity to make decisions clearly, I make the time and sit with them, try to explain for example having a shower, and what is best."
- The registered manager applied for DoLS and kept a record of both applications and authorised DoLS.
- DoLS in some instances had conditions attached. We found conditions were complied with and regularly reviewed, which included the involvement of the legal representative where Lasting Power of Attorney (LPA's) had been granted for financial affairs or health and welfare.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At a previous inspection under the previous provider we rated this key question Good. This is the first inspection of 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.

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

- People were respected and treated with compassion and kindness.
- People spoke about the sensitivity of staff in providing them with compassionate support. A person spoke of the death of their spouse which had resulted in their moving into Lakeview Lodge. They told us how this had impacted on them, and how staff had encouraged them to speak with a Priest following a religious service held at the home.
- People spoke consistently of the kindness and respect of staff. A person told us, "Care is very good because people are respected by staff. There are a few of us who are very deaf, and staff take so much time when they are asking and talking. They really try with everyone and treat everyone equally and are fantastic at calming people who are in distress." A second person told us, "I feel very relaxed when staff come and help, they are very kind."

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

- People's care records provided key information about who was important to them. Family members spoke of providing the service with key information about their relative. A family member told us, "We made this 'likes and dislikes' leaflet to help staff learn all about our relative."
- Family members spoke of the quality of care, and staff listened to the views of their relative. They told us, "What I think is that staff really do care. I have not had any issues with the standards of care, and staff treat my relative with care and listen to their wishes very much."

Respecting and promoting people's privacy, dignity and independence

- People sometimes did not know why their independence was restricted due to safety concerns. A person spoke of how they liked to walk and wished to walk longer distances around the nearby lake, however they had been discouraged by staff. They spoke of how this impacted on them. They said, "I do feel safe, however it would be better if I could take some walks by myself, but staff say it isn't safe for me, I feel a bit constricted. I either wait for walks with others, or I walk around the garden." We were informed the person had been given the advice based on safety concerns.
- A person spoke of the positive impact maintaining their independence had on them. They told us "I like it when I help others. The other day I prepared toast and coffee for someone else, it was most rewarding. I also walk to a local shop every Saturday to buy my own newspapers. Sometimes I buy magazines for my friends."
- People's privacy, dignity and independence was promoted. People spoke of staff encouraging them to maintain their independence. A person told us, "Staff are very caring, every time they help me they do take time and don't rush me. I can do a lot for myself but not so fast, they let me do it at my own pace, especially

showering. I have always enjoyed doing that and now I sit and do it safely." A second person said, "What I like very much is that staff let me do as much as I can for myself, I even clean my own room, and I wash myself."

Is the service responsive?

Our findings

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

At a previous inspection under the previous provider we rated this key question Good. This is the first inspection of 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

- People had care plans recording their needs and preferences and how they preferred to receive care and support. These included the things that were important to people, including their social and cultural needs. For example, information as to how emotional support could be provided, linked to information about people's lives prior to moving into the home.
- People and family members told us they were involved in planning their care to ensure their preferences were met. A family member said, "From what I know the staff are very much putting wills and wishes of my relative in the centre."
- Information as to people's care needs and the delivery of care were stored digitally. Staff used handheld devices to record all care interactions and observations. This technology enhanced staff communication by having up to date and accessible information.

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's communication needs were considered as part of the assessment process and were supported by a communication plan, which included information as to whether the person required hearing aids or glasses and included information as to any difficulties with speaking.
- People had access to information to enable them to make decisions, which included pictorial menus. A person spoke of how they had difficulty in verbally expressing themselves, information was available for staff to help them. They told us, "On my door is information about my strengths and how to help me talk."

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 were supported to take part in organised group activities facilitated by staff from the well-being team throughout the week. In addition, well-being team staff provided one to one activity's for people.
- People spoke of the activities in the home. A person told us, "I find myself with plenty of things to do. I don't do exercises, I know they are good for me but I never liked them, so what start now" A second person told us, "We had several events organised, such as 'cake days'. Lots of people came."

Improving care quality in response to complaints or concerns

- Concerns and complaints were recorded and responded to consistent with the provider's policy. Complaints were thoroughly investigated with comprehensive records kept, including the outcome which was shared with the complainant.
- People and family members spoke of their confidence in speaking about any concerns they had. A family member said, "If we have strong enough issues we would just try to sort it with the care staff, that would be my first step. However, my relative loves the place and nothing comes to my mind grave enough to complain."

End of life care and support

- People's views and those of family members were sought regarding end of life care. People's preferences were included, such as the music people wished to be played, along with information about pain management and links with external services such as hospices.
- People's records included information in relation to advanced decisions, which included decisions as to whether resuscitation was to be attempted, known as DNACPR (Do not attempt cardiopulmonary resuscitation). Family members we spoke with confirmed they were aware of these. A family member told us, "We have a DNACPR in place and staff helped us with sorting this out."

Is the service well-led?

Our findings

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

At our last inspection under the previous provider we rated this key question Good. This is the first inspection of 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.

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

- The culture and inclusivity of the service impacted people's approach to how they embraced their day to day lives following their decision to move into the service. A person told us, "I have accepted this as a new chapter in my life and I am trying to make it positive, and it feels good. It's up to me to make it the way I want it. There's lots of new things to do, new people to meet and I feel safe to explore."
- People reflected upon how the openness and inclusivity of the service encouraged them to influence the care and they received. A person said, "There is a 'wishing tree', a collection of wishes from previous meetings, some ideas happened like going to a museum. We went to Oxford museum not long ago." A second person spoke of how their views were sought about meals. They told us, "We come all together once a week and we make decisions with chef, she makes notes and options."
- Staff in some instances had become 'champions' in specific areas related to people's care, such as dementia awareness and in the system used to record care needs and interactions. Champions shared their expertise with their colleagues, which had a positive impact on people's day to day care. For example, the 'champion' for the electronic monitoring and record system, supported staff to understand and implement the system effectively to enable people's needs to be met.
- Staff spoke positively of the openness and support provided by the management team, which created a positive environment in which to work. Staff told us the registered manager and other managerial staff worked alongside staff and were actively involved in the home. A staff member told us, "All the senior carers are approachable, everyone is really nice. The registered manager checks on us and makes sure we are all okay."

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 had a good understanding of the duty of candour and had reported incidents appropriate to the local authority and the Care Quality Commission.

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

- Governance and oversight of the service was well-embedded, which supported the registered manager in the ongoing monitoring of performance and commitment to achieve good quality outcomes for people through a cycle of continuous development and improvement.

- A commitment to good communication enabled people, their family members and staff to understand what was working well. This included sharing the outcome of information gathered through consultation, along with the information as to the outcome of quality monitoring undertaken by external organisations.
- Plans were developed in response to audits and analysis of data, these were monitored by the registered and regional area manager to ensure improvements were actioned where required.
- The provider recognised staffs contribution to the quality of care through external and internal recognition of awards schemes, which incorporated nominations and feedback from family members, the management team and colleagues.
- The registered manager had been nominated for a care home professional award for leadership.

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

- Opportunities were available for people, their family members and staff to develop and provide feedback about the service through the completion of surveys and attendance at meetings. For example, the wellbeing staff team had increased, this meant the opportunities for people to take part in activities at the weekend had increased.
- The analysis of surveys evidenced high level satisfaction for many areas of the service, which included the quality of care and communication. Where people's comments recorded they would like to see improvement these had been acted upon. For example, additional audits were undertaken and opportunities were provided for people to share their dining experience.
- Social media and the provider's website provided information about the service, including its achievements. In addition it provided information for family members about the activities at the service. A person told us, "The home has a Facebook page where they put photos, and that's lovely. I could see my relative joining in activities."

Continuous learning and improving care

- There was a commitment to continuous learning and improving care.
- The registered manager had been nominated for a care home professional award.
- The provider was committed to the quality of care by investing in staff training. Opportunities were available for staff to progress in their career through the gaining of qualifications, supported by the registered manager who was a qualified assessor.
- The provider was committed to continually improving the service. This was achieved through the analysis of information recorded within the electronic care and monitoring systems, and through feedback from people and family members, which included concerns and complaints.
- Staff were given the opportunity to become a champion in areas of expertise, which included safeguarding, infection control, diet and nutrition and dementia care. Information gathered by champions in best practice guidance was shared through team meetings.

Working in partnership with others

- The registered manager spoke of strong and supportive links with health care professionals of local health care centres, who provided clinical support to people.
- The registered manager was a member of Skills for Care, which provided them with access to resources for training and legislation information.
- The registered manager attended meetings with the local authority and clinical commissioning groups, and other providers to share information.