

Care Outlook Ltd

Lakeview Court

Inspection report

Central Way
London
SE28 8GL

Tel: 02086959088

Date of inspection visit:
30 September 2021

Date of publication:
10 November 2021

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 Court provides personal care and support as assessed by the local authority, to people who live in a specialist 'extra care' purpose-built housing scheme. People live in their own home or flat within the shared building of 58 flats. People at the scheme can choose their own personal care agency and not everyone who lived there received personal care from the service. Some people also purchase additional care and support from other agencies. At the time of the inspection there were 42 people using the service. CQC does not regulate premises used for extra care housing; this inspection therefore looked at the personal care and support service.

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

People told us they felt safe. There were safeguarding vulnerable adult's procedures in place and the registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care needs. Where required people received safe support from staff to take their medicines. The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID 19 and the use of personal protective equipment (PPE). The service had business continuity and COVID 19 contingency plans in place that made provisions for safe care in the event of an emergency, or outbreak of COVID 19.

Assessments of people's care and support needs were carried out before they started using the service. Staff received training, support and supervision relevant to people's needs. Where required people received support to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives told us they were well treated and were consulted about their care and support needs. People and their relatives were confident any complaints they had would be fully addressed by the provider. People had access to end of life care and support if it was required.

There were effective systems in place to regularly assess and monitor the quality of service that people received. Staff said they received good support from the registered manager and scheme manager. The provider took people and their relatives views into account through satisfaction surveys and feedback was used to improve the service. The registered manager, scheme manager and staff worked with health care providers to plan and deliver an effective service.

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

Rating at last inspection

This service was registered with us on 25/06/2019 and this is the first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Follow-up

We will continue to monitor information we receive about the service until we 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?

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 Court

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.

Inspection team

One inspector carried out this inspection. They were supported by 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.

Extra Care Housing:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. 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 spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, scheme manager and four care staff. We reviewed a range of records. This included four people's care records, medication records and staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for 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 service had safeguarding and whistle blowing policies in place and staff had a good understanding of these procedures.
- A person using the service told us, "It's very nice and happy here. I feel safe." A relative commented, "We definitely feel our loved one is safe. It's secure. My loved one also has equipment for their care; hoists and a hospital bed so they have personal safety too."
- Staff had received training on safeguarding adults. They told us they would report any suspected abuse to the registered manager, or the scheme manager and they were confident a referral would be made to the local authority safeguarding team. They also said they knew how to report safeguarding concerns to the CQC and social services if they needed to.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as moving and handling, falls, eating and drinking and medicines.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person had been assessed as being at risk of falls, we saw guidance had been provided to staff on how to support the person to move around safely. Staff were also required to report any falls to the registered manager and to complete an accident form.
- Risk assessments had been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care.
- People had emergency call pendants and bracelets to use when required. One person told us, "I have a thing on my wrist, press it and they come from everywhere. There's always someone about. That's why my family don't worry." Another person said, "I have an alarm that goes straight to the carers. They quickly answer and there's a loudspeaker in the hall for me to check who's coming in."

Staffing and recruitment

- There were enough staff available to meet people's needs. One person using the service told us, "Staffing is good. I have four carers at different times, including at weekends and there are two carers on the premises from 10pm to 7am." Another person said, "The staff are busy but if you press the buzzer they always answer. If it's an emergency, they are quick, and it's sorted." A member of staff said, "There are always plenty of staff on duty. We are never rushed with our work."
- The registered manager showed us a rota and told us staffing levels were arranged according to people's needs. They told us if extra staff was required, for example if people's needs changed, then staffing levels would be arranged and increased accordingly.

- Robust recruitment procedures were in place. Staff recruitment records included completed application forms with the applicant's employment history, references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Using medicines safely

- People received support to take their medicines safely. Where people required support to take their medicines this was recorded in their care plans.
- A person using the service told us, "The care staff check I've taken my medication and record whether I've got my pendant on. I'm pleased." A relative said, "The care staff administer my loved one's tablets and the nurse comes from the medical centre for the insulin." Another relative commented, "Medication is not a problem. The care staff make sure my loved one gets them."
- Training records confirmed that care staff had completed training on the administration of medicines and their competency to administer medicines had been assessed by senior staff.
- We saw medicines administration records had been completed in full. Where there were gaps in administration, we saw the reasons for these gaps were recorded, for example, where the person was in hospital or they had refused their medicines.
- Audits were completed to ensure people's medicines were stored and administered safely.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. There were appropriate procedures in place for admitting people safely to the service.
- All of the people using the service and staff had been vaccinated against COVID 19. People and staff were regularly tested for COVID 19.
- We observed staff wearing appropriate personal protective equipment, (PPE) and following social distancing rules.
- The provider's infection prevention and control policy was up to date. We found the scheme was clean and hygienic throughout.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that when staff had identified concerns or accidents, they had taken appropriate action to address them. For example, after a person using the service had a fall the person's care plan and risk assessment was reviewed and advice was sought from health care professionals to help prevent further falls.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out assessments of people's care and support needs to consider if the service could support them safely. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Assessments showed that people, their relatives and appropriate health care professionals had contributed to these assessments to ensure the person's individual needs were considered and addressed. People's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. A person using the service told us, "The staff are well trained and know what they are doing. The medical staff do checks on the staff to make sure they know how to use the (hoisting) equipment."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Records confirmed that staff had completed training in areas such as safeguarding adults from abuse, medicines administration, moving and handling, food hygiene, health and safety, basic first aid, infection control, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- A staff member told us, "We get plenty of training and I am up to date with mine. I found the COVID 19 training useful. It helps me keep myself, the residents and my colleagues safe." Another staff member said, "The occupational therapist showed us how to move people and use hoists and lifting equipment safely."
- Staff told us they received regular formal supervision from the registered manager and scheme manager.

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

- People received support to maintain a balanced diet. Where people needed support with their dietary needs, we saw this was recorded in their care plans. Where required external agency staff supported people with eating and drinking at mealtimes.
- A person using the service told us, "Every morning the canteen lady calls to see if I want a meal today and tells me what choices there are." Another person said, "My daughter takes me out in the wheelchair to get food and shopping. The carer comes at lunchtime and puts a meal in the microwave."
- The registered manager told us they communicated people's dietary requirements with the onsite catering team. For example, the catering team was advised where a person required a reduced dairy intake.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service.
- People's care records included information about people's medical needs and conditions and the details of health care professionals involved in their care. During the inspection we observed a district nurse, occupational therapist and a physiotherapist had visited people at the scheme. A GP also conducted a telephone consultation with a person using the service.
- A person using the service told us, "The district nurse comes every few days to do my dressing. The scheme manager organises the GP for me. If it's urgent the staff can call an ambulance." Another person said, "I needed my nails cut. The chiropodist came out yesterday. She massaged my feet and I was made a great fuss of."

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported to give consent to their care. Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.
- People's capacity to make decisions was assessed where required and these were retained in care plans. Best interest decisions were made and followed by staff where necessary and documented appropriately.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us staff treated them well. One person said, "The staff are kind and caring." Another person told us, "I have my own care worker. She comes and says, 'what do you want me to do – shower, dress, breakfast? They say promise to press the buzzer if you're stuck.'" A relative commented, "My loved one is very comfortable and relaxed with the care staff."
- A member of staff told us they completed dignity in care training as part of their induction. They said the training helped them to understand the needs of elderly people and how it was best to support them for example with their personal care and support needs.

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

- People and their relatives had been consulted about the care and support they received. One person told us, "I have a care plan and I have been involved in setting it up." A relative commented, "My loved one has a care plan and we've had input. The staff regularly reassess it, for instance after a hospital admission."
- Staff told us they encouraged people to make their own decisions when providing them with support. One staff member told us, "I always try and give people choices when helping them. For example, offering different options with personal care such as a shower, bath or they might want to have a wash."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and worked in ways which maintained their dignity. One person told us, "The staff know what they're doing when they are helping me, they're patient and they take their time. They are never abrasive or unkind." A relative commented, "People's privacy and dignity is respected. If there are any visitors in the flat and my loved one needs changing, the staff will ask them to leave the room."
- Staff told us they encouraged people to maintain their independence wherever possible. One staff member told us, "I always try to maintain privacy and dignity for people. I make sure there are no visitors around if I am providing personal care. I ask people how they would like to be supported and I encourage them to do what they can for themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health care and support needs. They contained information for staff for supporting people with their needs including medicines support, eating and drinking, personal care and moving around their homes safely.
- Care records were person centred and showed people's care and support needs had been discussed with them to establish their preferences on how they received support.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people using hoisting equipment, with their medicines and with eating and drinking safely.

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 communication needs had been assessed and any support requirements were recorded in their care plans. During the inspection the scheme manager met with a new person to the service and their family members whose first language was not English. They told us they discussed the most appropriate way of communicating with the person and would be including this detail in their communication care plan.
- The registered manager confirmed the service provided information to people in ways they could understand. They provided information in a wide range of formats, should they require it, including large font, braille, audio and pictorial information.

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 attend social activities. The registered manager told us that care staff supported people to attend the activities arranged by the landlord. The registered manager and scheme manager had recently started facilitating a coffee afternoon and quiz.
- A person using the service told us, "There are get togethers being arranged now that the canteen is open again. There was something on yesterday, but I could not go as I was having a visitor."
- The local authority that commissions services from the provider told us, "Social activities are just starting up again and that has been a real lift to everyone, and the care staff are involved in the activities."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- One person told us, "I've no complaints. I can't say anything bad. It's jolly welcoming." Another person said, "If I had a complaint about the care, I would go to the manager of the care staff. There is someone from the landlord there every day too so, if I had a complaint about the premises, I can call them, and they will come and check it out."
- Records showed that when a complaint was raised it was investigated by the registered manager and scheme manager and responded to appropriately.

End of life care and support

- The registered manager told us no one was receiving end of life care and support at the time of our inspection. They said they would work with health and social care professionals to provide people with appropriate care and support when required. We saw that people's preferences for end of life care was recorded in their care files.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- The registered manager told us they attended the service two days each week and the scheme manager managed the service on a day to day basis. A social care professional told us the service was very well run, the scheme manager was inspirational in the way she worked with people who use the service and the care staff team. Another social care professional said the scheme manager was very hands on and approachable and seemed to be well liked by the people using the service. They commented, "We can rely on her to keep our team and social care colleagues informed of any incidents or changes involving people using the service."
- The registered manager had a clear understanding of their responsibility under the duty of candour. They told us they were always open transparent, and they took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out a customer satisfaction survey in January 2021. As a response to the feedback received from people and their relatives, they produced an action plan. Actions taken included reviewing the laundry system to ensure laundry was collected, cleaned and returned to the correct person and staff wearing clear face shields for people who may be hard of hearing, if this was preferred.
- People spoke positively about the service. One person said, "The building is good, as is the cleanliness and presentation. It's a secure environment and well organised care too." Another person said, "The scheme manager is lovely, caring and is around all the time. She visits the flats to make sure everyone is okay, and she asks their views. I've had surveys about Lakeview, it's very helpful." A third person commented, "The scheme manager came personally to invite me to come down to mix with other people; she tries to be one of the family."
- Staff were positive about how the service was run and about the support they received from the registered manager and the scheme manager. One member of staff told us, "I and the team receive good support from the managers. They are always ready to listen to anything we have to say about the residents." Another staff member said, "I am well supported by the managers. There have been lots of improvements

since they came here. They make sure the residents are well cared for."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as people's medicines, staff training, incidents and accidents and complaints.
- The provider had business continuity and a COVID 19 contingency plans in place for managing the service in an emergency or in case of a COVID 19 outbreak. The registered manager told us they had kept up to date with Government COVID 19 guidance and they shared this with staff and people using the service and their relatives when it was appropriate.
- The registered manager and scheme manager carried out unannounced 'spot checks' on staff to make that care was provided for people appropriately and safely. During spot checks they checked if staff carried out care calls, wore their uniforms, carried identity cards and used PPE correctly.
- The senior manager carried out regular quality assurance audits at the service. We saw a report following an audit in June 2021. This had identified that some staff training was overdue, and steps were taken to make sure staff had access to online training. The report also recorded the service was in the process of updating care plans and risk assessments onto a new assessment format. The care records we saw were recorded on this format.

Working in partnership with others

- During our visit we observed the registered manager, scheme manager and the staff team working closely with health and social care professionals.
- The local authority that commissions services from the provider told us, "We received very few concerns about the service in the past year. Where concerns were raised about the quality of care, they were addressed thoroughly and timely by the service."
- The registered manager and scheme manager worked with the landlord where issues were raised by people about the environment. For example, they reported concerns about doors closing too quickly for some people and the landlord took action to rectify the problem. We saw the landlord also carried out fire drills, quarterly testing of pendants/call bells in flats and communal areas and smoke alarms.