

Lakeview Rest Homes Limited

Lakeview Rest Homes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 the 29 June and 1 July 2016. This was the first time the home had been inspected under the comprehensive methodology.

The home was last inspected on 29 August 2013 where it was found compliant with the regulations inspected.

The home is close to Lytham St Anne's promenade and has large windows to the front of the building with a flowered and landscaped garden and drive. The home can support up to 29 people with residential care needs and at the time of the inspection there were 22 people living in the home.

There is a large living room to the ground floor across the front of the property connecting to a large dining room. The kitchen is located on the ground floor at the centre of the home. Laundry facilities and a large adaptive bathroom are also available to the ground floor. The home is over two floors with lift access to the first floor. Each room has an ensuite bathroom which people predominantly use. When people require more support the bathroom on the ground floor is available.

Staff office space is situated between the lounge and dining room from which both rooms are visible. There is also a small quiet relaxation lounge for people to use with visitors or if they would like some time alone outside of their bedrooms.

At the time of the inspection the home did not have a registered manager but a manager was in post that was in the process of registering with the commission. 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.

On the day of the inspection people we spoke with in the home were happy with the service they received and spoke highly of the staff. We were told they were treated well but at times there was not enough staff. It was evident, from conversations we had with people and the staff in the home, this situation mostly occurred in the mornings and evenings. This was when people were getting up for the day or getting ready to retire for the evening. We noted that if people were at risk of falls it was mostly at this time they fell. We found this was predominantly a consequence of people trying to do things without support. We found the home in breach of the regulation for ensuring there was enough staff on duty.

We breached the home on two further regulations during the inspection and these are reported in full within the report. One of the breaches was around the records kept in the home. We found records were not always consistent with the care and support provided. This included, identified concerns within the care plans for people and for some of the risk management strategies the home said they were implementing, for the health and safety of the environment. The home was also found to be in breach of the regulation supporting

good management of the building, equipment and facilities. Concerns included, that the laundry was not fit for purpose and further work was required to ensure the effective management of clinical waste.

Three recommendations were also made. Recommendations are made when the home has not breached a regulation but some further thought should be given to ensure provision remained at an acceptable standard. One recommendation was for the provider to review and reassess the support people were offered under the Mental Capacity Act 2005. This included ensuring all consents were acquired as they should be and all interventions were lawful. The other recommendation was for the provider to review and formalise effective quality audit and quality assurance. This would ensure the service provided was effective and continuously improved. The home had written to family members to request information on their relative living in the home, the third recommendation was for the provider to ensure that people living in the home were involved with the collection of this information. We recommended if the person had capacity the home ensured they have given their consent to involve their family member

We found the home was meeting the requirements of most of the regulations including providing support to people that meet their needs. We found people were confident they could influence their care and support and were offered frequent opportunities to maintain their personal care needs. We also found people in the home were supported effectively with their hydration and nutrition with extra support being provided as required. People we spoke with were happy with the food quality and choice.

People were asked for their opinion on the service they received and we saw the provider took action to improve situations when people were not happy or made complaints. Predominantly people thanked the provider and the staff in the home for the care and support they provided and we saw recent notes and cards of appreciation.

Peoples' needs were effectively assessed and risks to the care and welfare of people were managed ensuring people were safe. Staff at the home were recruited equitably and were supported well once in post. Staff were happy in their role and enjoyed their job.

Staff were well trained and understood how to keep people safe. Assessments were completed on the needs of people and these were reviewed. The home needed to ensure they were reviewed at point of change but we saw that people received the support required, as it was required, ensuring they were kept safe and their health and wellbeing was supported.

People's medicines were well managed and people received their medicine as and when it was required. Medicines and other care was delivered in a way people wanted it to be delivered. This included how they liked to take their medicine and how and when they liked to sleep.

We were told and we saw that people had lots to do. This included activities arranged both in and out of the home. People enjoyed trips to the local pub for lunch and enjoyed playing board games and carpet skittles in the home. People also had access to individual activities including knitting and daily papers.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The home had appropriate procedures to ensure people were safe in the event of an emergency. The service had contingencies in place and each person had an emergency plan.

There were not enough staff to support people in a timely way. This was specifically evident in the mornings and we were told it was a similar situation in the evenings.

The home had a number of risk assessments used to keep people and the environment safe. Further work was needed to embed the detail of the risk management plans

Medication was managed well. People got the medication they needed, when it was required. Systems were monitored well and any issues were dealt with swiftly to ensure people were kept safe.

Is the service effective?

Good 

The service was effective.

People's malnutrition and hydration needs were met. Food was of good quality and when people had specific support needs these were met.

The home had considered the Mental Capacity Act 2005 but we have recommended some further consideration is required to ensure lawful and appropriate consent was gained

Staff said they felt supported and all told us of the mandatory training and induction they received was effective in equipping them for the job they undertook.

Is the service caring?

Good 

The service was caring.

People told us they felt involved with how their care was delivered and could influence how they were supported.

Everybody we spoke with told us they were treated well by competent and caring staff. We saw positive interactions throughout the inspection and saw people were respected by all the staff and management of the home.

People told us they had choices in their daily lives and there was lots to do. We were told people were offered choices as to how they spent their days including regular outings.

Is the service responsive?

Good ●

The service was responsive.

There were a number of scheduled activities including regular outings. People also had plenty to do if they remained in the home and we saw people reading daily newspapers and knitting.

People told us they had opportunities to do the things they wanted to do. The home took account of people's views on how and where their support was provided.

The home had a comprehensive complaints policy and procedure. We saw complaints were managed in line with the procedure. Records were kept to support the complainants were happy with the outcome of any investigation.

Is the service well-led?

Requires Improvement ●

The service was not always well led

There was a comprehensive set of quality audits but some had not been completed within the frequency they were intended.

The completion of contemporaneous records to support people's plans of care required attention.

Feedback was gathered from the people who lived in the home and this was made available to them.

The home had a comprehensive set of Policies and procedures which were used to manage the home.

Lakeview Rest Homes

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 took place on the 29 June and 1 July 2016. The first day was unannounced. The inspection team included one adult social care inspector and an expert by experience. An expert by experience is someone who has experience of, or has cared for someone with specific needs. On this occasion the expert by experience had experience of Caring for older people.

Before the inspection, we asked the provider to complete 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 reviewed the PIR on the day of the inspection.

Before our inspection, we reviewed the information we held about the home, requested information from the local authority and the local Health Watch team. We also reviewed the available information in the public domain.

During the inspection we spoke with 14 people who lived in the home and two visiting relatives. We also spoke with a District Nurse who was visiting to support people in the home.

We spoke with nine staff including four managerial staff, carers, the cook and a domestic. We also spoke with the maintenance team.

We reviewed eight people's care plans in detail and looked at three others for specific information. We also reviewed the available records for the safety of the building and equipment. We reviewed records to support safe recruitment and the support of the staff working at the home.

We observed a medication round and saw how staff undertook this task including when people refused their medicines. We observed how the staff and people living in the home interacted and how people were

supported with their daily needs including support with their mobility and meals if required.

We looked around the home in all communal rooms and in people's bedrooms. We also looked at the general condition of the environment and gardens.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living in the home. One person told us; "Oh yes, I'm very comfortable here. I'm settled. I have a bedroom of my own." Others said, "Oh yes, they haven't thrown me out yet!" And "I feel as safe as anywhere here."

On both days of the inspection we found people were still being supported to get up and dressed at 10.30am. We looked at the rota for the home to ascertain when staff were on duty. We saw three staff were on duty each day from 7.30am to 10pm. We found that later in the day when people were settled staff were busy undertaking tasks including responding to buzzers and supporting people around the home. In the morning when we first arrived on site there were less staff visible in the communal areas. We spoke with people living in the home and staff about the numbers of staff on duty. Everyone we asked who lived in the home said more staff were needed. One person told us, "They are very busy, they do their best but sometimes I have to wait too long." We asked how this impacted on people and were told they just have to wait or get by without help. Two people told us they didn't like asking for help. Another said, "The staff are very concerned but are very short staffed. They can't be in two places at once."

We found more staff would ensure people wouldn't have to wait and would get the help they needed to ensure they didn't take risks. We looked at accident records and saw that predominantly accidents happened from the early hours to mid-morning or in the evening. This is routinely when people are getting up or going to bed. More staff at this time would help reduce the risk of accidents at this time.

We found the home did not have enough staff to meet the needs of people in a timely way, specifically at busy times of the day and found this to be a breach regulation 18 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

The home was generally clean and tidy. It smelt fresh and we could see staff on duty cleaning the building. However, we did note that some door handles, specifically those to communal areas, were very dirty. This could be an infection control risk as the risk of cross contamination was increased. We were assured the handles would be cleaned.

We looked in the laundry and found it was not fit for purpose. The room was very small and there was no dirty to clean flow for the laundry. We also saw a soiled linen basket was blocking the only sink in the room. This sink was used for washing hands and for cleaning continence aids. There was not any available PPE (Personal Protective Equipment) for staff to use when handling the laundry, clinical waste or continence aids. The home did not have a dedicated sluice room to handle and manage clinical waste and we found the only clinical waste bin was held in the laundry room. This was removed and placed in the communal bathroom by the manager on the day of the inspection.

The clinical waste bin was not a pedal bin which increased the risk of infection as staff had to open the bin manually. There was no procedure for managing clinical waste at point of need and whilst we were assured staff carried gloves on their person we saw one staff member carrying clinical waste through the building

without gloves.

The lack of appropriate laundry facilities and inadequate management of clinical waste including a lack of appropriate facilities is breach of Regulation 15 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We saw the home had a safeguarding policy but we did not see a safeguarding procedure on display anywhere within the home. However staff we spoke with, were knowledgeable in safeguarding and were confident to raise concerns, if they had any. We saw most staff had received safeguarding training in 2015.

A number of people at the home were supported with restricting aids including bedrails and lap belts for wheelchairs. These were used to keep people safe. We could see in the care plans the rationale for their use but risk assessments and best interest decisions required clarity specifically where people lacked capacity to agree to their use. We recommend the provider reviews the assessments in place and ensures they are within the principles of the Mental Capacity Act 2005.

We saw accident records were kept and recorded in the daily records for each individual. Weekly reviews of the daily records ensured appropriate action was taken to keep people safe. We saw where risks had increased for people they were monitored more closely, to determine appropriate risk management strategies. This included increased monitoring of nutritional intake or wound management by way of weekly body maps or additional monitoring. We saw steps were taken to reduce risks to people including appropriate referral to specialist teams. This included referrals to the Speech And Language Team (SALT), dieticians, district Nurse team and where appropriate the tissue viability team.

The home had a contingency plan for use in the event the building became uninhabitable or services temporarily failed. It included risk assessment and risk management plans for major incidents including fire and loss of power. The home had a grab bag which held essential items such as a torch and a mobile phone. People living in the home had individual emergency evacuation plans, so staff knew how best to support them, in the event of an emergency.

A maintenance team visited the home daily to complete any remedial work to the building. The team was also responsible for the testing of the fire equipment and ensuring the professional testing of equipment including, hoists and lifts took place as required. We saw service certificates which showed us this had been completed and included certificates for the testing of the electrical installations and the gas safety at the home. The team also undertook monitoring of the home's water temperatures, checked call bells were in working order and people's profile beds were performing to meet people's needs.

We looked at the recruitment records for five staff. We found staff files held all the information to support they were suitably and equitably employed. All staff completed an application form and if applicable were interviewed for their role. Once successful at interview appropriate references were sought from previous employers and checks were made with the DBS to ensure potential staff were suitable to work with vulnerable people.

Records were kept within staff files as required to show staff were eligible to work in the UK and steps were taken to ensure staff were supported with any reasonable adjustments if required. We found all the staff employed at the home were suitable for the role they were undertaking.

We observed staff administering medication over the course of the inspection. We saw staff were respectful at all times and people living in the home were told what the medicines were for and given the choice

whether to take them. We saw appropriate care plans were in place, to support staff with the knowledge, of how people took their medicines and we saw these were person centred and followed. For example one person liked to take their medicines off a spoon. We saw staff ensured this was how the medicines were offered to this person.

We looked at the Medicines Administration Record (MAR) and saw they were completed with people's medicines; they included a picture of the individual to reduce the risk of mistakes and detailed any known allergies. There were no gaps in the MARs and when people refused medicines it was noted. The MARs file had a list of staff signatures and examples of how they would sign the MAR ensuring the records could be effectively monitored.

Medicines were administered from blister packs set up by the pharmacy. Medicines were put from the pack into pots by staff who wore protective gloves. Medicines outside of the blister packs in bottles or cartons were dated once opened and disposed of, as required, before they best before date. Medicines were stored appropriately including some in the fridge and we saw the temperature of the fridge was recorded daily.

Controlled drugs were stored appropriately and were audited to ensure the correct stock was managed. We reconciled two medicines on the day of the inspection and they were both correct.

The home had a comprehensive medicines procedure which stated staff should dispose of unused controlled drugs within a dooms kit. However the home did not have a doom kit. We were assured the home would purchase one or review the policy and procedure to reflect current practice at the home.

Is the service effective?

Our findings

We observed how staff gained the agreement of the people they were supporting whilst delivering care. We saw staff asked people for their consent before interactions and support being provided. We looked in people's files to ascertain how formal consent was gathered and saw a variety of forms for consent including, consent for use of people's photos, their medication management and access to health records. However, it was not always clear if the appropriate person had signed in consent and not all files held the same information. We noted that none of the files held generic consent for the delivery of care since April and as with specific consents it was unclear if the appropriate person has signed in consent.

We reviewed the information the home held to ascertain the appropriate person was asked for their consent. This included information used to assess people's capacity to give consent.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found capacity was considered within care assessments but it was not considered around specific decisions including when acquiring consent. Capacity assessments, best interest decisions and where applicable DoLS applications required a clear thread from assessment to decision which was not evident in the files we looked at. For example we looked at the DNACPR's held for people in the home. These are documents used to determine a decision on whether to provide Cardio Pulmonary Resuscitation (CPR) when a person's heart stops. We noted a number of these decisions had been reached without discussion with the person themselves. There was not any evidence within people's files around their capacity to be involved in this decision. We discussed this with the manager who assured us they would review all of the documentation. Of particular concern was one DNACPR had a post note attached to say the person wanted this treatment. We advised the manager to remove the decision documentation from the file until the appropriate assessment had been completed.

Where capacity assessments had been completed, we saw that one of them had been reviewed every six months. We were told this was to be the case moving forward. This helped ensure capacity was reviewed and changes were picked up. However we noted in another care plan that a recent capacity assessment which showed the person lacked capacity had not been reflected within their care plan as this showed they

were waiting for an assessment.

We saw the home had made a number of applications to deprive people of their liberty. These were all around leaving the building without support. The home had set the applications for review and contacted the local authority In March 2016 to ascertain if they had been agreed by the assessment team. Applications were on three monthly reviews for the home to contact the local authority.

We saw that one person had a reoccurring head wound which was an infection risk. The person's capacity had been assessed to fluctuant for general decisions but one had not been completed around the person scratching their head and reopening the wound. The home had made a best interest decision to provide and use protective mittens and headwear whilst the person slept. However, this decision had not been supported by a DoLS application which may be required. The manager assured us they would review this decision and ensure an application was made if it was deemed appropriate.

We recommend the provider ensures the principles of the MCA are followed for specific decisions from assessment to the decisions and the information gathered at point of review updates the relevant care plans.

People we spoke with all told us they were well cared for and their needs were met. Staff told us they felt they had the right support to enable them to complete their role. We were told of a comprehensive induction, which included an introduction to people's needs and the core policies and procedures of the home. Staff received an annual appraisal and supervision was available, as were regular team meetings, these ensured staff received specific support to complete their role. There were some gaps in the frequency of supervisions but the new manager assured us these were becoming more regular as they settled into their role.

We received lots of positive comments about the food. These included; "Its good food. Lots of variety.", "It's very nice. I get enough, yes.", "There's a lot if you want it. The food is better than the other place I was in." And "You are told what's for lunch and have two or three to choose what you like. It's well cooked and well presented."

We looked at people's care plans around nutrition and hydration and saw that they were person centred and included information about how best to support individuals with their needs. We saw one person should have adaptive cutlery and it was provided at lunch time. Another had a beaker with a large handle to support them drinking and they had this provided when they were offered a drink.

People living in the home had the support of specialist teams when required including, the dietician and the Speech And Language Team (SALT). When these teams had developed more detailed plans of care these were followed by the chef and the care staff. This included special diets of pureed and thickened food and additional support when eating and drinking.

When it was identified people needed more support the care staff took steps to monitor peoples' food and fluid intake and if required, their weight more frequently. We saw in three files we looked at that people who had previously lost weight had now begun to gain weight. We also saw the home took additional steps to monitor someone's weight that was very frail and could not use the scales. There was a weekly recorded arm circumference measurement to enable staff to monitor if the person was losing more weight.

We saw food and fluid charts were quite basic but they were reviewed along with the MUST (Malnutrition Universal Screening Tool) assessment and care plan. This ensured people were supported to gain weight if

required.

We spoke with a visiting District Nurse who told us the staff worked well with them and delivered the additional care plans they provided. We were told how the home had supported one person with a pressure ulcer that had been prevalent for some time. The home had undertaken intensive support with the ulcer and had been successful in healing the wound. This increased the person's quality of life.

We were told the home had a visiting hairdresser weekly and people in the home enjoyed visiting the hairdressers. The GP was called out to see people in the home as required and people in the home told us they received the support of professionals as they needed them. One person told us the optician had been to see them and another told us a dentist had called to check their teeth whilst they had been at the home.

Is the service caring?

Our findings

On the days of the inspection we saw staff and people in the home consistently interacted in positive and respectful ways. The atmosphere in the home was relaxed and we often heard laughing from the lounge. We had lots of positive feedback from people living in the home about their relationships with the staff. One person told us, "They are all nice. [staff member] is very nice, she takes me out." Another said, "They are as good as gold." We received other comments including, "Oh yes. We can talk backwards and forwards. It works out." It was explained to us that this person likes the banter with staff and it's reciprocal. And "Staff are very kind. Under the pressure they're under they do very well."

People told us they got what they needed on a daily basis. Some people liked a daily paper and had it delivered. Others liked to go to church and they went on a Sunday. One person told us they went to church on their own. Whilst staff were initially weary about this, it was clear that after assessment it was deemed the person was safe to do so. People we spoke with told us they were content at the home.

The home had a number of seasonal events including a summer fete and Christmas party. Family and friends of the home from the community were invited. Family members told us the events were well attended and the home managed them well.

We saw from the bedrooms we looked in that people were able to decorate them as they choose and we saw they were personalised with people's own pictures and ornaments. There were a number of wheelchairs and frames stored in a discreet corner of the living room. All the aids were named and we saw staff taking their time when collecting a wheelchair ensuring it was the right chair for the right person. This is important as wheelchairs are specifically fitted with different sized aspects dependent of the individual's needs.

We saw in people's care plans that information had been gathered about people's preferences and people we spoke with told us they could influence their care. We were told they had choices as part of their daily lives. We saw one person particularly liked beetroot and this was provided for them at every mealtime.

We spoke with two relatives who both told us they first visited the home unannounced to get a real flavour of the home. Both told us they were very happy with the care provided to their loved one. They felt the home communicated with them well and met their family member's needs. We were told the home made them feel welcome whenever they visited and they could visit whenever they wanted. We were also told the home acted on the side of caution and would get the GP to visit their relative if they were worried about anything.

All of the rooms in the home had en-suites and most people living in the home used them. There was one communal bathroom which did not have a dignity lock on the door. Dignity locks allow the room to be locked from the inside when staff are present and supporting people with their personal care. The manager assured us they would get a dignity lock put on the door of the communal bathroom.

Staff did not enter people's rooms without knocking and when they walked through the lounge the people

within it were acknowledged. Everyone we spoke with told us they were treated with respect and staff spoke to them politely.

Within the care plans we looked at there was no evidence of people being involved other than at the initial development of the plan. We saw the home had recently written to family member's to ask for people's life histories, end of life plan and updates on power of attorney information. We recommended the provider ensures that people living in the home are involved with the review of this information and if they have capacity have given their consent to involve their family member.

Some people in the home wore glasses and hearing aids to support them with communication. We looked to ascertain if the people who had been prescribed these aids had access to them. We looked at four people who wore glasses and they all were wearing them.

On one day of the inspection we saw people were getting their nails painted. People told us they could get their nails painted any afternoon they wanted. Everyone in the home was clean and tidy and we saw systems that ensured everyone was offered a bath or shower at least twice a week. Within peoples' daily records, we could see people choose whether to have a bath or shower when offered, or requested to have one later that day or the next morning. Records indicated they were again offered assistance at the time they had indicated. This confirmed for us that people had choices about when to bath or shower and if they declined they were offered again shortly after or when they requested. We saw people had recently been to the hairdressers.

Is the service responsive?

Our findings

People told us they could influence their care and if they wanted anything changing felt they could do so with ease. Another told us, "Oh yes. I'm quite happy here. I always tell them what I need". We did not see evidence within the care plans of individuals being involved but when we asked someone about their plan they told us they have seen it and said, "Yes, sometimes. It makes sure you're dressed properly and makes sure you go out. I would be able to change it if I needed." Family member's told us they, or other family members were involved, in their relatives care plans and told us of the support offered or the things their relatives took part in. We were told communication was good with the home.

We looked in eight care files in detail and tracked the support people were provided with to meet their assessed needs. We found initial assessments were completed and care plans were drawn up from this detail. Assessments were reviewed monthly but this did not always lead to an update in the care plan, even though changes had been identified at point of review. We also found reviews were not always undertaken, at point of change in need, resulting in the care files not holding the current information about people's support needs and the care they were provided.

However, we saw action was taken to address any concerns and where required, additional steps were taken to ensure people's needs were met and any risks reduced. For example, one person was not eating well in the dining room and was becoming tired at meal times. Staff asked the person if they would prefer to eat alone. This person was supported from that point forward to eat their meals in the lounge, where it was quieter, and they had been able to eat more of their meal as they remained alert. We also saw one person had fallen but their falls risk assessment had not been updated at the point of the fall. The home had acquired a bed alarm for this person at the point of the fall but this had not been recorded in their assessment or care plan until sometime after. We recommend the provider ensures the care plans and assessments are updated when changes occur and routinely more regularly. We could see the changes were recorded in daily records, within the communication book and handovers so staff were aware of the risks to people and the action taken. However, for people's needs and support to be easily tracked this information needed to be clearly recorded within in the person's care plan and specific assessments at point of delivery or change.

We saw plans of care included a completed 'This is me' and life story which allowed staff to know the individual behind the support offered. Staff we spoke with knew people well and we saw them engaging people in conversations about their interests including going out for lunch and visiting the local church. We also saw a letter had been written to family members encouraging them to complete this information in January 2016.

Activities were organised both inside and outside of the home. Inside the home there were board games available and at the time of our inspection people were given help with knitting in the morning and carpet skittles took place in the afternoon. This seemed popular. One person told us that besides knitting, residents could make bracelets and do painting. We saw and heard lots of evidence of varied activities. There was also a mini bus trip to the local pub when we were at the home and people told us of trips out to Dobbie's

Garden Centre and another café where we were told, they do a nice chocolate cake and coffee.

The home had an activities coordinator but they were not available on the days of the inspection. However, trips were organised and went ahead without their presence. There was a list of the available activities for the week on the resident notice board in the lounge. People who lived in the home told us there was plenty to do if they choose to.

People had a one page profile at the front of their files and within their rooms. We could see these were up to date and showed the person's needs accurately.

The home had a comprehensive complaints policy which was available to people living in the home. The policy was available in the service user guide held in people's rooms and also on the notice board and within available leaflets in the lounge area.

The home had received two complaints since March 2016 and we reviewed how the home managed these. Both were dealt with informally through recorded discussion. The records showed changes were made to activities and the menu to resolve the complaints. The people who made the complaints were also asked afterwards if they were happy with the conclusion and both had been satisfied with how they were handled. We also saw one complaint from 2012 which resulted in the provider investing in a smoking porch, for residents to ensure people entering the home through the main entrance, did not have to pass through people smoking.

We saw a number of thank you cards from relatives applauding staff for the care they had provided.

Is the service well-led?

Our findings

The home had a good set of policies and procedures, which were available to support staff in the day to day management of the home. We saw the home had developed some new procedures for accident and incident recording and monitoring. These systems were beginning to embed but at the time of the inspection were not followed consistently. For example, accidents and incidents were monitored quarterly and information was to be collated to ensure the appropriate steps had been taken to mitigate risks to people and if required referrals made to external professional teams. This collation had not been completed for the last audit in May 2016. We could see from other records the steps had been taken but as with the care plans, it was not easily tracked.

We also found the home had developed risk assessments for key areas in the home including slips trips and falls. Risk management plans had been developed but these had not been reviewed to ensure they accurately reflected practice. This meant that there were some risk management strategies which were not implemented and the strategy either needed to be revisited and reflect what the home were doing or the strategy needed to be implemented. The risk management strategy for slips trips and falls stated for the home to ensure all hallways and pathways were clear from obstruction. This was not the case as carpet joining rods were used throughout the home.

We found systems and processes identified to safely manage the home were not always an accurate reflection of the systems used or they were not implemented. This was the case within risk assessments, some procedures and within care plans. When these records were not an accurate and contemporaneous reflection of the systems and processes followed there was potential for risks to not be mitigated and the health, safety and welfare needs of staff and people in the home to not be met. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a developed system of quality audit and quality assurance. Quality audits that should have been completed monthly had not routinely been completed since December 2016 when the registered manager had left. We saw this had been identified by the regional management team and was due for further discussion at the next meeting, due shortly after the inspection. The new manager was aware of this and had begun to take the appropriate action, including undertaking monthly audits in June 2016.

However, the deputy manager had developed and implemented a system of quality audit and assurance for the six months the home had been without management support. This system included a weekly audit of people's daily records. Areas of concern or changing risk were identified and a weekly action plan was given to care staff to ensure people were kept safe. We were able to review this system for the week preceding our inspection. A hand written action plan had been developed from the audit of daily records and staff had taken the necessary steps to ensure people were kept safe. We recommend the system is formalised and records are kept of both the audit and the identified actions including when they are met. This along with the implementing of the routine monthly audit would deliver a robust system of quality audit and assurance from which improvement can be clearly monitored and tracked.

The home has been without a registered manager for approximately six months. A new manager was in post that was in the process of applying for registration. A deputy manager was in post who had taken a more senior role whilst awaiting the manager post to be filled. The deputy had been in post for some years and was respected by both staff in the home, people living in the home and their families. This allowed for continuity in the provision at the home whilst awaiting the recruitment of the new manager.

The home is part of group of services within the St Anne's area of Lancashire. The providers engage well with CQC and have kept us informed of changing circumstances within services. The provider is able to ensure staff across the group are equipped to cover the rota at all services allowing a consistency in the staff working within the homes. Staff we spoke with were happy working in the home and felt well supported by their peers and management team.

The new manager had identified a number of practice development concerns which they had started to implement changes to address. This included the development of champion roles for safeguarding and dignity and the embedding of a procedure to ensure notifications were sent to the CQC as required.

Visiting professionals to the service spoke highly of the atmosphere in the home describing it as relaxed and caring. People in the home told us they were content in the home and happy with the staff supporting them. As said under the safe key question, more staff were required within Lakeview to ensure people's needs were met in a timely and safe way and we are confident suitable candidates will be found to fill these roles.

Available in the main lounge, within the entrance hallways and around the home were support information leaflets. This included access to advocacy, support with finance and support for relatives of people living with dementia. We also saw the home had a resident welcome pack, which detailed the services available and how to complain and get involved with the day to day running of the service. Also on display was the last inspection report from CQC.

Meetings had been held with the people living in the home and suggestions and improvements were taken forward. These included changes to the menu following the chef identifying an update on people's food preferences. Staff had begun to meet with people on a one to one basis to ascertain their thoughts of the service and a quality assurance audit had been completed in April 2016 in this way.

We saw quality surveys were completed annually and further questionnaires were available in the lounge for people to complete when they wanted to. Again these were predominantly positive but some recent comments included inconsistency in management at the home and a lack of staff. The new manager was taking these concerns forward with the provider.

Staff questionnaires had also been completed in late 2015 but these were yet to be collated and the results shared with staff. The questionnaires showed staff were generally positive about their role and job satisfaction was predominantly high. We were assured these would be collated and the information shared. A further questionnaire would be offered for staff to complete in 2016.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 (1) (a) (c) (e) (f) The home did not have effective systems or equipment for the management of clinical waste. Some areas of the building were not effectively maintained for their designated purpose. The laundry environment was not fit for purpose.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) Systems and processes were not accurately reflected within the records kept. Records held were not contemporaneous accounts of the service provided. Risk assessment and risk management plans were not implemented or were not accurate of the strategies followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) There was not enough staff to meet the needs of people in the home in a timely manner.