

# Hallmark Care Homes (Lightwater) Ltd

## Lakeview Care Home

### Inspection report

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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

This unannounced inspection took place on 1 September 2016 and was carried out by two inspectors and a pharmacy inspector.

Lakeview Care Home provides accommodation, personal care and support for a maximum of 59 older people. There were 48 people living at the service at the time of our inspection, 21 of whom were living with dementia.

There was no registered manager at the time of our inspection but the General Manager had applied for registration. 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 and associated Regulations about how the service is run.

People felt safe at the service and when staff provided their care. They said staff were available when they needed them. Relatives were confident their relatives were cared for in a safe environment. They said there were enough staff on each shift to meet people's needs. The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service.

Risks to people had been assessed and staff implemented measures to reduce these risks. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures. There were plans in place to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. People's medicines were managed safely.

People were supported by staff that had the skills and experience they needed to provide effective care. Relatives said staff knew their family members' needs well and provided consistent care. Staff had an induction when they started work and access to ongoing training, supervision and support.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's care was provided in line with the MCA and DoLS authorisations had been applied for where people's care involved restrictions to keep them safe. Staff understood the importance of consent and gained people's consent to their care on a day-to-day basis.

People were supported to have a balanced diet and enjoyed the food at the service. People's nutritional needs had been assessed and were kept under review. The service had access to healthcare professionals if people developed nutritional needs that required specialist input. People's healthcare needs were

monitored effectively and they were supported to obtain treatment if they needed it.

People were cared for in a clean, well-maintained environment. The communal areas included comfortable lounges and dining areas and well maintained gardens. There were places for people to gather socially and a sensory room for those who benefitted from sensory stimulation. Accommodation had been designed to meet the needs of people living with dementia.

People told us that staff were kind and caring. Relatives said their family members had developed positive relationships with the staff who cared for them. The service had a homely, welcoming atmosphere that people and their relatives enjoyed. People told us their friends and families could visit whenever they wished and that staff made their visitors welcome.

Staff treated people with respect and maintained their dignity and privacy. People were supported to maintain their independence. Relatives told us their family members were encouraged to maintain their skills and abilities.

People were encouraged to be involved in planning their own care, with the input of their friends and families. People and their relatives told us their views about their care had always been listened to and implemented where possible.

The service was responsive to people's individual needs. Care plans were person-centred and reviewed regularly with the input of the person receiving care and their friends and families. Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their preferences.

People had access to a range of activities, events and outings. The service employed a Lifestyle team, who provided activities and opportunities for engagement based on people's needs and interests. People told us they enjoyed the opportunities to take part in activities and events.

The provider had a written complaints procedure, which detailed how complaints would be managed. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied.

Senior managers encouraged feedback from people who used the service and their relatives and used this to improve the service. The management team had established effective links with other professionals to share information and best practice. Workshops had been held to support staff in providing the best possible experience for people in all aspects of their care.

Senior managers were approachable and supportive to staff. They led by example in their behaviour and values. Staff were encouraged to give their views about the support they received and whether this could be improved. There was effective communication between staff at all levels, which ensured that people received well planned care.

The provider had an effective system of quality monitoring and improvement. The compliance monitoring system collated information about key areas of the service, which was used to identify any trends and develop a plan to address these. There was evidence of learning from incidents and accidents to minimise the likelihood of similar events occurring in the future.

## 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.

There were enough staff deployed to meet people's needs promptly and safely.

People were protected from avoidable risks

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received consistent care from staff who knew their needs well.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were cared for in a clean, welcoming environment.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

### Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

Care plans were person-centred and were reviewed regularly to ensure they continued to reflect people's needs.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in a wide range of activities and events.

Complaints were managed and investigated appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture in which feedback was encouraged and used to improve the service.

Senior managers had established effective links with other professionals to share information and best practice.

There was effective communication between staff at all levels.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, consistent and stored appropriately.

# Lakeview Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 unannounced inspection took place on 1 September 2016 and was carried out by two inspectors and a pharmacy inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned a Provider Information Return (PIR) in May 2016. 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 before our inspection to ensure we addressed any areas of concern.

During the inspection we spoke with 15 people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with five relatives and two visiting healthcare professionals. We spoke with 11 staff, including the care manager and care staff, the provider's Quality, Governance and Compliance Director, Lifestyle staff and the chef. We looked at the care records of four people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection, we received feedback from four relatives via email.

This was the first inspection of the service since its registration with the Care Quality Commission.

# Is the service safe?

## Our findings

People told us they felt safe at the service and when staff provided their care. They said staff were always available when they needed them. One person told us, "I do feel safe here. There's always someone to help if you get into trouble." Another person said, "There are always staff around if you need them." A third person told us staff were "very careful" when providing their care.

Relatives were confident their family members were cared for in a safe environment. They said there were enough staff on each shift to meet people's needs. One relative told us, "There's always someone around it seems to me. You ring the bell and they come very quickly. I visit at different times but it's always the same." Another relative said, "The length of time Mum has to wait for someone when she rings the bell is usually a couple of minutes, no longer than that." A third relative told us, "We are secure in the knowledge that she is safe and well cared for. There are enough staff to make sure people's needs are met. Sometimes it's busy but they manage." A healthcare professional said, "There are always enough staff. People don't have to wait for their care."

There were sufficient staff deployed to meet people's needs in a safe and timely way. The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

Relatives told us staff were aware of the risks to people and protected them from these risks whilst promoting their independence. One relative told us, "Mum was always falling at home but she hasn't done for ages, since she's been here really. They really keep an eye on her and that's made all the difference." Staff understood their responsibilities in terms of keeping people safe while promoting their rights and independence. One member of staff told us, "We do risk assessments to make sure people are kept safe but we don't want to restrict them." Another member of staff said, "Keeping the residents safe is our priority but we want to help them to be independent."

We saw that risk assessments were carried out regularly to identify whether people were at risk of choking, inadequate nutrition or hydration and pressure ulcers. Where risks had been identified, staff had implemented measures to reduce the likelihood of them occurring. For example pressure relieving equipment and repositioning regimes had been introduced to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition or hydration. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records. Staff told us that safeguarding and whistle-blowing were discussed with them at individual supervisions and team meetings. One member of staff said, "We get regular training on safeguarding so I

definitely know what to look for and how to report it." Another member of staff told us, "We are given information about safeguarding and what we should do if we suspect abuse."

Senior managers aimed to learn from any incidents and accidents that occurred and improve the service people received. Incidents and accidents were recorded and analysed to highlight any trends and any actions needed to prevent a recurrence. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and fire-fighting equipment were checked and serviced regularly.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People's medicines were managed safely. Staff made sure people understood what their medicines were for and regularly checked whether they required pain relief. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.



# Is the service effective?

## Our findings

People were cared for by staff who had the skills and knowledge they needed to provide effective support. People told us that they were cared for by staff who knew them well and provided care in the way they preferred. Relatives told us they were confident in the skills and abilities of the staff who cared for their family members. One relative said, "We always felt that my mother was in the right place, with the right people looking after her." Another relative told us, "The staff do seem competent and well trained."

Relatives and a healthcare professional told us people's care was provided by regular staff, which meant they received consistent care and support. One relative said, "The staffing has been very consistent. My mother's senior carer left about a month ago but she had another senior immediately and gets on well with her." The healthcare professional told us, "The care is very good. People get consistent care because staff are very receptive to advice; they always implement any guidelines we put in place."

All staff attended an induction when they started work, which included shadowing an experienced colleague. Staff said they had also familiarised themselves with people's care plans during their induction, which provided detailed guidance about how people preferred their care to be provided. Staff attended all elements of core training during their induction, including health and safety, moving and handling, infection control, fire safety and first aid.

Staff told us they had been well supported during their induction and had been able to complete this process at their own pace to ensure they felt comfortable at each stage. One member of staff said, "[Care manager] was very good in my induction. She was very supportive." Another member of staff told us, "The induction was very good. I was able to go through it at my own pace so I felt comfortable in what I had learned before I moved on. I had the chance to do shadowing with lots of observation so I was slowly introduced to providing care. I had opportunities to ask questions, too."

Staff attended regular refresher training in core areas and had access to training relevant to the needs of the people they cared for, such as dementia care, and the safe use of equipment involved in people's care. Staff told us the provider responded well if they requested elements of training that were not routinely provided. One member of staff said, "The training is very good. If there's other training we need, we can ask for it and it's provided. We asked for stroke management because one of the residents had had a stroke and that was provided."

Staff told us they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. Staff also said the provider had supported them to undertake vocational qualifications in health and social care, such as the Quality Care Framework (QCF) and the Care Certificate. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Each member of staff had an annual appraisal each year to review their performance and professional development. Staff were encouraged to contribute their views about what they did well and areas in which

they could improve. Line managers also contributed their views before appraisals took place and the comments of managers and staff were used to inform discussion at the appraisal.

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.

Staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. One member of staff told us, "Consent is a big thing here. We ask people what they want to do, we don't tell them." Another member of staff said, "If someone wants to do something we need to keep them safe but not to the point that they can't do anything. If they are restricted, we need to have an authorisation."

There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to have a balanced diet and were encouraged to give their views about the food provided. They said they enjoyed the food at the service and could have alternatives to the menu if they wished. One person told us, "The food is good. I can tell the staff if I do not like something and they will find me something I do like." A relative said, "My mother often expresses her views about the food and has asked for a number of changes in the menu. The chef has always tried hard to accommodate her." Relatives told us their family members were supported to maintain a balanced diet if their nutritional needs changed. One relative said, "As Mum has found it more difficult to eat and drink, there has always been a member of staff to help and coax her and the chef has made milk shakes to help her get the correct nutrients."

We observed that mealtimes were an enjoyable experience for people. The atmosphere was relaxed and convivial and the chef made sure that people were happy with the meals they had chosen. Staff ensured that people who required assistance to eat and drink received this support, including where people chose to eat their meals in their bedrooms. Relatives told us they were able to join their family members for meals if they wished. People could have snacks and drinks throughout the day and staff encouraged people to maintain adequate levels of nutrition and hydration.

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. The service had access to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input. The chef demonstrated a good knowledge of people's individual dietary needs, such as gluten free and soft diets, and had received guidance on the

preparation of specialist diets.

People were cared for in a clean, welcoming environment. The spacious communal areas included comfortable lounges and dining areas on each unit and attractive, well maintained gardens. There were places for people to gather socially, such as a café and a cinema room, and a sensory room for those who benefitted from sensory stimulation. Small lounges were available if people wished to meet in private with their visitors. Accommodation areas had been designed to ensure that people living with dementia could orientate themselves. Bedrooms had been individualised so their occupants could recognise them. For example the doors were painted different colours and memory boxes were placed outside rooms containing photographs or objects meaningful to each person. All areas of the service were clean and hygienic.

People's healthcare needs were monitored effectively. People told us they were supported to make a medical appointment if they felt unwell. One person told us, "I can always see a doctor if I need to." Relatives told us they were confident that staff monitored their family members' health and obtained appropriate treatment when needed. One relative told us, "The staff who look after my mother always keep us informed about anything we should know about. On three occasions my mother has been to hospital for treatment and has recovered in no small way due to the eagle eyes and dedication of her carers at Lakeview."

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and caring. They praised the attitude and approach of staff and said they received their care from staff who knew them well. One person told us, "I'm very happy with everything. The staff are so kind and friendly. I know them very well." Another person said, "The staff are very kind. They look after me very well." A relative told us, "We have been very happy with the care she has received at the home. We have found all the staff to be very caring, treating all the residents with kindness and respect." Another relative said, "The staff are extremely polite, friendly and helpful. It is one of the aspects of the home that all of our friends and relatives comment on very positively." A healthcare professional said that people were cared for by kind and committed staff. The healthcare professional told us, "People are well looked after. The staff are very kind and attentive. The staff work very hard. They're very committed to the residents."

Relatives said they felt reassured by the confidence they had in the staff to care for their family members. They told us their family members had developed positive relationships with the staff who cared for them. One relative said, "We are safe in the knowledge that my mother is cared for by people who have become her friends; she is safe and everyone in the family is very grateful for this." Another relative told us, "When I have been away, I went with the confidence that mum was loved and certainly looked after better than I could do myself."

Relatives said staff had made their family members welcome when they moved in. They told us that staff from all departments had visited their family members to introduce themselves. One relative said, "He was unsettled when he first moved in but they supported him to feel at home and now he loves it." Another relative told us, "When he moved in, all the team came to welcome him and introduce themselves. They all made us extremely welcome." A third relative said, "We were all very apprehensive when she moved in but the team at Lakeview could not have been more accommodating and reassuring to us and to my mother."

People told us their friends and families could visit whenever they wished and that staff always made their visitors feel welcome. One person said, "My family can visit whenever they like and they always get a warm welcome." Relatives told us they were always made welcome when they visited. One relative said, "We always felt the home was very welcoming to the residents and their families and we were secure in the knowledge that my mother was being well looked after."

Relatives told us the service had a homely, welcoming atmosphere. One relative said, "It's a lovely environment, it's very homely." Another relative told us, "It has the feeling of a home. They make the place feel like their own home for the residents." Relatives told us staff encouraged their involvement in the life of the service. One relative said, "They do try hard to involve the families in the life of the home. We are always invited to events and occasions." Another relative told us, "We are encouraged to visit as often as we like. The staff are always welcoming to us and seem to take a real interest in the residents."

People told us that staff treated them with respect. They said their privacy was maintained when they were receiving their care. One person told us, "The staff are very tactful. If they need to talk to you about your care,

they'll do it in private". Relatives told us that staff were respectful and provided care in a way that maintained their family members' privacy and dignity. They said senior staff set a good example in the way they treated people, which was followed by other staff. One relative told us, "On our frequent visits we always felt the staff treated all residents with respect, care and maintaining their dignity. This was across the board with all the staff including chefs, domestic staff and volunteers." Another relative said, "The staff are very respectful. They show patience with the residents who are confused or anxious to make them feel secure. This could include taking them for a walk, sitting and reading with them or just holding their hand." A third relative told us, "My mother is always treated with respect and dignity. The senior staff set the tone and other staff follow their lead." Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them, making conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support. When one person became distressed, staff expressed reassured the person and provided emotional support.

Relatives told us staff supported people in a way that promoted their independence. They said their family members were actively encouraged to maintain their skills and abilities. One relative told us, "My mother likes to be very independent. The staff are aware of how strongly she feels about her independence and respect her views. They do not inappropriately intervene." Another relative said their family member was still able to mobilise independently thanks to the encouragement of staff. We observed during our inspection that staff encouraged people to do things for themselves where possible to promote their independence.

Relatives told us staff encouraged them and their family members to be involved in planning their family members' care. They said their views had always been listened to and incorporated where possible. One relative told us, "We have always been included in any decision making and advised of any problems immediately." The care plans we checked demonstrated that people and their family members had regular involvement in planning their care.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality.

We received feedback from relatives whose family members had passed away but who had lived at the service towards the end of their lives. These relatives told us staff had provided high quality, individualised care to their family members. They said the care manager had worked with them and their family members to understand their wishes for end of life care and had made sure these wishes were met. One relative told us, "We were very pleased that she was able to spend her final days in the home surrounded by such caring staff. They also made sure that the family were looked after as we spent many hours there in this period." Another relative said, "The last week of her life was made so much easier with the support that we received. We had discussed what Mum would like and this was followed to the exact requirement. The family were able to visit every day and when we went home there had been staff rostered on so that Mum was never on her own. The staff were all encouraged to pop in and say hello which was so lovely."

## Is the service responsive?

### Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved into the service to ensure that the staff could provide the care and support they needed. Where care needs had been identified through the assessment process, these were recorded in people's care plans. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence, mobility and pain management. Care plans were also developed where people had specific conditions that required monitoring and treatment. For example, one person suffered from Parkinson's Disease. This person's care plan contained specific guidance and action planning around the management of the condition. The person had been assessed by a Parkinson's Disease nurse specialist, who had put in place a number of measures to improve the person's quality of life.

Care plans were reviewed regularly with the input of the person receiving care and, if possible, their friends and families. People and their relatives told us they were encouraged to be involved in care plan reviews to ensure they continued to reflect people's individual needs. One relative said, "My mother and I attend six-monthly reviews. We cover all aspects of her care and therefore I am confident the care plan reflects my mother's views." Another relative said, "We are most impressed with the regular reviews at which we can discuss, along with my mother and the care manager, her care plan. We have found this invaluable as any concerns can be discussed in an open and professional manner. The outcome of this is that any changes to her care plan are put in place with the family being fully engaged."

Staff were willing to provide flexible care that adapted to people's individual needs. For example, one person's care plan showed that their choice of personal care varied from day to day. Some days they wished to have a shower, whilst on other days they preferred a bath or a wash. It was clear the person was able to decide on a day-to-day basis how they received this aspect of their care. People and their relatives confirmed that staff respected people's decisions about their care they received. One person told us, "I know they [staff] would never try to take over. It's up to me what happens each day." A relative said, "The staff are wonderful like that. It's all about the residents' choice."

Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their needs and wishes. One member of staff told us, "We take into account the needs of each individual resident. We follow the care plans to make sure we are all working the same way when we support people." A healthcare professional told us that staff knew people's individual needs and treated each person as an individual. The healthcare professional said, "I have no concerns that anyone's needs are not being met. The staff know people's needs very well. People are treated as individuals here."

Relatives told us staff responded promptly if their family members' needs changed. One relative said staff had put a care plan in place for their family member following a fall, which set out the measures needed to prevent them experiencing further falls. The relative told us, "My mother and I had a meeting with [care manager] and a senior carer and discussed the care plan. The care plan was put in on the same day as the fall, which displays the prompt and diligent action of the care worker involved."

People had access to a wide range of activities, events and outings. The service employed a Lifestyle team, whose role was to provide activities and opportunities for engagement based on people's needs and interests. The team was led by a Lifestyle Lead, who formed part of the management team. The team also employed six Lifestyle Assistants and made use of volunteers to support activities.

People and their relatives told us they valued the opportunities to take part in activities and events. One person said, "There's always something going on I can join in. I enjoy the trips. We go to some interesting places." A relative told us, "Staff always try to engage people in activities to make them as active as possible. There are activities in the evenings and at weekends too. My mother particularly enjoyed the music, dancing and flower arranging." Another relative said, "My mother went from being housebound, not seeing anyone and only seeing the family when we were able to visit, to joining in activities and fully participating and engaging with what Lakeview has to offer." A third relative told us, "He really enjoys the activities. He had a lovely day out yesterday."

Staff were committed to understanding people's needs and preferences in terms of activities when they moved into the service. A Lifestyle analysis was carried out when people moved in to gain an understanding of their interests, hobbies and how they liked to spend their time. Staff ensured that people knew about the activities on offer and encouraged them to participate. A meeting took place each Sunday to let people know about upcoming events, both in the service and in the wider community. In addition to group activities, the Lifestyle team spent time with people on a one-to-one basis. This ensured that those unwilling or unable to join in group activities had opportunities for interaction and engagement and were not at risk of social isolation. All activities were reviewed to evaluate their success in meeting people's needs and amended if necessary.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. One person told us, "I know how to complain if something is not right" and a relative said, "I've never needed to complain but I would feel able to if necessary." We checked the complaints record and found that any complaints received had been investigated and responded to appropriately.



## Is the service well-led?

### Our findings

Senior managers promoted an open culture in which people, relatives and staff were encouraged to contribute their views. Relatives told us senior managers were always willing to discuss their family members' care and welcomed their views. One relative told us, "The home manager has an open door policy; he's reiterated that many times." Another relative said, "I see all senior staff often and I know they have an open door policy if I have any points I wish to discuss. Senior Lakeview staff often seek feedback and comments from me. On the few occasions I have mentioned that something needs attention, they have been attentive to my comments."

Relatives told us senior managers had always responded well if they or their family member had raised concerns or requested changes to their care. They said senior managers had created an environment in which feedback was encouraged and used as an opportunity to improve the service people received. One relative told us, "They encourage people to speak up; they want to hear their views and to put things right if they're not happy." Another relative said, "There were a few hiccups when he moved in but they were all resolved very quickly. They responded very well whenever we did raise something that could be improved. [Care manager] was very helpful and supportive; she made sure anything we asked for was done."

Senior managers encouraged staff to reflect on their practice if it had fallen short of people's expectations and to use feedback as a driver for improvement. For example an investigation following a comment made by one person found a member of staff could have provided a better experience for the person when providing their care. A formal apology was made to the person and the member of staff attended supervision to discuss how they could learn from the incident and improve their skills.

People had opportunities to contribute their views and these were acted upon. Residents' and relatives' meetings took place regularly and an annual satisfaction survey was distributed to people who lived at the service and their friends and families. The care manager provided examples of changes that had been made as a result of suggestions made at residents' and relatives' meetings. For example the Lifestyle team had made changes to the activities programme and the chef had added items to the menu. The results of the latest satisfaction survey, carried out in 2015, provided very positive feedback about all aspects of the care and support people received. The provider shared the results of the survey with people and set out the actions they would take where the survey had identified improvements could be made.

Senior managers led by example in their values and approach to supporting people. Two relatives told us that senior managers set an example in the way they treated people that was followed by staff. One relative told us, "Lakeview has high standards that need to be maintained. The senior staff know this and want to continue to have high standards. I see the managers often and they have respect for the residents and the staff." Another relative said, "It's very well run. The management are very approachable and professional. They set the tone and the staff follow their lead."

Staff told us senior managers were approachable and supportive. They said the registered manager and care manager encouraged them to contribute their views about how people's care could be improved. One



member of staff told us, "The manager is very open, he is a good leader. The care manager too; if you have a problem, you can go to her. We all have respect for her." Another member of staff said, "It's a really good management team; everyone is very supportive and helpful." Staff had been encouraged to complete a survey giving their views about the supervision, training and support they received. The responses to the survey indicated that staff felt well supported in their roles and that they valued the opportunities for professional development available to them.

The provider had developed a structured career progression pathway for staff and a development programme for leaders. The staff we spoke with regarded these schemes as evidence that the provider valued them for the work they did. One member of staff told us, "I love working here. We feel valued and that we're all working towards the same thing, which is to provide the best care we can for the residents." The provider had also introduced a staff recognition scheme, with categories for care staff, Lifestyle staff, domestic staff and volunteers. Nominations for awards could be put forward by people living at the service, relatives, staff or managers.

The management team had used creative methods to identify ways in which people's experience of care could be improved. For example the registered manager had spent 24 hours living as a resident to better understand the experience of receiving care. The registered manager had produced a report of their experience, which had been used to highlight ways in which people's care could be improved. Workshops had been held to support staff in providing the best experience for people in all aspects of their care. For example one workshop had focused on the mealtime experience for people. Staff discussed how this aspect of people's care could be improved, considering how they presented meals, how they served people their meals and how they assisted people who needed support to eat.

There was effective communication between staff at all levels, which ensured that people received well planned care that met their needs. Senior managers met each morning to discuss and plan the day ahead. The registered manager was supported by senior managers with responsibility for care, Lifestyles, business administration, hospitality and customer relations. This meant there was individual accountability for the management and oversight of all aspects of the service.

All staff groups met on a regular basis to discuss the needs of the people they cared for. The management team ensured that all staff were included in these meetings, including night staff. There was a handover between staff at each shift change to ensure that staff beginning work were up to date with any changes in people's needs. This ensured that people received their care in a consistent way. One member of staff told us, "Communication here is very good. Whatever shift you're on, there's always a handover. We talk about anyone who is not well or who has come back from hospital so we know if there are any changes in how we care for them."

There was a communication book on each unit, which all staff were expected to read before they began their shift. The communication book recorded any contact with healthcare professionals and any changes to care guidelines. There was an allocation list for each shift, which identified the member of staff responsible for each person's care. This ensured individual accountability for the provision of all aspects of people's care. Senior clinical managers met each week to review any infections, pressure ulcers, accidents and incidents, care plan reviews and staffing issues. There was evidence that prompt action was taken to address any issues identified at clinical meetings.

The provider had developed an effective system of quality monitoring and improvement. The compliance monitoring system collated information about key areas of the service, such as accidents and incidents, pressure ulcers, falls, infection control and medicines management, which was used to identify any trends

and develop a plan to address these. This information could be accessed remotely, which enabled the providers' senior management team to maintain an overview of quality and governance.

The management team had established effective links with health and social care professionals to share information and to ensure they adopted best practice. For example the care manager had worked with the local clinical commission group (CCG) to improve the management of medicines at the service. The care manager also attended the local care home forum, which provided opportunities to share information with and learn from fellow professionals in the field. The registered manager reviewed all hospital admissions from the service each month with the community matron to identify ways in which hospital admissions could be avoided.

The standard of record-keeping was good. Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained detailed and meaningful daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. Healthcare professionals told us they could rely on the records kept by staff to provide accurate and up to date. One healthcare professional said, "The documentation is always very detailed and well organised."