

Minster Care Management Limited

The Lakes

Inspection report

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Date of inspection visit:
11 November 2020
12 November 2020

Date of publication:
18 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lakes is a care home providing residential care for up to 47 younger and older people, including people living with dementia in one building. There were 30 people receiving care at the time of the inspection

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

Risk assessments were in place to protect people from harm; however, these were not consistently followed by staff.

People were not always safeguarded from the risk of abuse. Bruises and injuries had not always been investigated. Staff had a good understanding of safeguarding and how to raise any concerns they may have.

People were at risk of not receiving their medicines as prescribed. Protocols in place for 'as required' medicines did not always contain information regarding when the medicine should be administered. They also contained conflicting information regarding dosage.

Systems and processes to ensure good oversight of the service required some improvements. Audits had been completed but had not identified some of the concerns found on inspection.

People were protected against infection. Staff wore appropriate personal protective equipment [PPE] and the home appeared clean.

Staff were recruited safely with appropriate checks in place. People, staff and relatives felt there was enough staff to meet people's needs.

The manager and staff knew people's individual needs well. They supported people in their preferred method and were kind and caring.

Relatives were kept up to date with changes to their loved ones needs. The service had designed a space to allow contact between people and their relatives to use safely during the pandemic.

People, relatives and staff were all aware of the complaints process and felt comfortable to raise issues as needed. There were policies and procedures in place to explain these processes.

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 February 2020). The service remains rated requires improvement.

Why we inspected

We inspected due to concerns relating to the service not having a registered manager and the number of safeguarding alerts received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lakes on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

The Lakes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

The Lakes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider had recruited a manager who was in the process of registering. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, we phoned the service before entering. This supported the service and us to manage any potential risks associated with Covid-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the manager, area manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rota's and action plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were completed and contained strategies to reduce potential harm from equipment, environment and healthcare. However, staff had not consistently followed these strategies. For example, hourly safety checks for people who could not use their call bell were not consistently recorded. This put people at risk of harm.
- Risk assessments for people whose behaviour put them and others at risk were in place. However, they did not detail positive strategies for care staff to follow on how best to support the person for their own and others safety. Staff told us of various strategies they would use however, there was no consistency in these being implemented. The manager implemented updated behaviour plans after the inspection.
- Fire safety checks were completed and Personal Emergency Evacuation Plans (PEEPs) were in place to support the evacuation of people using the service in the event of an emergency. However, fire drills were not consistently completed. This put people at risk of potential harm from fire.

After the inspection, the manager implemented changes to mitigate the risks identified and provided an action plan with timescales and review dates.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. However, not all unexplained bruising and injuries had been investigated and monitored. This put people at risk of abuse. The manager agreed to investigate all bruising and injuries following the inspection.
- Staff had received training in safeguarding and understood how to recognise signs of abuse and who to report to.
- Staff were aware of the whistle blowing policy and who to contact should they feel it necessary.
- People and their relatives told us they felt safe. One relative said, "Staff know [person's name] very well and therefore they feel safe with them". A person told us, "I can talk to staff and I feel safe".

Using medicines safely

- Medicine administration record's (MAR) were completed accurately and staff documented rationale for giving people 'as required' medicines. However, for one person, information on the MAR was not consistent with the prescribing dose. This put people at risk of receiving medicines not as they were prescribed.
- Protocols were in place for staff to follow for 'as required' medicines. However, not all protocols had the relevant information recorded. For example, one person's protocol did not detail when the medicine should be administered. Another person's protocol contained conflicting information regarding dosage.

- Staff responsible for administering people's medicines had received training and understood what to do if a person refused their medication.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People, staff and relatives told us they felt there was enough staff. A staff member told us "Yes there's enough staff to offer support to all residents." A relative told us "Staffing is very good. There are enough staff."
- Staff received appropriate training and induction to ensure they had the relevant skills to support people appropriately.

Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken. This was reviewed by the Manager to identify trends or patterns and to ensure lessons were learnt.
- The Manager was very receptive to the feedback given and gave assurances of the improvements to be implemented.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider completed audits on a weekly and monthly basis. However, we still found gaps in the recording of hourly checks and repositioning charts for people. The audits had not identified the inconsistencies found in medicines records.
- The provider had not always ensured oversight of regular assessment and monitoring of health and safety within the home. For example, the recording of water temperatures and fire drills were not consistent with best practice. These recording issues were rectified immediately after inspection.
- The service did not have a registered manager in post. However, A manager had been appointed and was in the process of registering. Staff told us they felt very supported by the manager.

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

- Engagement of people using the service was limited. We saw no evidence of surveys being completed to ensure people were happy with their care. However, people told us, they were happy. Relatives told us they felt able to feedback their views to the manager.
- Staff attended regular meetings to discuss any changes and to feedback any suggestion they may have. One staff member told us, "We have a suggestion box, and are always able to feedback. I made a suggestion and felt listened to, they [manager] made changes based on my thoughts."
- The provider ensured people's communication needs were met. Paperwork could be made available in different formats to meet individual needs. For example, easy read, large print or pictorial.
- Care plans detailed people's religious and cultural needs. The manager had ensured that people's preferences and needs were documented and implemented.

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

- The manager and staff understood people's individual needs. People told us that staff responded to them and were kind.
- Relatives told us they were kept up to date with relevant information regarding their loved one. A relative said, "They [staff] always phone or message me with information, it's so nice as I am unable to visit."
- The service had designed a room to support relatives to visit their loved one safely during the COVID 19 pandemic.

- Mental capacity assessments and best interest decisions were in place to ensure when appropriate, people were able to have choice and control in decisions about them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints were appropriately recorded and managed. The provider had a complaints procedure in place. People and relatives told us they knew how to complain.
- The manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Continuous learning and improving care. Working in partnership with others

- The manager implemented changes immediately after the inspection in response to the feedback given. The manager was open and transparent throughout the inspection process.
- We saw evidence of referrals being made to external agencies including, doctors, dietitians, speech and language therapists and the falls team. Staff had sought support when appropriate.