

South West Care Homes Limited

Lake View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lake View is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

Staff practice helped keep people safe; they were attentive and knew people well. They responded quickly to potential risks to people's safety and reassured people when they became anxious. People praised their "good work and kindness" and "thoughtfulness." People received their medicines on time and staff were quick to respond to changes in their health and well-being. People were protected from abuse because staff understood their safeguarding responsibilities. Care staff were recruited safely. Staff recognised the importance of team work to provide consistent and safe care. The home was clean, and staff had access to protective equipment to protect people from the risk of infections.

There were systems in place which enabled the registered manager to monitor the quality of care and the safety of the service. For example, through reviews and surveys. Feedback from people using and visiting the service showed this approach had been effective. For example, a relative said, "Thank you is not enough for the love and care you gave (X), especially in her last week." Work was taking place to update the décor of the home.

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

Why we inspected

The inspection was prompted due to concerns over the provider's governance of their services and whether we could be assured people were receiving safe care. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only. We found the service was being managed well and there was no evidence that people were at risk from unsafe care.

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.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lake View 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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lake View

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors completed the inspection.

Service and service type

Lake View 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we used this information to plan our inspection.

During the inspection

During the inspection, we spoke people living at the home to explain our role and observed how staff supported them. We spoke with six staff and one visiting health professional. We reviewed care records, complaints and compliments, survey outcomes, staff files, records of accidents/ incidents, audits and quality assurance records.

Is the service safe?

Our findings

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns to the registered manager and were confident action would be taken to keep people safe. They all knew about external agencies they could contact.
- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff were attentive and ensured they knew where people were in the building. A staff member remained in communal areas as there were several people at high risk of falls and other people who could become anxious and needed staff reassurance.

Assessing risk, safety monitoring and management

- People were protected because risks for each person were identified and managed. Risk assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise the risks. We saw staff were attentive and were quick to encourage people to use their walking frame when they forgot, for example.
- Environmental checks took place regularly to ensure people were protected from scalds from hot water. Window restrictors were in place. Radiators were protected to reduce the risk of burns; one radiator in the dining room was not working on the day of the inspection. This was addressed at the time.
- People had an individual risk assessment for evacuation in the event of a fire, which was regularly reviewed. Following advice from a fire officer, the provider had addressed recommendations promptly. Fire safety was well managed. The registered manager completed weekly fire checks with regular fire drills with staff. They had a fire tracker which ensured all staff completed a fire drill every three months.
- Accidents and incidents were reported by staff and appropriate action taken. They were reviewed by the registered manager to identify ways to reduce risks as much as possible.

Staffing and recruitment

- During our inspection, staff were not rushed and acted quickly to support people when requests were made. The atmosphere at the home was busy but calm. Staff rotas showed there was a minimum of a team leader and three care staff allocated each day and two care staff at night. They were supported by the registered manager and ancillary staff.
- Unexpected staff shortages due to sickness and staff vacancies were covered by staff and external agencies when needed. When agency staff were used they completed the provider's newly implemented induction checklist.
- Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Using medicines safely

- Medicines were safely managed. Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines and had their competency assessed. They wore a red tabard advising staff not to disturb them to minimise risk of errors.
- Where people had medicines prescribed as needed, (known as PRN), there were protocols in place for when and how they should be used.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Staff who administered medicines did so at the prescribed time.
- The pharmacist providing medicines to the home had undertaken a review in March 2019 and had not identified any issues.
- The registered manager and medicines champion undertook medicine audits and took actions to follow up any areas for improvement.

Preventing and controlling infection

- People lived in a home which was clean.
- We observed staff using the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections

Learning lessons when things go wrong

- Accidents and incidents were reported, investigated and monitored for themes and patterns.
- The area manager had completed an audit and was working with the registered manager to implement improvements.
- Strategies to manage further accidents and incidents were used to update people's care plans and risk assessments.

Is the service well-led?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People looked relaxed with staff, chatting and laughing with them. Mealtimes were a social occasion with staff sitting and eating with people living at the home to offer help when needed and aid conversation.
- Staff were observed engaging with people with kindness and compassion. They were attentive, caring and there were lots of positive interactions with people.
- Staff knew people's individual likes and dislikes and demonstrated they wanted people to be cared for as they would want a relative of theirs cared for. They had developed strong relationships with people and understood the importance of getting to know people, so they could provide care and support in their preferred way.
- Feedback from visitors, including health and social care professionals, highlighted how well staff knew people living at the home. They described staff as positive and engaged, and commented on the friendly atmosphere.
- The home used electronic care plans which relatives were able to access remotely. This supported good communication and promoted person-centred care.
- Staff confirmed they were involved in both the development of individuals care and support. They participated in team meetings and one to one supervision sessions.

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; Continuous learning and improving care; Working in partnership with others

- In September 2019, a new nominated individual began working for the provider. Their role includes Director of Operations; they have a team of four staff with their own quality assurance responsibilities. CQC have met with this new team in October 2019 and continues to meet with them every six weeks.
- Complaints were taken seriously, and actions were recorded, the registered manager planned to add further detail to show their good practice.
- The registered manager and staff were clear about their roles, and their responsibility to keep people safe and to promote their well-being. A range of activities took place, but a new role had recently been created to support people's well-being. The registered manager had made links with local resources, for example, to create individual music playlists for people.
- A member of the operations team and the registered manager understood their duty of candour and explained the service had not had a recent environmental audit, but this was due to take place the same week as our inspection. The paintwork in areas was chipped; we were told the appointment of a new maintenance person and the use of new external contractors would ensure this was addressed.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager had the information they required to monitor staff performance as well as the safety and quality of

the care provided.

- Recently regular manager meetings had been set up, so each service could learn from each other and share good practice.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- Relatives confirmed in surveys they were kept up to date. Their comments were positive, although a number suggested people would benefit from an enclosed secure garden and potholes in the driveway repaired. We saw the pot holes had been mended. Staff said they had requested a secure garden space and were hopeful this would now be arranged.
- Staff felt listened to and supported and involved in the running of the service. Staff said they felt very supported by the registered manager and could approach her if they had any concerns.
- Feedback from healthcare professionals showed they were confident staff knew people they cared for well. And a health professional visiting the home told us staff acted on their advice and contacted them in a timely way when people's health needs changed.