Blacklake Lodge Ltd

Blacklake Lodge Residential Home

Inspection report

Lake Croft Drive
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on the 20 January 2015 and was unannounced.

Blacklake Lodge Residential Home provides accommodation and personal care for up to 37 people. Some people may be living with dementia or a physical disability. At the time of this inspection 36 people lived at the home.

The home had a registered manager in post. 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.

Summary of findings

Some people who lived at the home were unable to make certain decisions about their care. The legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were not being followed. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves. People could not be assured that decisions were being made in their best interests when they were unable to make their own decisions.

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

We found there were insufficient numbers of suitably skilled staff to meet people's care needs and preferences. People were not provided with meaningful recreational or leisure activities and were left unsupervised for periods of time in the communal areas.

People who lived at the home told us they felt safe and secure. Equipment and aids were provided to support people with their safety. Staff had a good knowledge of people's individual care needs and we saw they supported people were care and compassion. Records did not always reflect the care being provided.

People's medicines were managed safely; staff were knowledgeable and supported people with their medication as required.

People told us they enjoyed the food, had plenty to eat and drink and lots of choice. Where people needed help with eating, we saw staff provided the level of support that each individual required.

People's health care needs were met. They were supported to see a health care professional when they became unwell or their needs changed. People told us the staff were kind and caring. We saw staff were patient and understanding when interacting with people.

'Resident', relatives and staff meetings took place on a regular basis. We saw examples of where action had been taken when suggestions had been made. Staff told us they felt well supported by the management and worked well as a team. The safety and quality of the home was regularly checked and improvements made when necessary.

Summary of findings

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. People told us the numbers of care staff were sufficient. We saw periods of time when people were left in communal areas unsupervised because staff were busy attending to the care and support needs of other people.

People told us they felt safe and secure. Equipment and aids had been provided to support people with their safety.

Medicines were managed safely by well trained and knowledgeable staff. This meant people were protected from the risks associated with medicines.

Requires Improvement

Is the service effective?

The service was not consistently effective. Staff were unsure of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and had not received training. We saw some decisions had been made that may not be in the best interests of people.

People told us they had sufficient to eat and drink each day. Staff monitored the daily intake when concerns with people's nutrition were identified.

Staff told us the training they received supported them to effectively deliver good quality care. People were supported to have their healthcare needs met.

Requires Improvement

Is the service caring?

The service was caring. People told us the staff were kind and caring. We saw staff were compassionate and patient when supporting people with their care needs.

People's privacy and dignity was respected.

Good

Is the service responsive?

The service was not consistently responsive. People were not consistently supported to participate in activities that were meaningful or suitable with their needs and preferences.

Staff were responsive to deliver the care and support to people in a knowledgeable way. However the records did not always reflect the care being provided.

Requires Improvement

Is the service well-led?

The service was well led. Staff told us they felt well supported by the registered manager and the management team. People were asked their views and experiences of the home at regular intervals.

The provider had systems in place to regularly monitor the quality and safety of the home.

Good

Blacklake Lodge Residential 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 inspection took place on 20 January 2015 and was unannounced.

The inspection was conducted by two inspectors and an expert by experience. The expert by experience was a person who had personal experience of caring and supporting older people.

We looked at the information we held about the service. This included notifications the service had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 21 people who lived at the home. Some people living at the home were unable to speak with us, so we spent time in the lounge areas and observed the interactions between people. We spoke with the registered manager, three members of staff and four visitors. We looked at five care records, medication and staff training records, staff rotas and the provider's quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

We asked people at the home if they felt safe and secure. They told us they did and had no concerns regarding their personal safety. One person told us they had three call bells in different parts of their bedroom, so that they were able to easily call for assistance when it was needed. This person preferred to stay in their bedroom for the majority of the day, so the provision of the additional equipment was 'very helpful for them'. Staff told us they respected this person's wishes for them to remain in their bedroom but visited at regular intervals to ensure their safety and comfort.

Some people required additional aids and equipment to support them with their safety, for example walking frames and sticks. One person told us that they were always forgetting where they had left their walking stick but that staff would always find it for them. This person's mobility had been risk assessed when concerns with their safety had been identified.

Other records relating to people's care and support needs were not always accurate and up to date. We saw that risk assessments had not been completed when risks to a person had been identified at the point of admission to the home. In the event of an emergency and when the premises needed to be evacuated we saw personal emergency evacuation plans (PEEP) were not up to date. PEEPs are used to inform staff how to support people. There was conflicting information in records regarding monitoring of people's weight, bathing preferences and equipment to be used. Improvements were needed to ensure people's care records contained accurate information. However, staff demonstrated they had a good knowledge and understanding of people's individual needs and the risk of harm as a result of poor record keeping was low.

A visitor told us about the additional precautions the registered manager had taken to keep their relative safe when they were alone in their bedroom. They were very satisfied and reassured that their relative could be as safe as possible because of measures that had been taken.

The staff we spoke with explained how they would recognise and report abuse, they were clear on the actions they were required to take. One staff member told us: "I would immediately report any concerns to the registered manager or the most senior person at the time. They would then deal with it but I would ask later what action had been taken. I know about whistleblowing and would have no hesitation to use it if I had real concerns. I have not seen anything that concerns me since I have been here". Information on the procedures and contact details of the local authority safeguarding team were displayed in the office. This meant staff had access to information to report concerns.

We asked people about the care staff and if they felt there were enough of them. One person said: "Oh yes, there's a lot of staff here". A visitor said: "I feel there are plenty of staff whenever we visit there is always someone around". Staff told us that all people living at the home needed some level of support with their personal hygiene and preparations for the day. We saw staff were busy attending to the care and support needs of people. People in the lounge areas were left unsupervised and unsupported when they requested assistance because care staff were busy supporting other people. Staff returned to the lounge areas at intervals to check that people were safe and if they required any support. The registered manager told us the current staffing levels were sufficient to meet the current needs of people and the numbers of care staff were determined by the dependency needs of people living at the home.

Medication was stored safely in a locked trolley and administered to each person individually. Staff were patient and waited with the person until they were sure that their tablets had been taken. Staff told us how people preferred or needed to have their medication. Staff told us that on occasions a person needed to have their medication administered to them covertly. They explained the reasoning behind this and we saw the person's doctor had been consulted and a decision made in the best interests of the person. Staff had knowledge and were trained to ensure people received their medication safely.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with were unsure of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLs). They told us they had not received training in this area. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where applicable; decisions are made in people's best interests when they are unable to do this for themselves.

Staff told us that a person was living with dementia and at times was unsure of their whereabouts. We saw that a door sensor had been positioned on the bedroom door to alert staff when the person was exiting their bedroom. The registered manager told us the person had a Lasting Power of Attorney (LPA) but the registered manager had made this decision in the person's best interests. Although we saw this was the least restrictive way for the safety of the person there was no documentation to validate discussions with the LPA and how the decision had been lawfully made.

We saw Do Not Attempt Resuscitation orders (DNAR) in two files we looked at. Capacity assessments in regard to the MCA had been completed which identified that the person had fluctuating capacity but was unable to make this specific decision. A relative confirmed that the person would not be able to understand the implications of this decision. There was no evidence available to demonstrate how this decision had been made in the person's best interest and the relative told us they had not been involved with this process. This meant the provider was not following the principles of the MCA, to ensure this decision was made in people's best interests.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people about the food at the home. They told us they liked the food, had plenty of choice and were satisfied with the meals provided. One person said: "Yes, the food is very good and you have a choice. I'm very pleased with everything. I have all my meals here in my room, I prefer my own company". Staff told us about the recent introduction of staggered lunch times, so that time could be spent with people who required support with their meals. We saw staff were attentive, encouraging and supportive when they helped people. Care plans were in place for people's dietary needs and included any special requirements, for example soft and light diets. Daily food and fluid monitoring records were completed and reviewed when there were concerns that people were not eating and drinking sufficiently.

People told us the staff were very good. One person described the staff as: "Very nice and friendly". Staff said the training they received was sufficient for them to do their job and they could request additional training subjects if they felt it would improve their knowledge when providing care. One staff member felt the dementia care training was very useful and they had requested a medication update and refresher. We saw staff were patient and understanding when people were unsure of where they were and communicated at a level and pace suitable for each individual.

People were supported to access healthcare services when they were needed. For example, district nurses, doctors, memory clinics and podiatrists. One person was at risk of developing sore skin because of their physical condition. The person was unable to tell us how they were feeling but smiled and nodded when we visited them. Their relative told us they were 'happy with their care'. The registered manager had contacted the district nursing service and a plan of care had been completed. We saw a pressure mattress in place on the bed and repositioning charts were completed following each intervention. This showed that this person's health care needs were monitored and met.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us: "It's very good here they look after me very well". A visitor told us: "All staff are so caring and [person using the service] has improved so much since they have been here. They were very mithered at home but here they are so much better and settled". We saw people interacted well with each other. Staff knew people well, their likes and dislikes and were able to support people with their needs when verbal communication was difficult. Staff told us that a person's particular behaviour indicated that they needed the toilet. This meant staff were aware of these people's individual needs and supported them with dignity and respect.

People told us they could make decisions about their care. One person told us: "I have the same routine every day and staff soon get used to my routine and help me". This showed the person was listened to and was able to express their opinions. Choices were offered throughout the day, people were asked their preferences regarding drinks and where they would like to sit. We saw that staff respected people's decisions. Staff were patient with people who because of their dementia were constantly calling out. They took time to find out what the person wanted and supported them.

People were treated with care, compassion and respect. For example, we saw a member of staff supported a person with their midday meal. The person was not feeling too well, we heard the staff say: "Just try a little more, it's okay if you can't manage the sausage. Try the mash potato and a little vegetable and after I will ask the senior to come and speak with you". After the meal we saw the person was helped back to bed for an afternoon rest.

People's privacy was respected. For example staff supported a person to move from a communal area to their bedroom when a health care professional arrived. One person liked their bedroom door locked, we heard staff ask: "Shall I lock your door for you". Other people told us their privacy was respected and staff always knocked on their bedroom door before answering, however one person told us that this only 'sometimes' happens. We did not see any occurrences where people's privacy was compromised.

Everyone had their own bedroom, where they were able to go when they wished. The bedrooms were personalised with people's own personal belongings and were decorated to meet people's individual preferences. Some people liked to spend time in their rooms during the day; we saw that people were able to do this and that their privacy was respected by staff.

We saw people at the home were living with dementia, there were no memory boxes, only one or two photos on bedroom doors and no tactile sensory items available. A few prompts had been installed, for example pictures and signage for bathrooms and toilets to help people with independently finding the facilities to use. We saw staff directed people to the various facilities when required. Additional improvements and equipment would enhance the quality of life for people living with dementia and enable them to remain independent for as long as possible.

Requires Improvement

Is the service responsive?

Our findings

We asked people what they liked to do each day. They told us they watched television and listened to music. One person told us: "There's always someone to talk to". We saw they conversed with the person sitting next to them and occasionally started singing. People were joining in and clapping and swaying in time to the song. People told us that each week a singer came to the home to entertain them during the afternoon. One person expressed their opinion: "Two people come in to sing on a Wednesday afternoon, and they're awful, can't sing at all!"

During the morning of this inspection the television was on; not many people were interested in the programme. At times people became restless and wandered about the home. In the afternoon care staff and a group of people threw a ball to each other. The television was still on. Staff told us there was not a member of staff for arranging leisure and recreational activities for people. They told us that when they had time in addition to their care and laundry duties they would try and 'do something'. The registered manager told us they had tried to recruit into the activities post but had as yet been unsuccessful. They confirmed they had not arranged cover from the existing staff to provide for this role.

People told us they were involved with the planning and review of their care. We asked one person if they knew about and had seen their care plan. They told us: "Yes, funnily enough I've seen it this morning. It's amazing how a whole year of your life can be covered just like that isn't it?" We saw some plans had been signed by the person to indicate their involvement with the process.

We asked staff to tell us about the care they provided to one person. They demonstrated a good knowledge of the care and support provided. They told us that recently the person's health had deteriorated and they required additional and more regular care. The care being delivered was completely different than what was recorded in care plans. The records did not accurately reflect the care being delivered; however as staff responded positively to the change of the person's needs, the risk of harm was low.

People told us they would speak with their families if they had any concerns or complaints. One person said: "I have nothing to complain about, it is really lovely here, the care is good so are the staff. I would only have to speak with any of the staff if there were any problems and they would sort it for me. I can't think of anything off hand to complain about". Visitors told us they were aware of the complaint procedure and would speak with the registered manger if they had any concerns. One visitor said: "The staff are friendly and actually know about [my relative] what they do and do not like. It's great we as a family have no concerns". We saw a copy of a complaint that had been received and the response made to the complainant. The registered manager told us no complaints had recently been received but they would record any concerns and act on them accordingly.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they knew the registered manager and felt they were able to speak with her at any time. One person commented: "Yes, oh yes, I see her every so often, I think she does a very good job". One person was not quite so sure who the registered manager was but went on to say that if they were worried there was someone around they could talk with. Staff felt well supported by the registered manager and the management team. They were clear on their responsibility of who to report to. We saw that good relationships had been developed between the registered manager and people; they were comfortable in each other's company.

There were systems in place to seek people's views and experiences of the home. The registered manager arranged meetings for 'residents' and their families every six months. These meetings were used to inform people of the plans for future events and what was happening within the home. People had opportunity to make comments and suggestions. At a recent meeting relatives were invited to have Christmas lunch at the home.

Monthly staff meetings were held with additional and separate meetings for the different staff groups. Staff told us they attended these meetings and it gave them the opportunity to discuss work related issues and agree solutions. At a recent senior care staff meeting, medication and the improvements needed to ensure a safe system was discussed and solutions agreed.

Satisfaction surveys were sent to relatives and staff each year. The returned surveys were analysed and action taken when suggestions for improvements were made. For example to improve communication, handover and work allocation sheets have been implemented. Staff told us that this was working well as they were now aware of their duties at the beginning of each shift.

Two weeks after a person had come to live at the home; they and their relatives were asked their initial opinion of how they were feeling. The registered manager told us this was a 'first response' survey. One person had written: "Happy with the care so far". This meant the provider sought people's views to continue to improve the service being delivered.

Systems were in place to regularly monitor the quality and safety of the home. The registered manager told us that senior staff had been allocated tasks and areas of responsibility, which when completed supported the quality assurance checks. For example, we saw two staff members reviewing care plans; they told us they had allocated time to complete them. The registered manager would then further check the accuracy of the reviews and feedback the findings to the staff. This demonstrated the provider had a system to identify risks, make changes and to improve the quality of care provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person.