

Sanctuary Care Limited

# Lake View Residential Care Home

## Inspection report

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02 March 2020

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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

### About the service

Lake View Residential Care Home provides accommodation and personal care for up to 60 people. On the day of our inspection 50 people were living in the home.

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

People told us they felt safe with the service provided and the staff we spoke with were aware of their responsibility of safeguarding people from the risk of potential abuse. Risks to people were assessed and risk assessments were in place to mitigate identified risks. There was always enough staff on duty to meet people's assessed needs. People were supported by skilled staff to take their prescribed medicines. Systems were in place to promote good hygiene standards to reduce the risk of avoidable infections. Lessons were learnt when things went wrong, and action was taken to drive improvements.

The provider had a registered manager in post and people who used the service and staff were aware of who was running the home. The culture of the home was diverse in meeting people's specific needs. Quality assurance checks were in place to assess and monitor the quality of the service provided to people. People were supported by staff to maintain positive links with their local community. The provider worked with other agencies in providing a service for people.

### Rating at last inspection

The last rating for this service was 'good,' (published 2 September 2019).

### Why we inspected

We had received concerns from the local authority in relation to the number of accidents reported which, were mainly as a result of falls. 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.

The overall rating for the service remains as 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 Residential Care Home on our website at [www.cqc.org.uk](http://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 reinspection 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Lake View Residential Care Home

## **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

The inspection team consisted on three inspectors.

#### Service and service type

Lake View Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

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 asked the local authority for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with four care staff, one maintenance person and the registered manager.

We reviewed a range of records. These included three people's care records, including the records of medicine administration. We looked at a variety of records relating to the management of the service, including any quality monitoring checks. We also looked at records relating to incidents and accidents.

# 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The local authority shared concerns with us about the absence of body maps, to identify injuries the individual had sustained after a fall. The registered manager told us body maps had now been implemented to provide clear information about injuries and we saw evidence of these. This provided information about the healing process where a person had sustained skin damage.
- The local authority had shared concerns about the number of accidents within the home. We spoke with people who had recently had an accident and looked at their care plan and risk assessments. We found the provider had taken action to reduce the risk of further accidents. For example, where necessary people had been referred to a physiotherapist to review their walking equipment. Alarm sensors were installed in bedrooms to alert staff when the person required support with their mobility.
- One person who used the service told us about their recent fall and the injuries they had sustained. There was no evidence their accident was due to their needs not being met. Records showed after the person's accident they had been referred to the relevant healthcare professional for support with their mobility and the person confirmed this. They told us they had been provided with a walking frame and we observed this was within their reach. The person told us, "The staff check on me often," and records showed regular welfare checks were carried out. This demonstrated the provider had taken action to reduce the risk of further falls.
- Another person told us about their recent fall, and we observed their walking aid was nearby and they had access to a nurse call alarm. They told us, "The staff come quick when I press the buzzer (nurse call alarm). This meant they were able to ask for support with their mobility when needed.
- The registered manager told us they had identified a time trend when people tended to have accidents. They told us they had removed all staff breaks during this period to ensure sufficient numbers of staff were available to support people when needed and the staff we spoke with confirmed this. This ensured people were observed more closely and provided with support when needed to reduce the risk of further falls. We observed staff were nearby to assist people when needed.
- We observed moving and handling risk assessments were in place to support staff's understanding about the level of support the individual required to mobilise safely.
- We observed a risk assessment for the safe use of the nurse call alarm to ensure this was accessible to the individual and that the lead from this device did not pose a strangulation risk.
- We saw physical dependency risk assessments were in place to identify the level of support the individual required to meet their assessed needs. This assessment was reviewed regularly to reflect the person's changing needs. For example, one person had been readmitted to the home after a stay in hospital. The person's assessment was reviewed and up dated to reflect the change with regards to their needs.

- Personal emergency evacuation plans were in place to tell staff about the support the individual would require to evacuate the home in an emergency. The plan included information about equipment that may be required to do this safely. For example, an evacuation chair.
- We observed environmental risk assessments such as fire risk assessments to review and monitor fire safety equipment. We saw a risk assessment in place for water checks with regards to checking the presence of Legionella. These checks ensured the safety of people who accessed the service.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home and with the service provided to them. One person who used the service said, "I feel safe here because nobody bothers me." A different person told us, "The staff are nice and that makes me feel safe."
- Staff were aware of different forms of abuse and knew how to recognise them. All the staff we spoke with were aware of their responsibility of sharing concerns about potential abuse with the registered manager and other external agencies to protect people from the risk of further harm.
- We observed information displayed around the home informing people about abuse which, provided details of who to contact if they have any concerns about abuse.

#### Staffing and recruitment

- People told us there was always enough staff on duty. One person who used the service told us they did not have to wait a long time for support when needed.
- Staff told us there were enough staff on duty to meet people's assessed care needs. However, additional staffing levels would enable them to spend more quality time with people.
- We observed on each floor staff were nearby to assist people if and when required.
- At the previous inspection we found the provider's recruitment process ensured staff were suitable to work in the home. At this inspection the staff we spoke with confirmed safety checks were carried out and references were obtained before they started to work in the home.

#### Using medicines safely

- We observed one person with their prescribed medicines and a risk assessment was in place for the person self-administering their medicines.
- We saw medicines were stored in accordance to the pharmaceutical instructions.
- The registered manager told us staff who managed medicines had received appropriate training and the staff we spoke with confirmed this.
- The registered manager told us competency assessments were carried out to ensure staff's medicine practices were safe and the staff we spoke with confirmed these assessments were carried out.

#### Preventing and controlling infection

- We observed the home was clean and tidy. One person who used the service told us, "Someone comes in and cleans my bedroom, the home is always clean and tidy."
- Staff told us they had access to personal protective equipment (PPE). For example, disposable gloves and aprons. The appropriate use of PPE helps to reduce the risk of avoidable infections.
- We observed hand wash areas and hand sanitizers were accessible throughout the home.
- The provider had displayed notices for people, staff and visitors about Covid19, which is a disease caused by the Coronavirus. This provided people with relevant information about how to prevent the spread of this disease to ensure everyone's safety.

#### Learning lessons when things go wrong

- The registered manager demonstrated a good understanding about the importance to drive improvements when things went wrong. They were able to show us what action they had taken when

people had sustained an accident to reduce the risk of this happening again. For example, to ensure staff were always nearby to assist people when needed and to ensure people were provided with suitable equipment to assist them with their mobility.

# 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 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 who used the service told us they were happy with the care and support provided to them. All the people we spoke with told us they would recommend the home. A staff member told us, "The atmosphere in the home is very friendly and visitors tell us how warm and welcoming it is."
- We found the culture of the home was person-centred. The registered manager and the staff we spoke with demonstrated a good understanding of people's diverse needs and how to meet them.
- The local authority had shared concerns with us about the number of accidents within the home. The registered manager recognised the importance to support people to maintain their independence safely. The registered manager ensured people had access to relevant healthcare professionals to support them to mobilise safely with the necessary walking equipment. This empowered people to be independent and helped to ensure their safety.

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

- We observed the provider had a pledge to act on the duty of candour which, had been signed by staff to acknowledge their agreement. Duty of candour means the organisation has a duty to be open and transparent in relation to care.
- We found the registered manager to be open, honest and transparent when things went wrong.
- The registered manager was able to demonstrate the actions they had taken with regards to the concerns identified by the local authority. This showed the registered manager acknowledged when things went wrong and had taken action to address them to ensure people received a safe and effective service.

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

- There was a registered manager in post and people who used the service and staff were aware of who was running the home.
- A staff member told us, "The registered manager does daily walk a bouts and chats with people and staff. They are very approachable." We observed the registered manager took the time to chat with people and the staff team. This showed they had developed a positive relationship with people in their care and their staff team.

- A staff member told us, "The registered manager is good at their job." The registered manager told us they were supported in their role by the regional manager and the regional director.
- The provider's governance was effective to assess, monitor and drive improvements. The registered manager told us the regional compliance manager carried out monthly audits to monitor the quality of the service provided and the records we looked at confirmed this.
- The latest quality audit showed there was a shortfall in staff supervision. The registered manager told us this had been addressed and the records we looked confirmed this. All the staff we spoke with told us they had access to supervision and annual appraisals. This ensured staff were supported in their role to provide a safe and effective service.
- Another quality audit identified relevant information in one care plan was missing. The records showed the registered manager had made arrangements to have the person's care plan reviewed with the person and their relative. This demonstrated the provider's audits were effective to identify shortfalls and to take action to address them, to ensure people's specific needs were met.
- We observed 'review' cards in the reception area of the home. People who used the service, visitors and healthcare professionals were able to make comments about the service provided. This information enabled the provider make improvements where needed to ensure people received the appropriate care and support.
- We observed the provider's CQC inspection rating was displayed on their website and in the home.
- Our records showed the registered manager had notified us of significant incidents which, they are required to do by law.

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

- One person who used the service told us meetings were carried out with people who lived in the home. They told us, "It's good to be able to express your views."
- Staff told us meetings were carried out with the staff team. They told us the registered manager listened to their views and where necessary changes were made to improve the quality of the service. For example, staff arrangements were changed to ensure staff were deployed in relevant areas of the home to ensure people were provided with the necessary support when needed.
- People were supported by staff to maintain links with their local community. For example, on the day of our inspection we observed children from the local infant school visit the home.
- People had access to people from places of worship to enable them to continue to practice their chosen faith. On the day of the inspection we observed a number of people from a place of worship visiting people. This enabled people to continue to practice their chosen faith if they wished.

Continuous learning and improving care

- The registered manager informed us 'walk around handovers' were carried out. These entailed walking around with the staff member in charge of the shift, to provide them with information about each person in the home. This included the delivery of care, changes to prescribed medicines and the person's general wellbeing. This ensured the staff in charge of each working shift were aware of the individual's needs.
- The registered manager had recently carried out a night reduction falls project to look at the effects of sundowning. Sundowning refers to a state of confusion occurring in the late afternoon for people living with dementia. The registered manager told us the project helped people to settle down and reduced the number of falls.

Working in partnership with others

- The provider worked with other professionals such as the multi-disciplinary team and the clinical commissioning group. The registered manager told us regular meetings were carried out with these agencies to review and assess the service provided to people and to avoid hospital admissions.

