

Franklin Care Group Limited

# Lakeside Residential Care Home

## Inspection report

Smithy Bridge Road  
Littleborough  
Lancashire  
OL15 0DB

Tel: 01706377766  
Website: [www.franklincaregroup.co.uk](http://www.franklincaregroup.co.uk)

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lakeside Residential Care Home is a purpose-built residential care home providing personal care to up to 40 people. There were 38 people living at the home at the time of inspection.

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

The provider's auditing processes needed improvement to ensure records contained accurate information to guide staff and monitor people's continuing care needs. We have made recommendations about this below.

We have also made a recommendation around the accurate recording staff training requirements to ensure staff have the relevant knowledge and training to meet the specific needs of the people living at the service.

People told us medicines were administered safely and staff told us they had received relevant medicines training.

People who used the service were happy with the care and support provided by Lakeside Residential Care Home. Most people and their relatives told us they felt safe and staff were very caring. Risks to people had been assessed and incidents analysed to ensure lessons were learnt.

People's care plans had been personalised and overall contained key information to guide staff however there was some information that was outdated and did not reflect staff's current knowledge of people's care needs.

People felt safe and protected from the risk of harm. Staff employed within the home had robust background checks in place, prior to starting work.

People spoke positively about the registered manager who they found to be supportive and responsive. The registered manager worked in partnership with health care professionals and local authorities responsible for monitoring people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff and people who used the service spoke highly of the registered manager and how the service was run and organised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

The last rating for the service under the previous provider was good (published on 8 August 2017).

This service was registered with CQC under the new provider on 15 May 2019 and this is the first inspection.

This was a planned inspection based on the date of registration.

#### 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Lakeside 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

This inspection was carried out by two Inspectors.

Lakeside Residential Care Home 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.

#### Service and service type

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted Healthwatch for feedback on

the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We received feedback from nine members of staff including the registered manager and care workers. We spoke with three professionals who regularly visit the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. 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 which was reviewed by two inspectors. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this service under the newly registered provider. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service they received was safe. One relative told us, "When I leave my relative, I have absolute peace of mind they are well taken care of."
- Staff had a good understanding of the ways to keep people safe from abuse. Staff told us they felt confident to raise concerns and the registered manager would act on them promptly.
- Policies and procedures in relation to safeguarding and whistleblowing were in place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and documented in care records. We found some instances where care records did not reflect a recent change to a resident, this was discussed at the time of inspection and the registered manager was in the process of updating care records. This has been discussed further in the well-led section of this report.
- People's needs were communicated to staff through regular handovers. One person told us "The staff are absolutely smashing" and most people told us they felt safe when staff provided care to them.
- We received some feedback that the call monitoring system had at times not been working. This was discussed with the registered manager at the time of inspection who agreed to investigate this. Regular maintenance of the call bell system was in place to identify issues and the system was regular serviced to identify faults.
- We saw records for recording accidents and incidents and where a person's need had changed, appropriate referrals to health professionals had taken place.

Staffing and recruitment

- Staff recruitment processes were robust. Pre-employment checks were completed to help ensure staff members were safe to work with people in a care setting.
- Staff told us that new staff worked with experienced staff members until they felt comfortable to work alone.
- There were enough staff to support people's needs and most people told us the staff were able to support them in a timely manner.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Regular audits ensured medicines were administered correctly and any issues found were addressed. Staff

told us they felt confident in administering medication.

- The local authority had recently completed an audit with the home and found no concerns in relation to medicines.

#### Preventing and controlling infection

- 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 admitting people safely to the service.
- 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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service had a covid-19 specific policy and staff had received training in infection control. The home was taking appropriate measures by preventing professionals from entering the home where they did not appropriately display their vaccination status.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service under the newly registered provider. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of their responsibilities under the MCA and the role this might play in care delivery.
- People consented to their care and treatment, where possible, and were involved in decisions about their care.
- We saw capacity assessments in care documents to guide staff when supporting people who lacked capacity and staff understood people's awareness of safety around the home.
- We saw records that showed people had DoLS in place where required. However there had been an oversight where the registered manager had failed to inform CQC that these people were subject to a Deprivation of Liberty. This was discussed with the registered manager at the time of inspection and they took prompt action to rectify this oversight.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they received support that met their needs and respected their choices.
- People's needs were comprehensively assessed prior to them moving into the home. The registered manager explained that compatibility with other people living at the service was a key consideration before offering a placement.
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's physical, mental and communication support needs.

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training provided them with the skills required to undertake their role safely. One staff member told us they felt confident in their role and commented "We've got a good team of staff here."
- Whilst staff told us they had completed training, the training matrix for the service did not fully reflect the requirements of each staff member for their role.
- The manager told us they were working with staff to address any shortfalls in training and to identify specific training needs relating to people's health conditions, the impact of the Covid-19 pandemic had made sourcing this training a challenge.

We recommend the service create an accurate method of recording staff training requirements across the home and ensure staff have the relevant knowledge and training to meet the specific needs of the people living at the service.

- Most people we spoke with told us that staff had the appropriate skills and experience to provide safe and effective care.
- The management undertook spot checks of staff competency in a range of tasks around the home on a regular basis to monitor staff conduct.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed feedback about the food. Some people spoke positively about the food and drink within the home, but we also received some negative feedback about the quality and amount of food. One person we spoke to told us "The food here is nice, if I don't like the meal, I can choose something else."
- Care plans contained good detail about people's likes and dislikes and the level of support they required at mealtimes.
- We saw records showing residents had been consulted with meal choices and changes to the menu, to reflect individual tastes and seasonal changes.

Adapting service, design, decoration to meet people's needs

- The home is a purpose-built facility that had been designed and furnished to meet people's needs.
- The service had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were personalised to their individual requirements and staff told us people were encouraged to bring their own possessions into the service, to make them feel comfortable. One person told us "It's very nice here, I've got all my things in my room, its lovely having my own furniture."
- At the time of the inspection, the lift required maintenance and could not be accessed by people in the home. The registered manager arranged for alternative access via a chair lift for people to use as an interim measure and the lift was in working order by the close of the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked effectively with external health and social care professionals.
- Records showed that staff had recognised when people were becoming unwell and would access medical advice and input where necessary.
- We saw health professionals visiting the home as needed throughout the inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care they received at the home. One person told us "it's very nice here, the staff are friendly."
- Records reflected people's individual lives and backgrounds; activities within the home reflected people's interests.
- The registered manager told us they valued equality and diversity, and everyone is treated as an individual. They told us people's specific needs had been catered for, including individual dietary and cultural needs.
- The registered manager told us they were proud of their staff and felt the current staff team worked well together. They told us, "It's been a difficult time, its important to have the right people working here, we work in our resident's home."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were consulted on decisions made within the home and about the people who lived there.
- We observed staff asking people how they were and how they wanted to be supported.
- We saw records from meetings where resident's opinions had been sought for changes in the home, for instance around food choices and these changes had been implemented where possible.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a respectful and dignified manner.
- Staff knew how to promote people's privacy and dignity whilst providing care and support. Staff told us it was important to allow people to do as much as they wanted for themselves, where they were able.
- People told us they were reassured to know they could ask for support from staff if they needed it. One person told us "They're really lovely, I can just ask and its sorted straight away."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service under the newly registered provider. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who understood their needs well.
- People had care plans in place that generally reflected their needs and preferences.
- We found some people's care plans did not fully detail all relevant information for a person's current needs. These gaps had not been identified by the auditing processes in the home, this is discussed in the well-led section of this report.
- We saw records detailing people's choices and personal interests and activities in the home had been tailored to suit people's preferences. There was a variety of activities available and relatives commented on how they enjoyed hearing from the service, who shared updates regularly on events taking place within the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed.
- The service provided care to people who were hard of hearing. Staff recognised the importance of speaking slowly and giving people time to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff and management team supported people to maintain contact with their friends and family and facilitated visiting where possible in line with government guidelines.
- The home welcomed residents to join in with events and activities taking place within the home. Activity staff were employed in the home and provided 1:1 interactions with residents who did not wish to get involved in group activities.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and concerns. The information was used to understand

how the service could improve and what they were doing well.

- Feedback obtained from people and their relatives indicated that they knew how to raise complaints and most people were confident any concerns would be dealt with promptly.
- One person who had raised an issue told us "As soon as I raised the problem, it was sorted straight away, they're very approachable."

#### End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care. However, the management team and staff told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.
- The home had facilitated family visits where a person was approaching the end of their life. The registered manager gave examples where they had accommodated family to enable them to be with their loved one.

# 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.

This is the first inspection for this service under the newly registered provider. This key question has been rated requires improvement.

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 registered manager had knowledge of all aspects of people's care needs. However, this was not always clear in the care plan documentation. Not all care plans had been updated with people's changing support needs.
- Staff had good knowledge of people's current care needs but some care documents did not consistently reflect this knowledge. For example, where people had monitoring charts for continuing care needs, the records had not always been completed by staff. This discrepancy had not been picked up during the audit process.
- There was also limited evidence of oversight by the provider around auditing of records in the home.

We recommend the provider reviews their auditing processes across the home to ensure they are suitably robust to identify any gaps in documentation and to ensure all care records are accurate and up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt positive about the culture of the organisation and valued by the management team.
- The registered manager told us their aim was to provide the highest quality of care and to do this, they would only employ staff who shared their values as a care home.
- Staff told us they felt confident to raise issues and they would be dealt with straight away. One staff member told us, "You can speak to the managers about anything." The management team supported staff to make suggestions to achieve the best outcomes for people in the home.
- The registered manager asked for people's feedback about the quality of the care they provided by meeting with people and their families.

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

- People and staff were confident that if they raised any issues or concerns with the registered manager, they would be listened to and these would be addressed.
- The registered manager was aware of their responsibilities under the duty of candour, which is a

requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Working in partnership with others; Continuous learning and improving care

- The service had established good working relationships with healthcare professionals.
- Feedback received from professionals was largely positive. Professionals commented that staff had good knowledge of people's care needs and were able to ensure appropriate and timely professional involvement for people. Staff were willing to learn when given advice about a specific health need.
- Lessons learned had been shared with staff during team meetings and supervisions. Staff told us they felt encouraged to share ideas that would impact on improving a person's care.