

Country Court Care Homes 3 OpCo Limited

Lakeview Lodge Care Home

Inspection report

Jersey Drive
Newton Leys, Bletchley
Milton Keynes
Buckinghamshire
MK3 5SD

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Tel: 01908641200
Website: www.countrycourtcare.co

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 8 August 2018 and it was unannounced.

Lakeview Lodge 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 can accommodate up to 66 people, at the time of our inspection 30 people were using the service.

A registered manager was 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.

The registered manager and staff team were committed to following the vision and values of the service in providing high quality care. The registered manager was fully aware of their legal responsibilities and provided effective leadership and support to staff. Quality assurance systems were effectively used to monitor and assess the quality of the service to drive continuous improvement. The provider worked in partnership with other healthcare professionals and external agencies to continuously meet people's needs. The registered manager ensured the Care Quality Commission (CQC) were kept informed of serious incidents and other events they were required to notify to CQC.

People received a personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them. There was a commitment to ensuring strong links with the community and an emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

The services at Lakeview Lodge Care Home were tailored to meet the needs of individual people and they were delivered in a way to ensure flexibility, choice and continuity of care. There was a full and varied programme of activities and day trips for people to join in as they wished. The feedback we received from people using the service and their relatives was extremely positive about the activities provided at the service. Staff went the extra mile to find out about people's individual backgrounds, hobbies and interests, to accommodate activities that were person centred, meaningful and engaging.

The registered manager and staff had an excellent understanding of people's social and cultural diversity, values and beliefs. People's diverse needs were celebrated, and their human rights were respected. Health professionals were impressed with the knowledge of staff and their attention to providing high quality care.

People were involved in all aspects of their care. People were pleased with how staff provided their care and

they had developed positive trusting relationships with staff. There was a strong culture of treating people with dignity and respect. The staff and the registered manager were always visible and listened to people and their relatives/friends, offered them choice and made them feel that they mattered. This high standard of care enhanced people's quality of life and wellbeing. The whole staff team were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations.

There was a culture of openness and transparency. Staff were extremely positive about the management and leadership which inspired them to deliver a high-quality service. Exceptional leadership was demonstrated by the registered manager who welcomed and fostered ideas from people using the service, relatives and staff to further benefit the care people received. The staff and management all shared the same goal in working to the organisational vision and values to ensure people benefitted from the best possible care. Feedback from people who used the service and their relatives was used to make changes to the service and drive improvements. There was a robust system of monitoring checks and audits identified any improvements that needed to be made and immediate action was taken as a result.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were assessed to ensure preventative action was taken to reduce the risk of harm to people. People were supported with their medicines in a safe way. Their nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were involved in recruiting staff, and safe recruitment procedures were followed to ensure staff were suitable to work in care services. There were enough staff to meet people's needs and staff received a range of training and ongoing support to work effectively.

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. The registered manager and staff understood the importance of working in accordance with the principles of the Mental Capacity Act, 2005 (MCA) in seeking people's consent to receive care and support.

People received varied and nutritious meal options, which included health and cultural dietary requirements that were based upon their specific dietary needs. Staff worked closely with other professionals to ensure people's health and well-being needs were fully met.

The service was designed around people's needs. All areas around the service were maintained and decorated to a very high standard. There were different areas both inside and outside of the home for people to use for their preferred activities. There was private space for people to spend time with their families or visitors, or to spend time alone.

People, relatives and staff were involved and encouraged to provide feedback about the service and this was used to drive continuous improvement. People and relatives were highly positive about the staff team and how the service was managed. Effective systems were in place for people to raise any concerns or complaints directly with the registered manager, the provider and outside of the company.

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.

People were protected from abuse and avoidable harm. Risks associated with people's needs were assessed and managed safely. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people. Staff were trained in safeguarding, and infection control procedures.

Accident and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care plans developed to ensure they received the support they needed. People were provided with varied and nutritious meals. Staff sought the support of other healthcare professionals in response to detrimental changes in people's health or well-being.

People received support from a staff team that had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going training and support.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring, friendly and kind. People were supported to make decisions about how they wanted their care and support provided. People were treated with dignity and respect, and staff ensured people's privacy was maintained.

People's views about the service were continuously sought to review the service and drive improvements.

Is the service responsive?

The service was very responsive.

People received a personalised service that was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them. There was a commitment to ensuring strong links with the community and an emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

People's needs were assessed. The care plans were person centred and provided staff with clear guidance on how people wanted their care and support to be delivered. Staff respected people's diverse cultural needs, wishes and views.

Systems were in place to respond to any complaints. People were confident that any concerns raised would be dealt with appropriately.

Outstanding 

Is the service well-led?

The service was very well led.

People received a consistently high standard of care. The registered manager led by example and set high expectations of staff about the standards of care.

People, relatives and staff expressed high levels of confidence in the management and leadership at the service. Staff worked together as a team to support people and felt valued for their contribution.

The culture was open and honest and focused on each person as an individual. Staff put people at the heart of the service and continually strived to improve each person's quality of life.

Extensive quality assurance systems ensured people received an exceptional quality service driven by responsive improvement.

Good 

Lakeview Lodge Care 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 is 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 was the first inspection since Lakeview Lodge Care Home registered with the Care Quality Commission (CQC) in September 2017. This inspection took place on 8 August 2018, it was announced and carried out by one inspector, an assistant inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information sent us in the PIR to plan areas to focus on during the inspection. We also reviewed other information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We contacted commissioners and no information of concern was received about the provider.

During the inspection we spoke with nine people using the service, 10 relatives, one visiting health professional, six members of staff, two members of the catering team and the registered manager.

We looked at care records in relation to three people using the service. We looked at three staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. These included quality audits, medicines, complaints, compliments and a sample of the providers policies and procedures.

Is the service safe?

Our findings

The systems, processes and practices safeguarded people from abuse. People told us they felt safe with the care provided and the staff who supported them. One person said, "I'm quite happy here, I am quite content and feel safe." A relative said, "[Name of person] suffers with anxiety, the staff are very skilled and recognise this, they are feeling much safer now, they encourage [Name of person] out of their room, they have the welfare of the folks at heart." Another relative said, for the first time for some time they were able to go away on holiday, they said, "I am now able to go away completely confident that [Name of person] is safe and well looked after."

The staff understood their responsibilities in relation to keeping people safe, and could describe what they would do if they suspected or witnessed any form of abuse. The registered manager knew how to report any safeguarding concerns and worked with the local safeguarding authorities in completing investigations when needed.

Risks to people's safety were assessed and closely monitored. One person told us they had experienced two falls out of bed, they said they had asked for a double bed, but this would incur an additional charge. They said the staff had suggested moving their bed against the wall but the person said they preferred not to. We saw that following the falls assessments had taken place on the persons bedroom to ensure it was free obstructions to reduce the risks of further falls. The registered manager said the persons safety was being closely monitored. Another person that was at high risk of falls out of bed, used a nursing profile bed (which lowered close to the ground) and had a mattress beside their bed to prevent injury if they did fall. The registered manager told us the use of bed safety rails for this person would pose a greater risk of injury. A member of staff took on the role of a falls champion and additional falls prevention training had also been provided to staff. People had been referred to the falls advisory service as required and the occupational therapist. Specialised equipment such as profile beds, walking aids and grab rails had been provided as necessary.

A falls tracker was used to assess the level of intervention required to mitigate the risks of people experiencing further falls. The registered manager said due to the staffs increased awareness and the intervention from other healthcare professionals there had been a reduction in the number of falls incidents. The staff knew how to report and record accidents and incidents and we saw that serious incidents were notified to the Care Quality Commission as required.

The staff recruitment processes protected people from unsuitable staff working at the service. The registered manager told us people using the service were involved in the staff interviews. Both formally and informally, either sitting in on the interviews asking questions, or having an informal chat over a cup of tea in a group setting. The registered manager said this gave them the opportunity to observe how potential new staff and people using the service engaged with each other and get feedback from people afterwards. Records within the staff recruitment files confirmed the necessary employment checks had been completed before staff commenced working for the service. For example, Disclosure and Barring Service (DBS) checks and references had been obtained to ensure staff were suitable to work with people using the service.

Most people said there was sufficient numbers of suitable staff available. One person said, "There doesn't seem to be many staff around, I'd like a chat sometimes, but I'm quite happy here, my daughter comes to see me." Whilst another person said, "I have a necklace call bell, if I need help I press the button, they [staff] come straight away." A relative said, "There are sufficient staff, there is always somebody around if you need to talk to them or if you phone they will phone you straight back." Some staff told us they could benefit from having an additional member of staff available at peak times of the day. For example, they said, it can get busy in the mornings as most people liked to get up at 8am. This was discussed with the registered manager at the time of the inspection, who said they closely monitored the staffing levels and as occupancy increased the staffing levels would also be increased. We also saw that regular checks were carried out on the call system to analyse the length of time taken for staff to answer the call bells.

People received support with their medicines. Their care plans had information on the level of support people needed to take their medicines safely. Staff confirmed they received medicines training and records showed that medicines competency assessments were completed to ensure staff followed the medicines policy. We observed people receiving their medicines and one person became anxious wanting to know when they would be given their medicines again, the carer gently reassured them of the time and the person became relaxed and smiled at the member of staff. A member of staff took on the role of medicines champion and records showed that daily, weekly and monthly medicines audits took place to check people received their medicines safely and that staff kept accurate records. Action had been taken in response to areas identified for improvement. For example, the temperature of the medication room had not always been recorded twice a day, and staff had not always kept accurate records on the medicines administration charts (MAR). We saw that staff meetings had taken place to stress the importance of keeping robust medicines records and at the end of each shift the MAR charts were double checked, and stock checks were completed on all loose boxed medications to ensure the stock matched the balance on the MAR charts.

People were protected from illness due to the risk of cross infection. A relative contacted CQC soon after the inspection visit they said, "The quality of cleanliness and food is outstanding." Staff told us and records showed they received infection control training. A member of staff took on the role of infection control champion, to raise awareness of the importance of hand washing and following the infection control policy. We observed all areas within the home were very clean and tidy and staff used disposable aprons and gloves when providing personal care and handling food. Records showed that routine infection control audits were carried out and training was scheduled to keep staff up to date with current good practice and legislation.

Is the service effective?

Our findings

People's needs were assessed prior to them using the service. People using the service and their relatives confirmed they were involved in the assessment process prior to taking up the service and with their on-going care reviews. One person said, "I was involved in putting together my care plan, it is regularly reviewed and adapted as things change." We saw people's care plans gave information on how people wanted their care to be delivered and included information on people's social, cultural and spiritual beliefs and their physical and emotional needs.

People received care from staff that had the right skills to provide their care and support. Staff told us, and records showed they received induction training that covered areas such as, moving and handling, food hygiene and nutrition and hydration, medicines administration, first aid and infection control. One member of staff said, "We had two weeks of training before the service opened, it was good because we got to know each other" The registered manager said, it was good for the staff to undergo the induction training together, to instil the aims and values of the organisation right from the start. The staff consistently told us they had received training appropriate to their roles and gave relevant examples. Staff fed back positively about the support and training available to them to develop their skills and confirmed they were up to date with mandatory training. For example, one staff member confirmed they had recently been enrolled on 'End of Life' training. All staff recruited into the service attended the Alzheimer's Society Dementia Friends course, which was a provider mandatory requirement of all staff.

The Registered Manager promoted the use of staff 'champions' and encouraged all staff to put themselves forward. We saw that some staff acted as champions in specific areas such as, dementia care, falls prevention, medicines, health and safety, infection control, end of life, dignity, activities and well-being. The staff that took on the role had a specific interest to bringing best practice into the home, to share their learning by way of presentations to other members of staff, act as role models, and support staff to follow good care practice.

The training records evidenced that staff received training based around current legislation and best practice guidance. Staff had individual one to one supervision meetings with their line manager which provided them with an opportunity to discuss their personal development or to identify any additional training that was required. Staff confirmed that these meetings were a two-way (joint) conversation and gave them the opportunity to speak up about any issues or concerns that they were experiencing. All staff confirmed that the registered manager was approachable and operated an open-door policy.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person said, "I enjoy dressing up for Sunday lunch, everybody gets dressed up, I enjoy all the meals here. You can have a cooked breakfast, the chef comes and asks you what you would like before breakfast, there is a choice, you can have anything you want." Another person said, "The meals are always varied and there are snacks, fruit and milkshakes available between meals." A relative said, "My mother had become very withdrawn whilst in hospital and she hadn't eaten properly for five weeks, her mobility had become very poor. The staff are absolutely amazing here, they have assisted her to regain her independence."

We saw that people's dietary needs were assessed and any food allergies and intolerances were recorded within their care plans. Information was available to guide staff on meeting the needs of people with swallowing difficulties, on soft diets and thickened drinks to prevent choking. The staff were knowledgeable of people's food and drink likes and dislikes, and the level of support people needed to eat and drink depending on their health conditions. We observed the staff serving people the lunchtime meal and found this to be a relaxed experience for people. Staff offered people a choice of drinks and people could choose where they wanted to eat, for example in their bedroom or their own table. We observed staff assisting a person being cared for in bed to eat their lunch, they gave gentle encouragement to the person to eat and drink. We saw the dining tables were attractively laid with table cloths, cutlery and condiments. One member of staff sat with people to eat their lunch, and we heard them having conversations with people at the table, which people seemed to enjoy.

The chef said they were currently in the process of producing a photo album of plated dinners that could be shown to people using a 'tablet'. This would enable staff to show an image of dinner choices to people, which would be particularly useful for people living with dementia and enable people to make a more informed choice about what they would like to eat.

People were supported to live healthier lives and maintain good health by attending regular health checks and medical appointments. Relatives told us they were regularly informed about their family members health and wellbeing. One relative said, "If [Name of person] becomes unwell they are quickly seen by the GP. They [staff] ring promptly if they have any concerns." Another relative said, "A notice is put up when the chiropodist is visiting, the cost of this service is incorporated in the fees. [Name of person] needs to see the GP, staff will go with [person], I also sometimes take [person] to see the GP." A third relative said, "[Name of person] looks so much better since they moved here, they weren't eating at home. [Name of person's] bedroom is always beautifully clean and fresh, I don't have any worries at all."

We saw that staff kept records of when people were referred to and received support from healthcare professionals. Such as the GP, district nurse, speech and language therapist, occupational therapist, physiotherapist, specialist consultants, dental and ophthalmic services. Records also showed the advice received from the healthcare professionals was followed and people had regular visits from healthcare professionals. There had been occasions when the Hospital In-Reach Team (HIT) had provided support to the service. The staff confirmed that the advice provided by the HIT team had been excellent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff team understood their responsibility to provide care working with the MCA principles. People's capacity to consent to their care had been assessed and where people did, not have capacity best interests' decisions had been made by people acting on their behalf. The registered manager had notified the Care Quality Commission (CQC) of people with DoLS authorisations in place and they ensured staff worked in line with the conditions of the authorisations. We observed that staff instinctively sought people's consent, offered choices and respected people's decisions.

People's individual needs were met by the adaptation, design and decoration of the premises. A relative

commented, "Lakeview Lodge is a relatively new home with excellent facilities. The décor is bright and warm providing a very pleasant environment for residents." The home was a new build and all areas were modern bright and airy. Themed areas had been created throughout the home. There was a bistro café, a shop, cinema, hair salon, several lounges and communal areas and a separate fine dining area. One area created a nursery with a cot, baby doll and baby clothing. The registered manager said some people took comfort in caring for the baby doll.

There was clear signage to different areas throughout the home. All bedrooms had the person's name on them and some people had small keepsakes placed in memory boxes fixed to the wall outside of their bedrooms. This assisted people to orientate themselves around the building and promoted independence. There was ample space inside and outside of the home where people could spend time with their families or visitors, or to have time alone. All areas were well maintained and decorated to a very high standard. The garden was well maintained with shrubs and raised flower beds. There were ample seating areas, and a play area where people could spend time with visitors and their children.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion, and had developed positive relationships with staff. One person said, "The staff are amazing in everything they do, they give excellent all-round service." One relative said, "This is a very relaxed home, the staff are understanding, loving and kind." Another relative said, "The staff are caring, patient and supportive."

People were actively involved in making decisions about their care, support and treatment as far as possible. The registered manager understood when people may need additional independent support from an advocate, but at the time of the inspection all people were supported by family members. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. One relative said how impressed they were that staff had got to know their family member so well after a short time. In discussions with the staff it was evident they knew people well and were aware of people's individual preferences and interests. Another relative commented about the positive change in the wellbeing and general happiness of the two relatives they had living at the home and how they had 'greatly improved after a short time'. They said each time they visited they always found their relatives in the company of other residents, with carers present and this was a 'massive improvement' to the experience they had at a previous care home.

People's care plans included background information about the person, their wishes and preferences and how they wanted their support provided by staff. This helped staff to ensure they provided person centred care that supported and respected people's individual needs.

People were treated with dignity and their privacy was respected. A member of staff took on the role of a dignity champion and the staff were able to describe how they promoted and protected people's dignity and privacy. The home had taken part in the Dignity Action Day, which is an annual opportunity for health and social care workers and members of the public to applaud people's rights to dignity in care. Friends, families, healthcare professionals and local Police officers were invited to join staff and people using the service and the event was published in a local magazine.

During the day, people and staff joined together to look at what dignity meant to them, especially living in a care home and what good care looked like. Poems were read out in relation to dignity in dementia care, which staff said was very thought provoking. A dignity tree was set up in the hallway and people wrote their thoughts about dignity on a heart, which they hung on the tree. The local Police visited to meet with people and talk about life on the beat. lovely guys who really embrace dignity day reading out some of the some of the heart residents enjoyed meeting them individually after the talk

Throughout the inspection we heard staff addressing people by their preferred name, knocking on doors and waiting to be invited in, and staff attended to people's personal care discreetly and in private.

A relative said, "It is a very comfortable home, very accommodating and caring, they [staff] treat people like individuals. My relative likes to be independent and they encourage independence. They treat the bedrooms like flats, they always knock on the door and respect my relative's privacy." The people we spoke with all said they were well cared for. We observed polite and respectful interactions between staff and residents. Staff understood how to keep people's information confidential and only shared on a need to know basis and people's care records were stored securely.

Is the service responsive?

Our findings

The registered manager and staff team were passionate about people receiving person centred care. The feedback from people using the service and their relatives was extremely positive about the activities provided at the service. One person said, "I don't want to go to the exercise sessions. I play cards with my daughter and read the newspaper. I'm quite happy here." One relative said, "As a family we feel it is admirable that people with dementia mix with others to enjoy quiz afternoons, to be entertained by outside performances of song and/or dance and be included in all aspects of activities within the home. The additional services of hairdressing and chiropody, which my mum takes advantage of in the home are a very welcome service and add to a feeling of wellbeing."

Staff went the extra mile to find out about people's individual backgrounds, hobbies and interests, to accommodate activities that were person centred, meaningful and engaging. One relative said, "I could not fault the home, I would recommend it to anybody. There is always something going on, my relative used to love gardening at home, they have been doing the garden here, they really enjoy it." Another relative told us their family member was also a very keen and successful gardener. They said, "Although [name] memory no longer allows them to plan as they used to, their interest has been continued by being a member of the gardening club. they continue to enjoy some gardening tasks as well as going to the garden centre to purchase plants." The service was preparing to take part in County Care in Bloom competition and the people using the service had played a key role in having the beautifully maintained garden ready to be judged. One relative said, "We often see people in small groups having afternoon tea and cake in the garden, which on occasions we have joined." On the day of the inspection we saw lots of people, relatives and friends sat outside enjoying the sunshine, having tea.

The staff had an excellent understanding of people's social and cultural diversity, values and beliefs. For example, one person was an entomologist (the study of insects, pest management and disease). Over the years the person had taken part in many research projects including malaria and studying the mosquito. Their relative regularly brought information booklets into the home for the person to keep up to date and they were currently studying a species of butterfly. The registered manager told us the person easily got bored and loved talking about their previous occupation. So, each week they sent the person a letter asking questions about certain insects. We saw records of the correspondence, whereby the person had written letters in response giving lots of information and advice about specific insects.

Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influence how the service was developed. All staff had all signed up to the Alzheimer Society Dementia Friends initiative and some staff had undertaken the Virtual Dementia Tour to enhance their understanding of the experiences of people living with dementia. One member of staff said, "The virtual dementia tour training was fantastic, I would recommend it to all staff working with people living with dementia, it really gives you an insight into the everyday difficulties people with dementia have to live with." This meant that staff had the opportunity to diversify their training, to gain enhanced skills to ensure they were able to meet the diverse needs of everyone using the service.

People and staff shared their experiences of losses of war. Remembrance Day was recognised with a two-minute silence and time for reflection. One person shared their memory of shooting down a bomber plane, which they said they still found very hard to accept even to this day. The registered manager said the service brought people together and made them think about how lucky we are and how precious life is.

World culture days were celebrated at the service. The idea was inspired by the cultural background of a person using the service and their love for food that was authentic to their culture. The chefs spent time with the person seeking their input into the menus. The first cultural day took place, and people had the opportunity to share a meal with the person based on their cultural cuisine. Further world culture days were planned to take place throughout the year.

People were enthusiastic to join in with activities. During the morning an armchair exercise class took place and in the afternoon a bowls competition took place in the garden and an art group in one of the ground floor lounges. All these activities were well attended. One person was a talented artist and had sketched a picture of the garden for other people to colour in. The person said, "I absolutely love drawing and painting, the staff make photocopies of my drawings and we use them in the art group." We saw the activities were well attended; there was lots of laughter and light-hearted competitiveness shown by the contestants taking part in the bowls competition.

The people taking part in the arts session, compared pictures and chatted between each other and it was obvious they enjoyed this activity. When someone new joined the groups, they were made welcome by the people and staff. One person said, "We get on really well with each other here and are supportive of each other." A relative said, "[Name of person] is extremely anxious, the staff encourage them out of their room, they used to play bowls when they lived at home and they play bowls here and enjoy the quiz each week. They have a very strong bond with the male activity organiser.

We saw there was a full and varied programme of activities and day trips for people to join in as they wished. People said they enjoyed the walks around the lake that the home overlooked. One relative said, "[Name of person] goes out for lunch with their peers, they enjoy walks around the lake and visits to Bluebell Woods Farm and Dunstable Downs. Several people told us they enjoyed day trips, and visits to the local community centre, and the garden centre. The home had its own minibus for outings and some used 'skype' to enable them to keep in contact with friends and family.

People were encouraged to express their thoughts of activities they had taken part in, called 'precious moments share.' One of these moments was written in a letter by a person following a visit to Dunstable Downs. The said how much they had enjoyed the journey in the minibus that had been christened 'The Charabanc', saying how safe and comfortable they had felt on the journey. How they had enjoyed the perfect view of the Gliders in the valley and how the colours of the fields resembled a patchwork quilt. They spoke of the joy of watching the birds soaring above them and the time spent chatting with people out walking their dogs and how the perfect day was completed with fish and chips on their return home. The person thanked the staff for making the day possible, and it was evident they had completely enjoyed the whole experience.

Another person had written how they looked forward to visiting 'the downs', as this was an area they had been brought up in they had entitled their letter 'A trip down memory lane'. They said how another person on the trip had also lived in the area and they laughed at each other for not remembering how breezy it can be and wearing thin cardigans. The person spoke of the landmarks they passed on the journey and the memories it evoked, especially when the driver slowed down so they could see their old home where they said they had so many happy memories.

The service took an active role in the local community and was highly involved in building further links. Contact with other community resources and support networks was encouraged and sustained. Visitors commented on how the service was focused on providing person-centred care and support, and as such achieved exceptional results. Many people from the local community were invited to join events held at the home. A relative spoke of their family member being one of the judges at a family dog show that had been held at the home. We saw pictures of the dog show that had attracted a lot of local interest. One person was previously a member of a Choral Society their friends from the society gave a performance at the home, at which the person joined in the singing. One of the performers said it was like a step back in time and gave them joy to see the person performing again alongside them.

Some people using the service were of Scottish heritage and a group of Scottish dancers came to entertain people. This brought back a lot of fond memories and some people got up and joined the dancers. Other entertainers came to sing classic songs from the 50's and 60's and a local dance centre came to perform the waltz, the Jive and other ballroom routines. The children dressed up for the occasion and afterwards spent time with people enjoying tea and cake. People said they fully enjoyed the activities provided for them, saying the home had a wonderful atmosphere with lots of fun and laughter.

Birthdays and special occasions were celebrated. One person had recently enjoyed celebrating their birthday with their family in the privacy of the fine dining area. A three-course meal was cooked and served by the catering team. The staff had also arranged for a disco to play a variety of music for the whole family to celebrate the occasion. The fine dining area seats up to seven guests and people are served by a hostess with food and wine at a nominal cost for the relatives. A relative that had used the fine dining experience said, "We had a really beautiful meal, everybody thoroughly enjoyed it." The registered manager said they have had received lovely comments about the quality of the food and service and said it is very appreciated by families.

The fine dining facility was used on Valentine's day when all families received an invitation of one ticket per person to join their loved ones for a meal in the fine dining area. The registered manager told us that one person was unable to have a family guest and felt very sad about this. The manager asked the person if they would like to loan their husband, at which the person said they would be thrilled. Their husband bought a Valentine card and a red rose, the person said, "I have never received a Valentines card in my life so at 98 this was very special." They had a table for two and the conversation flowed all through lunch. The person thanked the registered manager afterwards for giving them such a lovely experience.

The staff also organised a Mr and Mrs Valentine's day quiz show which saw couples answer questions about their love one's to see how well they knew them. One relative brought in their wedding photos to share with the other people.

On a visit to see the Christmas decorations at the local Shopping Centre, a person aged 98 decided they would like a ride on the Carousel. The persons wish was fulfilled, and they shared a carriage on the carousel with the registered manager. The registered manager said this made their day and brought back so many memories for the person, saying 'These are the little things that count and make all the difference.' On Christmas Day the home set up three places for older people in the community to come and enjoy Christmas lunch and afternoon tea. The initiative was for people who would have been alone at Christmas to have company and enjoy the day with other people. Unfortunately, the offer was only taken up by one person, the staff said, "At the end of the day, they got a box of goodies and went away with a full belly and a big smile."

Other activities had included a magic show, which people had taken part in doing some of the tricks. A 'pop-

up' farm had visited to give people the opportunity to pet the rabbits, goats and a pony. The royal wedding was celebrated, people had made heart-shaped wall decorations to go onto their wish tree and paper flowers to wear for the special occasion. The day started with a special breakfast of smoked salmon and scrambled egg on brie bagels.

People and their relatives were fully involved in the assessments carried out prior to taking up the service, they also confirmed they were involved in the care plan reviews as their needs changed. One relative said, "There is a very thorough admission process, including the contract. It was a hard decision to make, but it was made a lot easier by the staff and how it was handled." Another relative said, "The manager visited my relative in hospital and a care plan was put together before admission, my sister and I both contributed to this. It was all made very easy for us, once a month we have a care plan review meeting with the staff." This was also confirmed by other relatives we spoke with and records seen at the inspection.

The care plans included information about people's communication needs and what type of support people needed to communicate effectively. For example, people with hearing and sight loss, people with limited speech and people with dementia that needed staff to give them time and space to communicate with them. This demonstrated the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives told us they felt they had opportunities to feedback their views about the care they received. Records showed that regular meetings took place and the minutes were on display for all people to read. People and their relatives told us any concerns or complaints they had were listened to, taken seriously and addressed. The provider had a formal complaint process in place to manage and respond to complaints. One relative said, "Any concerns are dealt with immediately; the staff contact me whenever they feel I need to be informed of anything relative to my family." Records showed the registered manager had responded to complaints following their complaints procedure and had kept people informed of the outcomes.

Systems were in place to support people at the end of their lives. However, at the time of our inspection no people were actively receiving end of life. One person told us they and their family had discussed their end of life care with the staff and put together an end of life care plan. Records within people's care plans showed people had the opportunity to express their wishes and decisions made about their end of life care.

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was experienced and extremely dedicated to deliver high-quality care and support, to promote a positive culture that was person-centred, open, inclusive and empowering, and achieved good outcomes for people. People using the service and relatives expressed great confidence in the management of the service. People and their relatives spoke very highly of the service. One relative said, "We consider ourselves to be very lucky to have found Lakeview Lodge. We consider the home to offer an outstanding service, it is well managed, our relative is both happy and well cared for and we are assured that their best interests are being served. Long may it continue!" Another relative commented they were reassured both of their family members were in one of the best care homes they could wish for, saying "I can't praise Lakeview Lodge highly enough."

The service continuously learned and improved to ensure sustainability. People who used the service, relatives and staff were fully engaged and involved. Lakeview Lodge Care Home opened in September 2017 and a quality assurance survey was carried out in January 2018. We saw the responses received from people using the service, relatives and staff were very positive. The registered manager said they would be repeating the surveys towards the end of August 2018. The registered manager analysed feedback from the questionnaires to identify areas for further improvement. The results of the surveys were displayed for people to see.

Regular surveys were completed on the quality of the meals. The catering staff regularly asked people for feedback and comments books were available daily for people to write down any comments they had about the meals each day. Any areas that required improvement were immediately addressed. This demonstrated that people were listened to and actively involved in developing the service.

Family members told us they regularly attended relative meetings. We saw the minutes of the meetings had included ideas on the provision of activities, meals and the environment. Everybody we spoke with knew the registered manager and said she was very approachable if they had any problems. We saw e-mails, cards and letters of thanks from people and relatives complimenting the care people received.

The on-line reviews on the provider website were very complimentary about the care and support people received. The home was recommended as one of the top 20 Care Homes South East England 2018 awards. People that had left reviews on the provider website overwhelmingly said they would recommend the home to others. Some of the recent reviews included the following comments: "This is my second stay at Lakeview Care Home following two knee replacement surgeries. On both occasions, you couldn't ask for better treatment. The staff are very professional in all aspects. "I am so pleased at how happy mum has been since moving to Lakeview Lodge. The staff are so kind and caring, the food is excellent and the staff involve the

residents in lots of activities to make them feel part of one large happy family. I would recommend it to anyone." A lovely home for mum to be staying in. She is always happy and laughing. The home is always clean, and the great-grandchildren are always welcome. Mum is very happy and there is always a smile on her face."

The registered manager and the staff team understood their roles and responsibilities and put people at the heart of the service. The training and development staff received had embedded a culture within the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they genuinely cared for the people they supported. One member of staff said, "I love working here, it is fantastic to enable people to live fulfilling lives." All the staff we spoke with were passionate about sharing the same goal.

Staff felt the communication throughout the whole service was very good. One member of staff said, the managers door is always open, she takes a genuine interest in every person living here, she always aims to do the best they can and expects this from the staff too." Staff took on the roles of champions covering areas such as, dementia care, dignity, activities and well-being, falls, nutrition and end of life care. The staff tasked with these roles took their responsibilities seriously. They regularly attended training and meetings with other colleagues and cascaded their knowledge about best practice with the staff team. This meant that good practice was shared to ensure all staff were knowledgeable and skilled enough to deliver the best care to people using the service.

The provider operated a 'Country Court Care Hub' where staff sent e cards to each other recognising staff that had gone the extra mile. The registered manager said it was great way of staff receiving a pat on the back, in recognition of their good work. Throughout the organisation all e cards were shared and throughout each quarter of the year, nominated staff were automatically entered a process to judge how they met the values of the organisation. There was an overall winner, a special recognition winner and winners under each of the organisational values of Courage, Accountability, Recognition and Excellence. The panel select two to three winners from each home and they were invited to the 'WECARE' awards ceremony. Which is a black-tie event that takes place each year.

The service worked in partnership with other agencies. The healthcare professional we spoke with was very complimentary of the care people received. They said the staff ensured they contacted them in a timely manner, if they had any concerns about changes in people's health. The registered manager said the home had excellent links with healthcare professionals. We found that the service worked with other organisations to make sure they were following current good practice. For example, they worked in partnership with the High Impact Team (HIT) to improve care delivery. The HIT provides training for staff in areas such as catheter care and constipation prevention. The aim is to equip staff with the knowledge they can use to prevent hospital admissions.

People were fully supported to keep in contact with the local community. Many people attended local community groups. For example, some people attended the 'Leisure Together' group to meet up with friends, play board games and quizzes over a cup of tea and cake. The Leisure Together is a community funded project that takes place at a local Community Centre every Friday. People visited the local library and the home also had a mobile library that visited each month. There was a full and varied schedule of activities that included regular outings. The registered manager said, "We arrange many outings out in the mini bus, because we realise how important it is for people to get out and about and pursue their hobbies and interests. Life is for living, not sitting in a care home all day."

The governance framework ensured that responsibilities were clear, and that quality performance, risks and

regulatory requirements were understood and managed. We saw the registered manager used the Key Lines of Enquiry (KLOE) to self-assess their performance in working in line with the Health and Social Care Act Regulations. All the staff understood their responsibility to work to the standards and were committed to constantly strive to drive improvement.

Records showed the registered manager was open and transparent in sharing information. They communicated well with relatives and relevant others. One relative said, "The communication is excellent, the manager or the staff ring me promptly if anything is wrong," Records showed there was an extensive and effective system in place to monitor all aspects of the service and the care people received. We saw that audits were carried out as scheduled and there was continual oversight by the provider. The audits included areas such as, reviewing care records, falls, pressure area care, nutrition, accidents and incidents, infection control, health and safety and medicines management. In addition, the registered manager carried out spot checks daily. The registered manager ensured the Care Quality Commission (CQC) were kept informed of serious incidents and other events they were required to notify to CQC.