

Lakeshore Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection of this service on 4 June 2015 and three breaches of legal requirements were found.

We found that although the service assessed people's needs comprehensively when they first started receiving personal care with the agency; there was no evidence people's needs were reviewed or updated over time. This meant people were at risk of receiving care that did not meet their needs.

The provider had arrangements in place to respond to people's concerns and complaints. However, the provider did not routinely make the complaints policy available to people. Therefore the provider was not actively encouraging people to raise concerns they may have had about the service.

The provider did not notify the Care Quality Commission (CQC) of significant incidents which they are required to do under legislation. This meant we were not able to monitor if incidents were being dealt with appropriately.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook a focused inspection on the 1 October 2015 to check that they had followed their action plan and to confirm that they now met legal requirements. This inspection was announced. We told the registered manager a day before our visit that we would be coming to ensure their availability.

Summary of findings

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakeshore Care Ltd on our website at www.cqc.org.uk

Lakeshore Care provides personal care and support to people living in their own homes. At the time of our inspection Lakeshore was providing care to approximately 33 people all of whom were self-funding their care.

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.

During our focused inspection we found the provider had followed their action plan. We saw legal requirements had been met, although we could not improve the rating for 'Is the service responsive' or 'Is the service well-led' from requires improvement because to do so requires evidence of consistent good practice over time. The rating will be reviewed at the next full comprehensive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

We found appropriate action had been taken by the provider to ensure the service was responsive.

The provider had initiated re-assessments of the needs of people using the service so people's care was in line with their current needs.

There was a complaints policy which was accessible to people which would enable people to express their views about the service.

This meant the provider was now meeting legal requirements. However, we could not improve the rating for 'Is the service responsive' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found appropriate action had been taken by the provider to ensure the service was well led.

The provider was aware of what constituted a significant event and there were mechanism in place to ensure that CQC were notified of incidents so we could monitor that the provider took appropriate action to deal with these.

This meant the provider was now meeting legal requirements. However, we could not improve the rating for 'Is the service well-led' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



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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 checked 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 announced focused inspection was undertaken by an inspector on 1 October 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our

comprehensive inspection in June 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service responsive? And is the service well-led?

Before our inspection we reviewed the information we held about the agency, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we visited the agency's offices and spoke with the registered manager. We looked at records that related to four people and other documentation including policies and procedures.

Is the service responsive?

Our findings

At our comprehensive inspection of this service on 4 June 2015 we found the provider was in breach of legal requirements because care plans had not been updated and might not have reflected people's needs at the time. Care plans we looked at had a default review date and there was nothing to indicate the reviews had been completed or documentation updated to reflect people's needs.

We found progress had been made to ensure care plans were reviewed and updated. At this focused inspection we saw the provider had written to people and their representatives acknowledging their care plans had not been updated and requesting that they contact the service if they felt an immediate review of their care was required. In this way, the provider was acknowledging their shortfalls and trying to give priority to people who felt they required a review. We saw evidence the registered manager had completed some people's care plans and others were planned. However, the process had been delayed due to unforeseen circumstances. The registered manager had a revised plan to complete all reviews in the next ten weeks.

In the interim period, the provider was ensuring all care staff were fully aware of changing needs by emailing care workers and holding regular team meetings so everyone working with people had up to date information.

Whilst the process was completed, there were arrangements to make sure care was provided in line with people's current needs.

At our comprehensive inspection of this service on 4 June 2015 we found the provider was in breach of a further legal requirement. The provider's complaints policy was not readily available or routinely given to people who used the service. The provider was therefore not soliciting people's views about the service in order to improve the quality of the care they provided.

At this focused inspection we saw the provider had developed an easy to read complaints leaflet which clearly outlined the process that was required if someone was not satisfied with the service they were receiving. This had been posted to everyone receiving a service. In addition, the provider had sent a copy of a CQC leaflet which outlined what people could expect from a regulated service in the home?

We could not improve the rating for 'Is the service responsive?' from requires improvement because to do so requires evidence of consistent good practice over time. The rating will be reviewed at the next full inspection.

Is the service well-led?

Our findings

At our comprehensive inspection of this service on 4 June 2015 we found the provider was in breach of legal requirements. This was because people were not protected from the risks of poor care as the registered manager had not informed CQC of significant incidents that had occurred. This had meant we were not able to monitor whether the incidents were dealt with appropriately.

At this focused inspection we spoke with the registered manager who showed they had an understanding of the significant events that needed to be notified to the CQC, known as notifications. We saw there was a copy of the notifications template in the office for staff to reference.

The provider had in place a client record which ensured all incidents were recorded. Since our last inspection visit, the provider had put a mechanism in place to make sure the incidents were reviewed and if necessary referred onto the appropriate agency which included the CQC.

We therefore found sufficient evidence to assess the breach as being met. ' We could not improve the rating for 'Is the service well-led?' from requires improvement because to do so requires evidence of consistent good practice over time. The rating will be reviewed at the next full inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.