

## Lakeview Health Care Limited

# Lakeview

### Inspection report

121 Ena Crescent  
Leigh  
WN7 5ET

Tel: 01942294141  
Website: [www.exemplarhc.com](http://www.exemplarhc.com)

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05 May 2021  
19 May 2021

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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

Lakeview is a nursing and residential care home located in the Wigan area of Leigh, Greater Manchester and is operated by Lakeview Health Care Limited. The service is registered with the Care Quality Commission (CQC) to provide care for up to 30 people. At the time of our inspection, the home was fully occupied. There are three units at the home called Pennington (mental health/physical disability), Bridgewater (dementia) and Firtree (mental health/physical disability). Bridgewater and Pennington are male only units, whilst only females live on Firtree.

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

At our last inspection, we identified concerns about people potentially being placed at risk of choking and aspiration due to them being provided with foods of the wrong texture. We found improvements had since been made, with accurate records maintained by staff about what people had eaten. People living at the home and their relatives told us the home was a safe place for people to live. There were enough staff to care for people safely and proper recruitment checks were carried out when staff started working at the home. Medicines were administered safely and correct infection control procedures were followed.

At our last inspection, we identified concerns regarding the effectiveness of the provider's governance system. We also found accurate records were not always maintained regarding the care people received. We found improvements had been made at this inspection. The feedback we received about management and leadership was positive, with the current staff team speaking of a positive culture at the home.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published September 2019) and the provider was in breach of regulations relating to safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the overall rating to at least 'good'.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

Prior to this inspection we reviewed the information we held about the service. No areas of concern were

identified in the other key questions (Effective, Caring and Responsive). 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 has changed from requires improvement to 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 Lakeview on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control (IPC) measures under the Safe key question. We look at this at all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will 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?

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.

# Lakeview

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Lakeview 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.

The service had a manager registered with CQC. 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

The inspection was unannounced.

Inspection activity was carried out between 5 and 19 May 2021. We visited the home on 5 May 2021. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from professionals who worked with the service, including Wigan local authority. 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.

#### During the inspection

We visited two of the three units at the home during our inspection; Bridgewater and Pennington. We spoke with three people who used the service and two relatives about their experience of the care provided. We also spoke with five members of staff including the registered manager, a nurse and three support workers.

We reviewed a range of records. This included six people's care records and a selection of medication administration records (MAR). We also looked at three staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

#### After the inspection

We continued to seek clarification from the service to validate evidence found following our site visit.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly mitigate risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- At our last inspection, people were placed at risk of choking and aspiration due to being provided foods of the wrong texture. We found improvements had since been made, with accurate records maintained by staff about what people had eaten.
- Care plan guidance was followed by staff to ensure people were not placed at risk. For example, staff carried out observations at mealtimes to ensure people consumed their food safely.
- The premises and equipment were safe to use. A full fire risk assessment had been completed, with the level of risk assessed as 'Tolerable'. Appropriate maintenance work had also been carried out regarding gas safety, electrical installation, the passenger lift, hoists and portable appliance testing (PAT). Window restrictors had been fitted to ensure people did not attempt to leave the home unsafely.
- People living at the home had a range of risk assessments in place regarding their care. These covered skin integrity, falls and nutrition. We found appropriate systems were in place to mitigate any risks presented to people, with the necessary health professionals involved to provide additional support to people.
- People had access to necessary equipment to help keep them safe. For example, pressure relieving mattresses in people's bedrooms were used to help prevent the risk of skin break down.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and when spoken with, displayed an understanding about safeguarding procedures and how to report concerns.
- Allegations of abuse were reported to the local authority for further investigation.
- Both people living at the home and relatives told us they felt the service was safe. One person said, "I feel very safe and they are lovely people." A relative also added, "I think my husband is very safe living at the home and appears to be well looked after."
- Accidents and incidents were recorded, with information detailed about actions taken to prevent re-occurrence.

### Staffing and recruitment

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS) checks, carrying out interviews and obtaining references from previous employers.
- There were enough staff to care for people safely and the feedback from staff, relatives and people living at the home was that current staffing levels were sufficient. One to one care was also in place for people who may require extra support and supervision during the day, or at night. One person said, "There are always lots of staff and they are there when I need them." A relative added, "There certainly seems to be enough staff." A member of staff also told us, "We do have enough staff, although sometimes it can be effected by sickness. All the care still gets delivered."

#### Using medicines safely

- Medicines were stored, recorded and administered safely. During the inspection we looked at four MARs which were all completed accurately with no missing signatures by staff.
- Medicines were stored in secure trollies, within a locked treatment room which we saw was always locked when not in use. A medicines fridge was also used, with checks of the temperature taken to ensure medicines did not spoil and remained safe to be administered.
- Both people living at the home and relatives told us they felt medication was given safely and on time. PRN (when required) plans were in place to guide staff as to when certain medicines needed to be given and under what circumstances. A person living at the home said, "I get my medicines on time and as required."

#### Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with government guidance.



# 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 our last inspection the provider had failed to monitor the quality of service effectively and accurate and contemporaneous records were not maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection, we identified concerns regarding the effectiveness of the provider's governance system. We also found records were not always maintained to demonstrate personal care was being provided.
- Personal care charts had been introduced since our last inspection, however we found they were not always completed accurately and consistently by staff. Daily 'clinical walk arounds' had already identified this issue and action had been taken to address this with staff.
- Other governance and quality monitoring checks were in place at both manager and provider level.
- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys to obtain feedback. Staff and resident/relative meetings were also held so that feedback could be sought and used to make improvements.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from everybody we spoke with about management and leadership at the home. One member of staff said, "Very good and very approachable. Any problems or concerns are immediately addressed." Another member of staff added, "The management is very good. Any time you need to talk they will listen."
- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "I like my job and it is a good place to work. Staff work well together."
- Both people living at the home and relatives were complimentary about the care provided which ensured good outcomes were achieved. One person said, "It is brilliant here and they really look after you well." A relative also said, "It is first class. The staff are very good and nothing is too much trouble."

Working in partnership with others; 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

- The home worked in partnership with a number of other agencies in the Wigan area, including social workers, GPs, district nurses and the quality performance team at Wigan local authority.

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.
- The provider and registered manager understood the regulatory requirements. They pro-actively provided information to CQC following significant events at the service and their rating was displayed in the main reception of the home and on the provider's website.