Eldercare (Lancs) Limited

Lakeside Residential Care Home

Inspection report

Smithy Bridge Road
Littleborough
Lancashire
OL15 0DB

Tel: 01706377766
Website: www.eldercare.org.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

Lakeside is a purpose built care home located on Smithybridge Road, leading to Hollingworth Lake. The first floor is accessed by a passenger lift. The home provides accommodation and support for up to 40 people. There were 27 people currently accommodated at the home.

At the last inspection of November 2016 the service required improvement for four breaches of the regulations. Regulation 11 HSCA RA Regulations 2014 Need for consent, Regulation 12 HSCA RA Regulations 2014 Safe care and treatment, Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment and Regulation 17 HSCA RA Regulations 2014 Good governance. The service sent us an action plan to show how they planned to improve the service. We found the service had made the improvements at this inspection.

The service did not have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since the last inspection a person had been registered but had left after a short time. The service were interviewing potential candidates but had not employed anyone at the time of the inspection.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. The environment was maintained at a good level and homely in character.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We saw that people were offered choice in many aspects of their lives and told us they felt they were treated with dignity.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The manager of the home and area manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

This was because a person was not registered as manager with the Care Quality Commission.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Lakeside Residential 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 an unannounced inspection and was conducted by one adult social care inspector and an Expert by Experience on the 08 August and an inspector on the 09 August 2017.

We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection. We also contacted the local authority and Healthwatch Rochdale to ask for their views about the service.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with eight people who used the service, two relatives/visitors, the hairdresser, the manager, deputy manager, the cook and three care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for ten. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

We spoke to people who used the service and asked them if they felt safe. They told us, "If I didn't, I wouldn't be here", "I think so – I would object if I wasn't" , "I've never been frightened, or put somewhere I don't want to be", "If I didn't, there would be something said" and "The bosses are nice here. No bullying or anything". People we spoke with felt safe.

We also asked what they would do if they did not feel safe. Most people knew who they would go to. Comments included, "Oh yes, I've lived here long enough"; "Yes talk to the boss or someone. They're all very nice", "Yes, definitely the admin person for starters. He would sort it out. He's a good listener" and "Yes, I would go to the office". Two other people said, "I don't know how but would find out" and "I would not know who to talk to. I've never had to do that."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. The staff we spoke with were aware of safeguarding issues and made comments such as, "I have completed safeguarding training. I know the whistle blowing policy. I would report poor practice" and "I have used the safeguarding policies and procedures and have done so for here. I took advice off the local authority. I would use the whistle blowing policy if I saw bad practice."

We asked people if they thought there were enough staff on duty. People told us, "Yes, there seems to be", "I think so. They're all very good" and "Plenty on; no danger. More than enough sometimes". On the day of the inspection we looked at the numbers of staff who were on duty. Staff included the acting manager, deputy manager, a senior carer, 4 care assistants, two cooks, two domestics, an administrator, a handyman and the activities coordinator. The activities coordinator worked 20 hours per week. The duty roster showed this to be the norm for this service. The service currently had four staff awaiting induction. Agency staff had been reduced by half and it was expected to drop further when staff had completed their induction. All the staff we spoke with thought there enough staff to meet people's needs and they had time to sit and chat with them.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), hoists, the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. On the day of the inspection we saw an overflow pipe was leaking and this was repaired during the day.

The fire alarm system had been serviced. Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. The PEEPs were kept in the care plans and near the entrance in a 'grab bag' so staff could get hold of them in an emergency to present to the fire brigade. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a gas or power failure.

We looked at three plans of care during the inspection. We saw each plan of care contained a risk assessment for falls, moving and handling, tissue viability and nutrition. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance.

There were also risk assessments to ensure all people lived their life safely. The topics included any risks like tripping hazards, risks to infection or for example choking. We saw the risk assessments were to help keep people safe and did not restrict their lifestyles.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

People who used the service told us, "The home is very clean – very nice"; "It's spotless. Well cared for and looked after" and "Very good cleanliness". Relatives/visitors said, "I think her room's lovely. The staff are always out cleaning", "When we were looking for a home, we went around a few. We came here and there was no smell, and a happy atmosphere" and "It's clean and modern. Done to a high standard. One of the best nursing homes I've visited and is decorated often."

There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from any food preparation areas. The laundry contained sufficient equipment to help keep people's clothes clean and presentable. Washing machines had a sluicing facility. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment (PPE) such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used this equipment when they needed to.

People who used the service told us, "Yes. I worked at five doctors, so I should know!", "Exactly on time" and "Sometimes I ask them what it's for, and they don't say. But I wouldn't take it if I didn't think it was right".

We observed a member of staff administering medicines and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked to ensure they continued to safely administer medicines. The deputy manager told us she had conducted many medicines competency checks and audits and the staff were now much better and safer. The last medicines training had been conducted in June 2017 by a recognised pharmacy company.

We looked at ten medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had. There was a photograph on each MAR to help staff identify the correct person.

There was a controlled drug cupboard and register. Controlled drugs are stronger and require more stringent administration. We saw that two staff had signed the controlled drugs register. One member of staff signed when they administered the medicine and the second was a witness to it. The MAR sheet was also signed. This was in line with current guidance. We checked the medicines in the cupboard against the number recorded in the register and found they were accurate.

Medicines were stored in locked trolleys chained to the wall within a locked room. In another locked room further supplies were kept in cupboards which we saw was locked at all times when staff were not administering medicines. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. We noted that during times of hot weather a fan was used the keep the room cool.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the National Institute for Clinical Excellence guidelines 2017 for administering medicines. This is considered to be best practice guidance for the administration of medicines.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

The medicines system was generally audited weekly by managers and more often during spot checks. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

Good

Is the service effective?

Our findings

We asked people who used the service what they thought about the meals served at the home. They told us, ""Excellent! When I came here I weighed five stone, now I'm eight stone two ounces", "Very good. Quite a variety. What you'd have at home, ordinary food. If support was needed [to eat] they would give it", "The food is good. I enjoy it. Can't please everyone."; "I eat it. On the whole it's pretty decent. I usually get what I ask for" and "They do their very best, but it's not always good".

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The plans of care contained details of any special needs a person had with their intake of food and drink. We were present in the dining room for part of the inspection to observe a mealtime and saw that staff were attentive and talked to people who used the service. Tables were attractively set and people had a choice of condiments to flavour their food. The dining room contained sufficient seating for all although some people remained in the lounge if they wanted to and were served on small tables.

During mealtimes we observed people could sit where they wished. Most sat in the dining area but we also saw people sat in the lounge if they wished. We also saw two people were being assisted to eat individually. Another person was encouraged back to the table to finish their meal.

On the first day of the inspection it was a person's birthday and staff made a special occasion of it by singing to the person and giving her presents.

We saw the cook was available to talk to people to ask if people enjoyed their meal. The cook said she was notified of people's likes and dislikes or any special diets required. Meals were recorded to ensure an audit trail could be followed if there were any problems. The cook also said she had allergen advice and although most food was freshly prepared would check any allergy advice from pre-packaged products which should mean people did not eat food which could be harmful to them. The kitchen was rated as five star, very good from the last environmental health inspection which meant food ordering, storage, preparation and serving were safe. We went into the kitchen and found it to be clean and tidy. We saw there was a good supply of fresh, frozen, dried and canned foods. This included fresh fruit which was made available daily and was taken around on the drinks trolley.

There was a four weekly menu cycle with each day's menu displayed in the dining room. People had a choice of the usual breakfast foods, for example cereals or toast but could have a cooked option if they wished. The main meal was served at lunch time with a lighter tea and supper later in the evening. We observed a lunch time and saw people had a choice of the two meals on offer. We were told people could have something else if they liked neither option. There was a hot dessert with either lunch or tea.

We saw supplements were recorded on the MAR sheets and managers audited their use the same as any other medicines. There was a record of any person who required thickeners in the kitchen and when we checked could see the information was safe for staff to follow. There was also a list of any special diets

people were on which we saw included pureed. We saw there was reference in the plans of care where specialists such as dieticians, and Speech and Language Therapists (SALT) had provided advice and guidance for people who had any special dietary needs and people's weights were recorded regularly to ensure people were not gaining or losing weight.

We toured the building during the inspection and visited all communal areas, several bedrooms and the bathrooms. The home was clean, tidy and fresh smelling. There was equipment to aid people with their mobility needs and staff had been trained to use it.

People who used the service and the visitors we spoke with all said the home was maintained to a good standard. Communal areas were homely and contained a variety of seating to help keep people comfortable. Bedrooms we visited had been personalised to people's tastes. We saw people had family photographs, personal furniture, televisions, radios and ornaments to help the room feel more homely.

There was a garden area for people to use in good weather with seating, tables and parasols for shade. There was a lift to ensure people were able to reach both floors.

People who used the service told us they had access to health care professionals. Family members/visitors also told us they were kept informed of any changes and said the service would contact a GP and tell them what was going on. This meant people's health care needs were being assessed and treated.

All the people we spoke with thought staff asked for their consent before providing care. They told us, "The staff are very good with you all the time", "Yes they do" and "They wouldn't be helping me if they didn't ask first!" During lunch we observed people being asked if they minded having protective clothing put on before staff did it.

Incidents and accidents were recorded and investigated. The records showed us what action the service had taken and what they did to try to prevent any further accidents such as ordering pressure mats which let staff know when people are moving in their rooms and updating care plans.

The plans of care we examined showed one people had consented to their care and treatment. This person had signed their agreement to care, to be photographed, to go on outings, for staff to administer their medicines and help with their personal allowance. One person's family member was legally responsible for the finances, health and welfare of their relative and we saw the relevant paperwork was in place. One person had a mental capacity assessment, which was followed by a best interest meeting to ensure the person was suitably placed. A best interest meeting involved the person, their family, staff from the home and any relevant professionals. This ensured the person was suitably placed and their rights were protected. Any decision made on a person's behalf was done in the least restrictive way.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

Each person had a mental capacity assessment which was reviewed regularly. We saw that nine people had a DoLS in place and one application was in place. There were ten people who either had a DoLS in place or were under assessment using the relevant guidance.

Two staff members said, "I had not done care before. The induction gave me an idea of how things were. You learn about the job when you are on the floor" and "I went to head office and was shown the systems they use on the computer. I came here and was introduced to the residents, other staff and the policies and procedures. I had already completed all the training at a previous job."

Each new member of staff completed the homes six day induction programme and we saw the completed paperwork in the staff files we looked at. The induction covered key policies and procedures, the rules for working at the home, what was provided by the service and fire safety. Staff were then supported by more experienced staff until they felt confident to support people. Staff were then enrolled on a level two health and social care diploma, which included the care certificate. The care certificate is considered best practice for people new to the care industry. Staff were also issues with a handbook to guide them on good practice.

People we spoke with thought staff were skilled and said, "I'm confident in their skills" and "I am confident in staff. They always listen if you need to say anything. I don't get my way all the time". Relatives/ visitors told us, "When my relative came here she had a particular condition. No-one was trained [at that time], but they sent girls on the training so they could support her' "My relative is repetitive, needing reassurance all day, every day. They give her the reassurance she needs" and "Most of them are skilled. They aren't always when they first start. They seem to pick it up quick".

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people with behaviours that may challenge others and fire awareness. Staff were encouraged to complete further health and social care training such as a diploma or NVQ, end of life training, palliative care and the care of people who have a dementia. Staff told us, "I like it here. I came straight from college. I completed the level two diploma in health and social care and now doing level three" and "I think I have completed enough training to do the job."

Staff told us, "I have had regular supervision. You can talk about your own career" and "I am completing staff supervision, 1 – 1's at the moment. I have had feedback on my performance up to now." We saw the forms used for keeping the supervision records. Staff received regular supervision (approximately six times a year) to discuss their performance with a manager and any training they feel they may need.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are very friendly."; "They are kind. You can have a good laugh with them. Not snooty – well, no more than anyone else!", "Kind, Oh yes. Wouldn't get away with it otherwise!"; "They do things the way you want it, not the way they would want it"; "Yes, we've always been on good terms. They respect my age", "If you behave well, you get treated well. They try to get people to fit in and have fun" and "The staff are very good with you all the time. It's not I like her or I don't like her".

Family members/visitors told us, "They do a good job looking after my mum. They've been brilliant. I've never had to worry about her"; "If I have to ask any questions, they're open to people popping into the office" and "They are caring. If they are not, they get launched. The service get shot of them."

Staff told us, "I like working here. I like the structure of the building. There is plenty of room for activities. I enjoy caring for people and like being hands on. I like helping staff get things right. I have high hopes for the home"; "The care is outstanding. I would be happy for a member of my family to live here if they needed care. I like the job because I like to see people enjoy themselves and be as independent as possible" and "I like that we can make a difference to people's lives for the better. My family work in care. I would be happy for a member of family if they needed this type of care."

We asked people who used the service if they thought staff listened to them. They told us "Yes. Not often there's anything you want to say. They wouldn't say we're not doing anything about it"; "They do listen to me. I don't say a lot, but they seem to know what's going on"; "They listen, but you have to pick the time when to do it. If I have said anything all was seen to and all worked out. I get a mug of tea when needed"; "I can't find anything to complain about. Minor problems are sorted" and "Yes. We're always talking."

People who used the service told us they felt they were treated with dignity and their privacy was respected. We also saw from our observations and looking at the plans of care that people were encouraged to be as independent as they could. A family member told us, "They encourage our relative with general mobility and getting involved in activities. Since doing activities our relative has got more involved."

We asked people who used the service if they felt they had choice. People told us, "You do what you want here. Really you are just like visitors here."; "Exactly. I like singing.", "Not like your own home, but you have to make the best of it. I'm not hard to please" and "I suppose so. I get to do what I want when I want to. Don't get pushed into anything I don't want to do". Others felt they were restricted and said, "I don't usually get what I want. I like to get out and about and can't get out at all. I don't know what arrangements are made to take residents out"; "I would like a bit more freedom here because I can't get out on my own. I would like to go and have a drink with my friends. You have to seek permission and it riles me" and "If you can't 'get' this way of life, you either run [away] or stay where you are". People who used the service generally thought they had choice in living at the home but perhaps could go out more independently, although not without letting someone at the service know first.

We observed how staff offered people choice. There were frequent tea and coffee making decisions, and a

wide variety of snacks people could choose from. People who used the service visited the hairdresser and took part in a quiz (or didn't). Several people chose to spend time in their rooms and family members visited throughout the day. One person was going to the hairdresser changed her mind. Two members of staff came and talked with the person about the options - the hairdresser only being in one day a week. They told her that if she missed the opportunity, she would have to wait until next week; and that she would be seeing her family the day after who would notice if she hadn't had her hair done. The person remained firm that they didn't want to have their hair done and was taken back to her chair. This showed staff gave people choice in decisions regarding their care and treatment.

Good

Is the service responsive?

Our findings

Most people we spoke with said they felt able to raise any concerns and had no complaints. People who used the service told us, "Yes, but never have done. I haven't needed to. We've always been good friends"; "I suppose so. Never needed to", "Yes, completely. Everything here is just great", "I would make a complaint to my daughter, and she'd do the rest. I could talk to any of the staff. They're really helpful" and "I haven't had any troubles at all."

There was a suitable complaints procedure accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. There had not been any complaints to the CQC since the last inspection.

Another person said, "I raised lack of security due to lady light fingers. Some of my personal property went missing but it was returned to me. Nothing happened as a result [in terms of stopping the lady]. It had been ordered 'from above' [at that time] that we had to leave doors unlocked, so the staff could get in when they needed to. But we can lock our doors now." This showed the service responded to people's concerns.

We asked family members/visitors if they were informed of any changes to their relatives care. They told us, "With mum's condition, I can go into the office if I need to and they will get the outreach nurses out. Staff will ring if there are any issues, or she needs anything" and "There are visits from the GP for day-to-day stuff. If there's anything up that's not urgent, they tell me when I visit (weekly). The administrator rings me to let me know when the relatives meeting is, but I can't always make it."

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. We saw that the assessments had been fully completed for each person. This process helped to ensure that people's individual needs could be met at the home.

All the people we spoke with thought they were well looked after. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people who used the service had done or how they had been to keep staff up to date with information.

Staff had a handover at the beginning of every shift so that any necessary information about a person, for

example, any appointments were passed on to staff. We also noted that two members of staff had come in on their day off to update the care plans they were responsible for. We were told they preferred to do it that way.

People who used the service told us, "I paint but I have a go at other things. If you don't know how, join in and learn. I'm thriving on the activities here" and "I wish I could get out on a boat. I've not been to the lake here. My brother's always going." A visitor said, "Our relative does lots of activities with the activities coordinator such as planting flowers and feeding birds."

Two residents had roles assisting the home in routine tasks. One helped out with the fire alarm weekly test, which was done by the handyman. He had also set six questions for the quiz which took place that day. The other had a role assisting with 'bouquets'. One of the residents joked about sometimes doing the staff jobs, as part of the life of the home: "We all help each other, don't we?" The activities log noted that another resident, a seamstress, had led an activity session on making bunting.

There was an activities coordinator who worked 20 hours per week. We saw the activities coordinator talking to the family member of a new person to gain some background knowledge on what they liked to do. The activities coordinator kept a log of who attended which activity and how they had enjoyed it to help with further planning. The service were arranging an open day - summer fair for people who used the service, relatives and any other interested parties. Another family member came and took a person out for lunch and was assisted by staff to get the person ready.

Activities included arts and crafts, music stimulation, bingo, gardening, exercise sessions, pamper sessions and quizzes. The activities were advertised in the hallway so families would also be aware if they wished to attend. People were also able to help in tasks around the home and we saw one person voluntarily helping to put stores away. Outside entertainers also came into the home to provide musical afternoons.

Family members said, "We don't attend relatives meetings. If something went wrong, we would"; "I have attended one or two. It's been a great experience"; "I'm not interested. I wouldn't know what to say. They do let you know about meetings" and "We have the opportunity to, but no need to. We ask questions at times and information is forthcoming." Topics on the last relatives/people who used the service meeting agenda included staffing, updates to the new management and staff, activities including the summer fair, inviting relatives to be involved in the care plans and menus. From the meeting a healthier menu had been developed. We saw that where the service could they responded to what people wanted.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since the last inspection a person had been registered but had left after a short time. The service were interviewing potential candidates but had not employed anyone at the time of the inspection. The service was being managed with a person who was registered at another of the organisations homes and supported by an area manager and although relatively new to the service a deputy manager with experience of running a care service.

We asked people who used the service, visitors and staff what they thought about how the home was managed. People who used the service told us, "The bosses are nice here. No bullying or anything"; "The senior carer is mother to all of us! We get taken into the back room to talk"; "We don't really see anyone important. I'm sure I could ask to" and "I can just go and knock on the office door or ring up. (Previous manager), (current manager), (deputy manager), (admin officer) all of them are approachable. Visitors/relatives said, "The home seems calmer and more settled since the change of manager. The previous manager was nice, but things seemed up in the air. The home is a lot calmer now"; "I could talk to the manager about any issues. If someone comes in and they're not right, they need toileting or other issues this is passed on and raised with the senior. It's always been dealt with promptly" and "There have been so many managers over the last years, it's hard to say they are always changing. Some have been more approachable than others. (Administration officer) is always really helpful. It's just a lack of direction – the rest of the ship runs smoothly".

Staff said, "I think the staff are happier, relatives said the home has improved and people are much happier. There is more structure"; "The managers are approachable. We all support each other" and "There is a good team here. I get on with everyone" and "It is much better now. Even through the changes we have looked after the residents. The managers are approachable and you can go to them. You can talk to these managers where I was not confident to do in the past."

We asked people who used the service if they thought staff knew them well. People told us, "The ones that you see do", "They treat you like their sister"; "Top of the world! They know all about us and how we are" and "I suppose they do. Can't say one way or another." There was a staff base who knew people well.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating.

We looked at some policies and procedures which included key ones, for example, infection control, health and safety, admission procedures, prevention for the aggression and violence, complaints, confidentiality, data protection, health and safety, medicines administration, safeguarding, whistle blowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

The manager conducted regular audits. The audits included infection control including mattresses, the environment, medicines administration, health and safety, cleaning schedules, complaints and accidents and incidents. The area manager also conducted regular audits and during the visit talked to people and if possible family members about the quality of care provision. We saw that new carpets, for example, had been ordered following the audits. Good practice was also discussed at monthly managers meetings.

The service sent out quality satisfaction surveys yearly to people who used the service, family members and professionals. The results were very positive and comments from professionals included, "I have no concerns over the quality of care given at Lakeside. They are responsive and caring" and "Working with my client over the last 4 months I have seen significant improvement in the care and support of the individuals I support. Documentation has improved and overall the liaison with our service has significantly improved. I am confident it will improve further."

Family members said, "My relative is very content and happy and staff manage her health issues very well. We have no complaints and are happy with the care", "Sometimes when I visit we have had to wait some time with help getting our resident to the toilet", "I have never seen anything of concern. I have witnessed on several occasions people being treated with privacy and dignity", "The management were on hand every time I needed a question answering", "Staff are friendly and helpful. The home and bedrooms are clean", "Our relative feels very safe and the food is lovely and filling" and "The staff appear to have people's best interest at heart and well lead by an approachable manager." Most people said they would recommend the service to other or were likely to recommend.

A staff member said, "We get a chance to have our say at meetings. We are always asked at the end of meetings if we have anything to say. We saw that regular meetings were held with staff and topics typically included items such as medicines issues, the environment, completing documents, escorts for appointments, the rotas, diet and nutrition, care planning, tidiness and the management system. We saw that following one meeting the service had supplied extra fresh fruit to people who used the service.