Maddaford Care Services Limited

Lakeside Care Home

Inspection report

Lower Maddaford
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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?	Good

Summary of findings

Overall summary

Lakeside 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. Lakeside Care Home is registered to provide personal care for up to 29 people. People's rooms are located over two floors; there are two passenger lifts although most bedrooms were on the ground floor.

We carried out an unannounced comprehensive inspection on 11 and 17 October 2018. There were 29 people living at Lakeside Care Home.

This is the first inspection since the providers have registered the service as a limited company. Apart from this change, the providers, registered manager and many of the care staff have remained the same. There was a registered manager working at the home. A registered manager is a person who has registered with the 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.

There were sufficient staff available to meet people's needs. People felt safe because there were enough staff on duty who knew how to support them. Staff records showed the staff team was a mix of experienced and staff new to working in care. There was a thorough induction process and new staff shadowed experienced staff. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns and to report them in a timely manner.

Staff knew people well; this meant they recognised the changes in people's long-term health care conditions. Care records, feedback and our observation of staff practice confirmed staff responded in a responsive manner to sudden health changes or a person's slow decline in health. Staff worked closely as a team and ensured there was a good exchange of communication.

There was a positive culture where there was an openness to learn and improve, recognising practice and good quality care was an on-going process. People told us staff were approachable and they felt confident concerns or complaints would be addressed. People built up friendships with other people at the home, which were respected. Staff were patient and kind involving people and offering choices. People benefited from a catering team who recognised their role in supporting people to keep well and healthy.

People were actively involved in the decision to move to the home, visiting it before moving in and being involved in their assessment. People's care and support was planned in partnership with them. Care plans were written in a person-centred way. Care plans were tailored to meet people's individual needs and were regularly reviewed.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks.

Environmental checks were completed to help keep people safe. The service had good systems in place to support staff to administer medicines safely. People visiting and living at the home praised the high standard of cleanliness.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service was well run with a stable management team and experienced senior staff. The registered manager was due to take on the role of a senior over the care team rather than work as the manager. While the general manager and the training and administration co-ordinator were in the process of applying to register with the Care Quality Commission to job share the role of manager. The quality assurance systems helped ensure people received a consistent standard of care. Staff worked in partnership with health professionals to make sure people received support appropriate to their needs.

Further information is in the detailed findings below.

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.

There were sufficient staff available to meet people's needs; people felt safe because there were enough staff on duty who knew how to support them.

The staff team was a mix of experienced staff and people new to working in care. Staff recognised the importance of team work to provide consistent and safe care.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks. Environmental checks were completed to help keep people safe.

The service had good systems in place to support staff to administer medicines safely.

There were good systems in place to ensure a high standard of cleanliness and to reduce the risk of cross infection.

Is the service effective?

Good

The service was effective.

People were skilled and understood their needs. People looked comfortable and at ease with staff.
People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care.
The home was well-maintained, which people said impacted positively on their sense of well-being and mood.
People benefited from a catering team who recognised their role in supporting people to keep well and healthy.
People's care and health support was planned in partnership with them.

Is the service caring?

Good

The service was caring.

Staff spent time getting to know each person and demonstrated

a good knowledge of people's needs, likes and dislikes.

Staff were caring and patient.

People built up friendships with other people at the home. These friendships were respected by staff.

Is the service responsive?

Good

The service was responsive.

People's life experiences were valued as were their opinions and skills.

Care plans were written in a person-centred way and were tailored to meet people's individual needs and were updated.

The service had a responsive and flexible approach to providing a range of activities.

People knew how to raise a concern or complaint and were confident concerns would be addressed.

Is the service well-led?

Good

The service was well-led.

There were effective quality assurance systems in place to monitor the standard of care. People's opinions mattered, they were listened to and where possible acted upon.

Staff worked in partnership with health professionals to make sure people received support appropriate to their needs.

Lakeside 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 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 inspection took place on 11 and 17 October 2018 and was unannounced. One inspector carried out the inspection.

The provider completed 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 improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with ten people who lived at the service and received feedback from those who could tell us about their experiences. Some people using the service were unable to provide detailed feedback about their experience of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided. We also talked with one relative.

We spoke with eight staff and the registered manager. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We have included written feedback from them on the quality of the care provided.

We looked at the care provided to four people which included looking at their care records and met with them. We reviewed the medicine records. We looked at three staff records and their training certificates. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits.

Good

Is the service safe?

Our findings

The service provided safe care to people. There were sufficient staff available to meet people's needs. People said they felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rota. People felt safe because staff came quickly when they used the call bell. The staff team recognised how one person's mental health could make them feel vulnerable. We saw how staff reassured them when the person looked anxious and ensured they were included in the friendly atmosphere of the home.

Staff records showed the staff team was a mix of experienced staff and staff new to working in care. Feedback from people and staff confirmed the provider recruited new staff who suited the caring values of the service and recognised the importance of team work to provide consistent and safe care. Safe recruitment procedures ensured necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm they were safe to work with vulnerable people.

Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns and to report them in a timely manner. They were aware several people living at the home sometimes had a volatile relationship with each other. Staff were ready to intervene if necessary, and assisted people to use the range of communal spaces so they could feel relaxed and at ease. Potential risks to people's well-being were recorded in their care plans and incident and behavioural charts were audited to help keep people were kept safe by taking actions to reduce risks or triggers. Staff followed the advice in people's care plans when they became tense and upset. For example, one person responded well to music, which we saw soothed them.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks. Staff identified which people needed extra support to help reduce risks to their health, such as falls. Where people were at risk of falls, their risk assessment identified what equipment was needed to keep them safe. People's care plans contained a variety of risk assessments for issues such as mobility, skin integrity, nutrition and hydration including any special dietary requirements. For example, people were weighed regularly and action was taken to address weight loss. Charts were put in place to monitor their food and fluid intake. People's recorded fluid intake showed staff encouraged them to drink regularly. The charts were completed in a meaningful way and were reviewed regularly to monitor people's well-being.

The service had good systems in place to support staff to administer medicines safely. Medicines were stored appropriately, including those needing additional security. Medicine administration records (MARs) were completed and provided an audit trail. Systems had been adopted to reduce the risk of errors, including photographs of each person receiving support with their medicines and information regarding known allergies. Staff understood the practicalities and responsibilities of their role. They were observant and monitored people for signs of pain and took time to check with people how they were feeling. Care plans were in place for medicines that were given 'as when required' to guide staff when these could be offered.

Environmental checks were completed to help keep people safe, such as covering radiators with a hot surface temperature, restricting windows to help reduce the risk of falls and servicing equipment. There was a robust system to complete repairs and general maintenance issues. There were emergency plans in place to protect people in the event of a fire. A Personal Emergency Evacuation Plan (PEEP) was written for each person. This provided staff with information about each person's mobility needs and what to do in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. The management team recognised fire drills needed to increase in their frequency and addressed this by providing additional training during the inspection. There were accident and incident reporting systems in place, which were regularly audited and reviewed to ensure, where necessary, changes were made to records or how a person was supported.

People visiting and living at the home praised the standard of cleanliness. Housekeeping staff worked alongside the care team to ensure people's dignity was maintained by ensuring their rooms and communal areas were kept clean with no unpleasant odours. Staff had access to training to help ensure good infection control procedures were followed. This included the use of personal protective equipment (PPE) such as gloves and aprons. There were plentiful supplies of PPE around the home. The laundry was well-organised to prevent cross infection.

Good

Is the service effective?

Our findings

The service provided effective care to people. People were supported by staff who were skilled and understood their needs. For example, they said they felt safe when staff assisted them to move using equipment. We saw staff ensuring people understood what was happening before they used equipment to move them. People looked comfortable and at ease with staff.
People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the home and felt supported to learn. They said the support from the management team contributed to their confidence and their enjoyment of their role. There was a thorough induction process and new staff shadowed experienced staff. There was ongoing training in place. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications such as the Care Certificate, and undertaking regular training. They were paid to attend training. There were good systems in place to ensure staff were competent. For example, medicine competency assessments were conducted to ensure continued good practice and records showed supervisions took place. The registered manager and another member of the management also provided hands-on care to people living at the home. This enabled them to observe, gain feedback and assess the standard of care provided by the staff team.

The home was well-maintained, which people said impacted positively on their sense of well-being and mood. There was a range of communal areas, which were based at the centre of the home. This included a popular sun room, which was used by a number of people, as well as two lounge areas and a dining room. During our inspection, people moved around the different areas. For example, reading their newspaper in the sun lounge, attending chair exercises in one lounge area and then choosing to attend a quiz at another lounge area. Some people chose to walk around the home to maintain their mobility. The layout of the home meant they could complete a circular route, which did not impact on other people using the lounge areas.

Following feedback from people, changes had been made to how the catering was managed at the home. This included the appointment of a new member of staff. People benefited from a catering team who recognised their role in supporting people to keep well and healthy. People shared their views on the menu with catering and care staff and action had been taken to follow up on their suggestions. There were effective systems in place to monitor people's diet and steps were taken if there were concerns regarding weight loss.

Care records confirmed people had access to external health professionals when required, such as dentists, opticians and GPs. Care plans contained comprehensive information such as medical history, continence, nutritional needs, medications, and medical notes. People said staff were helpful in supporting them to attend the health appointments and acted on their requests to contact a GP. A health professional said staff had been proactive in arranging training with them around swallowing and communication. Staff had then used this knowledge to appropriately to refer one person for a swallowing assessment

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The management team kept a record of all DoLS applications; none had been authorised yet. They also requested copies of documentation to show if relatives had legal powers to make decisions regarding health and welfare issues. People's care and support was planned in partnership with them. For example, people signed their care plan, or where appropriate, a person with a legal power to sign on their behalf. This showed the care plan was developed with the individual and had their agreement.

Good

Is the service caring?

Our findings

The service provided a caring service to people. In written feedback, people described staff as "excellent workers" and praised their "professional and loving care." People and a visitor gave us positive feedback about the quality of care provided in the service. For example, this person said the staff were genuinely friendly and never false in their approach.

Throughout our inspection, we saw many examples of staff engaging with people in a gentle and sensitive manner. Staff were friendly and warm in their conversations with people. We saw how people responded well in their interactions with staff, such as smiling or joking with them. They took time to listen to people and not to presume the content of a person's speech, if they had difficulty expressing themselves. During our inspection, staff checked if people were in pain by asking them or responding to people's body language. Sometimes people forgot they had already been given pain relief and staff would take time to explain the timescale between their tablets and reassure the person.

Staff recognised the importance of considering people's body language and tone of voice to help them respond appropriately. For example, we saw them following guidance in a person's care plan to subtly help direct them to the toilet when they began to look anxious. One person living with dementia was positive about their care and said, "I am very happy here…I like the atmosphere." Their relative praised the standard of care and how attentive the staff were to their relative's appearance. Other people complimented the standard of the laundry service, which meant their clothes were returned promptly and were well cared for.

Staff also spent time getting to know each person and demonstrated a good knowledge of people's needs, likes and dislikes. Staff were proud to work at the home and took a pride in delivering a caring and responsive service. A health professional said staff were polite and caring in their interactions with people living at the home. In their off-duty time, one staff member supported a person living at the home to attend a social event, which they had been actively involved with when they lived in the nearby town.

People built up friendships with other people at the home and people chose to sit with certain people. These friendships were respected by staff. Some people were more confident and vocal than others; staff spoke with quieter people and included them in the general conversation. Staff were patient and kind involving people and offering choices.

Staff were familiar with the specific needs of the people they cared for and could describe how they met people's individual care and emotional needs. People's care plans were created with them, and where appropriate their friends and families. Their social history had also been recorded in their care plan. This gave a biography of a person's life history, their interests, likes and dislikes, activities or interests that they had enjoyed. This meant staff had a good knowledge of events and people who were significant to each person, which helped them engage with each person.

Good

Is the service responsive?

Our findings

The service provided a responsive service to people. People said they had visited the home before they moved in. Some had visited a number of homes and felt Lakeside Care Home was the best choice. For example, several people commented on the "easy going" and "friendly atmosphere." People said visiting other homes made them feel confident when they spoke highly of Lakeside Care Home as they could compare. For example, one person said, "I chose a good one." People explained how they had been involved in their assessment. Staff recognised the importance of ensuring they could meet people's emotional and physical needs as part of the assessment process.

Care plans were written in a person-centred way and were tailored to meet people's individual needs and were updated. This meant staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. A health professional said staff had a good knowledge of the people they supported. Daily records provided an account of how people had been supported and documented changes to their health or emotional well-being. Our conversations with staff demonstrated a positive rapport with people and a commitment to work alongside them.

Staff knew people well so this meant they recognised the changes in people's long-term health care conditions. Records showed how staff had worked alongside health professionals to help people understand their health conditions and the risks involved, if they chose not to follow health advice. Care records, feedback and our observation of staff practice confirmed staff responded in a responsive manner to health changes or a person's slow decline in health. Staff explained how they supported people at the end of their life working closely with the individual, their families and health professionals. They explained how this was achieved, including practical steps, such as reviewing the equipment they might need. People's preferences regarding what type of medical intervention they wanted at the end of their life was clearly recorded. This helped ensure people's wishes were respected.

The service had a responsive and flexible approach to providing a range of activities, including seated exercise classes, which people enjoyed. These were generally organised by the activities co-ordinator who worked two days a week and helped on trips on a third day. They had a good knowledge of people's preferences, as well as the approach needed to help them participate in social events that met their individual needs. For example, accompanying people living with dementia on separate trips so more time could be spent with them. Or playing dominoes with people who preferred one to one support. Two people spoke about the poetry sessions they attended, which they enjoyed, sharing their favourite poems with each other. On Friday afternoons, people chose films to watch on a large screen in one of the lounge areas, whilst on alternate weekends there was additional activities, such as live music. The management team said they were reviewing how they could ensure people had the opportunity to have additional meaningful occupation on each day of the week.

Social events included visits from local schools and trips out chosen by people living at the home. During our conversations, people told us about the different trips they had been participated in. One person praised the staff for ensuring all people, whatever their level of mobility needs, had access to visits to places

outside of the home. The service had their own accessible transport to provide more flexibility in the timing of trips.

Staff had helped people rediscover previous skills, such as knitting. People were proud of the amount they had raised for a number of different charities through fetes and fund-raising events. The management team recognised feeling part of the community was important to people's self-worth and so arranged events such as a summer fete, which included live music, model planes demonstration and a dog show. A visitor commented on the positive feel to these events, which included BBQs and firework displays; they said their relative liked to invite them and it gave them a good topic for discussion.

People's complaints and concerns were taken seriously. The complaints process was clearly written, accessible and provided clear information about what people could expect in response to their complaint. People told us staff were approachable and they felt confident concerns or complaints would be addressed.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Staff practice showed they could communicate with, and understand each person's requests and changing moods. A health professional said staff had engaged well in a longer-term therapy programme to support one individual with their communication. One person said, "They absolutely look after me" and told us how staff knew when their battery needed changing in their hearing aid and were quick to assist. We saw how a staff member took time to ensure people who were not wearing their glasses were supported to find them. Staff recognised the importance of ensuring people had the necessary equipment so they could participate in conversations and engage with the world around them.

Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them stay involved in the life of the home. Staff gave information to people, such as when activities were due to take place both verbally and in a written format. Staff recognised that effective communication enhanced people's wellbeing and made support more effective.

Good

Is the service well-led?

Our findings

The service was well-led. There was a registered manager working at the home. A registered manager is a person who has registered with the 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 current registered manager was supported by the providers, general manager, training and administration co-ordinator care co-ordinator, senior care workers, care staff, catering and housekeeping staff to support people's needs. The general manager had a clear understanding of their responsibilities and was quick to respond to any changes or unforeseen events. For example, they stepped in to cover staff sickness or to help at times of crisis. The providers also regularly visited the service as they lived on site. Staff were encouraged to develop their skills and training opportunities took place regularly.

People living and visiting the home had been made aware of planned changes to how the service was managed, both verbally and through a letter, which was written in a reassuring manner. The registered manager was due to take on the role of a senior over the care team rather than work as the manager. While the general manager and the training and administration co-ordinator were in the process of applying to register with the Care Quality Commission to job share the role of manager. They told us they were positive there would be little impact on the people living at the home as they already knew the staff members involved. Clear job roles were being drawn up in recognition of each person's skills and expertise.

The training and administration co-ordinator's values and ethos promoted the rights of people living with dementia. They were committed to ensuring future changes to the environment supported people's independence and demonstrated this in their discussions linked to the environment. The management team demonstrated acceptance and treated people living at the service as equals.

There was a positive culture where there was an openness to learn and improve, recognising practice and good quality care was fluid. Good quality assurance processes provided a foundation to ensure the service was well run. For example, spot checks and robust cleaning audits meant the home was kept to a high standard of cleanliness.

People's opinions mattered. People living at the home were encouraged to feed back their views of their care and the service at meetings; daily staff responded during general conversation. Surveys had been sent to people living at and visiting the home and these responses had been collated and acted upon. For example, installing an additional heater on one person's room and making changes to the running of the kitchen and the range of food provided. Regular meetings were held with staff to share information to maintain the quality of the service, with minutes kept; people said they kept up to date with changes within the home and could voice their opinion on the running of the home.

Accidents in the home were monitored and ensured staff had acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if

there were any patterns in regard to location or types of incident. Where they identified any concerns, staff acted to find ways so further incidents could be avoided.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Care files showed evidence of health professionals working together with the staff. For example, GPs, dentists and community nurses.

The registered manager had notified CQC appropriately about events at the home. We used this information to monitor the service and ensured they responded appropriately to keep people safe.