Ashlake Lodge Limited

Lakeside House Residential Care Home

Inspection report

21 Chadwick Road
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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

Overall summary

We inspected Lakeside House Residential Care Home on 8 April 2015. This was an announced inspection. The service was given 24 hours' notice because we needed to be sure that someone would be in.

Lakeside House Residential Care Home is a care home providing personal care and support for people with learning disabilities. The home is registered for eight people. At the time of the inspection they were providing personal care and support to seven people.

There was not a registered manager at the service at the time of our inspection. The previous registered manager left the service in August 2014. The manager told us they had been acting in the role since August 2014 and planned to be until a registered manager is appointed. This meant the service did not have a registered manager for seven months. The service had not notified the Care Quality Commission about the absence of a registered manager for a continuous period of 28 days or more. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the service and their relatives told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff. People were given their prescribed medicines safely.

Staff received regular supervision and undertook regular training. People had access to health care professionals and the home sought to promote people's health. People were supported to make their own decisions where they had capacity. Where people lacked capacity proper procedures were followed in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. However staff members told us arrangements were not always in place to cover staff when people had appointments. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were caring and respectful to people when supporting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

People who lived at the home, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The manager demonstrated a good understanding of their role and responsibilities. There were systems in place to routinely monitor the safety and quality of the service provided.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs. However staff members told us arrangements were not always in place to cover staff when people had appointments.

Is the service effective?

Good

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious food that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Summary of findings

People using the service and their representatives were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home.

Is the service well-led?

Requires improvement

The service was not always well-led. The service did not have a registered manager in place. The service had not notified the Care Quality Commission about the absence of a registered manager for a continuous period of 28 days or more.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service and their representatives.

Lakeside House 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 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.

The inspection was led by an inspector who was accompanied by a specialist advisor. The specialist advisor had experience of learning disability services.

Before we visited the home we checked the information that we held about the service and the service provider. We reviewed the information we held about the service which included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that have placements at the home and the local borough safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing two bedrooms of people who lived at the service with their permission. We spoke with four people who lived in the service and two relatives on the day of the inspection. We also talked with the provider, the manager and two support workers. We looked at seven care files, staff duty rosters, four staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

We spoke with people and their relatives who told us they felt safe and were happy living in the home. A relative told us, “My relative has comfort and security.”

People using the service were protected from harm and kept safe. Staff were able to explain the procedure they would follow in the event of any concerns about people's safety. They all knew the different types of abuse and had a good understanding of the provider's policy for safeguarding. One staff member told us, "I would report to the manager. If nothing was done I would speak to social services and CQC." We saw records that safeguarding training had been delivered to staff. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

There had been one safeguarding incident since our last inspection. The manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. We saw the notification for the safeguarding prior to the inspection. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

We checked three financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked and we saw records of this. This minimised the chances of financial abuse occurring.

People's behaviour that challenged the service was managed in a manner that protected people's rights and maintained their safety. People had a comprehensive risk assessment that identified behaviours that could challenge the service. For example, one person’s risk assessment stated they needed one to one support because of their medication condition. This person always had a support worker supporting them throughout the day on the day we inspected. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others. We saw in daily records examples where staff had de-escalated situations with people that challenged. We saw these risk assessments were reviewed regularly and updated following any incidents or concerns relating to the person. We observed people who became agitated and demonstrated behaviours that challenged the service. Staff attended to these people quickly and provided them with reassurance and support in line with the guidance in the care files, with people's behaviour changing positively in response to these interventions.

The premises were well maintained and the manager had completed all of the necessary safety checks and audits. We saw that fire safety checks and drills were done regularly. Daily fridge and freezer temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people’s safety. We saw a recent audit by the fire brigade which showed improvements to be made to the service which included fire safety training for all staff. The manager told us and records showed that these improvements had been actioned.

People told us there were usually enough staff to meet their needs. One person told us, "Yes, there is enough staff." We looked at the staff rotas and spoke to members of staff about their workload and confirmed shift patterns. The manager told us and we saw on the staff rota that they had recently increased the staffing numbers at night due to having people with greater support needs and more behaviour that challenged the service occurred at night.

We looked at staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to check that newly recruited staff were suitable to work with people.

Medicines were managed safely. We looked at the Medicines Administration Record (MAR) sheets for all of the people living in the home. We saw they had all been appropriately completed, with clear records of what medicines people had been given and at what time. We checked the stocks of medicines and saw that all of them corresponded with the MAR sheets with no errors. The manager told us they carried out a monthly audit of the medicines and showed us the process for returning any unused medicines. We saw records which confirmed this.

Good

Is the service effective?

Our findings

People were supported by staff who were well trained and supported and had the skills necessary to meet their needs. One person told us, "I like my keyworker and I like the staff." A relative said, “Lots of long term staff. I like that stability factor.”

staff files contained details of all the training that had been completed for each member of staff, along with dates for training that had been booked for the coming year. The training included safeguarding adults, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), infection control, medicines administration, mental health awareness, challenging behaviour, epilepsy, fire safety, first aid, person centred care and manual handling. The staff files showed us that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service.

Staff told us they received regular training to support them do their job. One staff member told us, “They [the provider] have been arranging training from different colleges. I am happy with it.” Another staff member said, “The training covers most aspects of the job.” Staff received regular formal supervision and we saw records to confirm this. One staff member said, “I get supervision every three months. We discuss problems at work and people’s needs.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

The manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager told us and we saw records that the home had applied for DoLS authorisations for six of the people living at the home. We saw records that these had been authorised. People identified as being at risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out. We observed and records showed that people were able to make choices about their daily lives, such as if they wished to go out for lunch and personal care choices. We saw people during the inspection going out throughout the day.

We saw people’s risk assessments and care plans included information about people’s capacity to make decisions. People who spoke with us told us staff asked for their consent before providing personal care and support. One person told us, “They ask if I want to take my medication.”

People we spoke with told us they liked the food and were able to choose what they ate. One person told us, “The food is nice. We have pasta, tuna and jacket potatoes. I can eat anything.” People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home and providing input when planning the menu in resident meetings. On the day of the inspection that people were eating a variety of meal choices. One person told us, “They ask you want you want to eat.” Another person said, “I make my own hot chocolate before I go to bed.” The care plans we looked at included information on any nutritional issues which might need monitoring and what the person’s favourite foods were. Fresh fruit was available to people in the kitchen. Food and fluid intake was recorded daily so staff could monitor. For example, one person had high cholesterol and there was clear recording that the service was actively supporting the service user to manage this health condition. We saw weight records for each person which were up to date.

People’s health needs were identified and met through needs assessments and care planning. We spoke with people about access to health services. One person told us, “I go to the dentist and doctor. I have an appointment at the hospital on Friday.” Records showed that all of the people using the service were registered with local GP’s. We saw people’s care files included records of all appointments with health care professionals such as GPs, dentists, physiotherapist, psychiatrist, optician and chiropodist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people’s files.

Good

Is the service caring?

Our findings

People living at service told us they were happy with the level of care and support provided at the home. One person told us, “I’m happy here. They [staff] care for me.” A relative said, “It is like a family unit not a care unit.”

We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and enjoyed laughing at jokes and having conversations. We saw that staff always knocked on people's doors, called their preferred names out and asked permission to come in and talk to them. Throughout our visit we saw positive, caring interactions between staff and people using the service.

Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. Each person using the service had an assigned key worker. Keyworker meetings were held regularly and we saw records of this. For example, one keyworker described how a person was from a specific cultural background and they enjoyed games and food from their country. Records we looked at confirmed the information the staff member told us was correct. One staff member told us, “We read their care plans to know likes and dislikes. Also you get to know them by talking to them.” Another staff member said, “I interact with the families to find out people’s needs.”

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people’s needs, including a pictorial profile of the person and clear guidance for staff on how to meet people’s needs.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The service supported people to become more independent in other ways, for example with helping with household cleaning, doing laundry, preparing food and activities in the community. On the day of our inspection we saw people helping with vacuuming and hanging out washing.

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to peoples wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, staff supported people to attend their place of worship. We saw this recorded in people’s care plans and people confirmed this. One person said, “They [staff] ask me if I want to go to [place of worship].”

People we asked told us their privacy was respected and staff didn’t disturb them if they didn’t want to be. One person told us, “I get peace and quiet in my room.” Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One staff member said, “We give maximum respect. We will knock on people’s door and wait to hear what they say before going in.” Another staff member said, “When family are visiting we give them time alone.”

Good

Is the service responsive?

Our findings

We spoke to people about their care and they told us how they had been involved in their care planning. We saw that each person had an allocated keyworker who had regular meetings with them to discuss their care and updated their care plan and risk assessment.

People who used the service and their relatives were involved in decisions about their care and they got the support they needed. We saw that care plans contained comprehensive assessments of people needs, which looked at all aspects of the person. We looked at care plans which all contained details of health needs, communication, personal hygiene, medicines, mobility, nutrition, religion, mental health, daily living and activities, personal finance and sleep. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the manager and records confirmed this. Staff told us care plans were reviewed every six months or more often if required. Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Regular support sessions were held with the keyworker and we saw records of this.

Staff told us people living in the home were offered a range of social activities. People's care files contained a weekly activities programme. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to bowling, cinema, swimming, and courses at a local college. We also saw people could engage with activities within in the home which included listening to music, films, puzzles, massage, and drawing. One person said, "I go out a lot. My keyworker takes me out. I go places like bowling, films and swimming."

Resident meetings were held every month and we saw records of these meetings. The minutes of the meetings included topics on activities, appointments, people's birthdays, new staff, food menus, key working, healthy eating choices and if people had any concerns. One person told us, "We have a service user meeting and we talk about everything."

People knew how to make a complaint. One person said, "I would complain to the staff." There was a complaints process and this was available to people. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. We saw the records of four complaints and found the service was listening to people's and their relatives' problems and concerns. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner.

Requires improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous registered manager left the service in August 2014. The manager told us they had been acting in the role since August 2014 and will be until they appointed a registered manager. The person acting as the manager was also one of the owners of the service. The manager said they were currently advertising the position of registered manager and had interviewed two candidates. This meant the service had not have a registered manager for seven months. The service had not notified the Care Quality Commission about the absence of a registered manager for a continuous period of 28 days or more. This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives told us they found the acting manager to be helpful and supportive. One person said of the manager, "She is nice. She is kind." A relative told us, "They [the manager] is very interactive, accessible, approachable and on the ball."

Staff members expressed a need for a registered manager in place. One staff member told us, "[acting manager] is new to it and not experienced in it. She is trying really hard." Another staff member said, "We need a manager that knows this field."

Staff members told us the service had improved for people since the new providers took over the service in June 2014. One staff member told us, "Things have absolutely improved. People's needs have been met where previously they were neglected." Another staff member said, "They are really making improvements in the home." For example, staff told us that people had more activities available to them in the community. We saw during our visit that staff were relaxed and at ease discussing issues with the manager who made themselves available to staff as required throughout the day.

Staff told us the service had regular staff meetings. One member of staff said, "We have staff meetings every month. We discuss people's needs. We can suggest topics." Discussions recorded in minutes of meetings included discussions on how to give people choices, nutrition, respect and dignity, medicines, activities, accidents and incidents, care plans, training, whistleblowing, food menus and audits.

The manager told us they had identified areas to develop and improve upon since they began working at the service. For example, they planned to decorate the home. We saw people had been consulted and made the decision about the choice of floor coverings for the service.

The manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service and their relatives. For example, the service issued a survey to people and to their relatives. Topics included on the survey covered cleanliness, safety, respect and dignity, food, key working, food menu planning and activities. Overall the survey results were positive.

The service also carried out a yearly staff survey. The survey covered topics which included delivery of care, environment, staff and management. The results overall were positive. One staff member commented, "Supervision is now more frequent. Training is very helpful and keeps people updated."

Various audits and checks were carried out. The manager told us and records confirmed that they carried out regular audits which included medicines, people's finances, fluid and food recording, supervision and appraisals, care files and all meetings including staff and residents. An audit for care files showed some care plans had not included information about people's finances and activities. We saw in the care files that these shortfalls had been acted on.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes Regulation 15 Care Quality Commission (Registration) Regulations 2009 Notice of Changes The provider did not give notice in writing to the Commission of the absence of a registered manager for a continuous period of 28 days or more. Regulation 15(1)(a)(b)