

Ashlake Lodge Limited

Lakeside House Residential Care Home

Inspection report

21 Chadwick Road
London
E11 1NE






Date of inspection visit:
26 October 2017

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Ratings

Overall rating for this service

Requires Improvement 

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

We inspected Lakeside House Residential Care Home on 26 October 2017. This was an unannounced inspection. At the last inspection April 2015 the service was rated as Good. However during our previous inspection we found 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. During this inspection we checked to determine whether the required improvements had been made. We found the service had a registered manager in place and was now meeting the regulation.

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 a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had failed to submit statutory notifications relating to significant incidents that had occurred. A statutory notification is a notice informing CQC of significant events and is required by law.

The experiences of people who lived at the service were positive. People and their relatives told us they felt the service was safe, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There were enough staff to meet people's needs. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

Staff undertook training and received regular supervision to help support them to provide effective care. 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 legislation 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. We saw people were able to choose what they ate and drank.

Person centred support plans were in place and people and their relatives were involved in planning the care and support they received.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and

transgender people could feel accepted and welcomed in the service.

People had access to a wide variety of activities within the community. The provider had a complaint procedure in place. People and their relatives knew how to make a complaint.

Staff told us the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

The registered provider did not always uphold all of their responsibilities to the Care Quality Commission (CQC). Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. The registered provider and registered manager did not always uphold all of their responsibilities to the CQC.

The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

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.

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.

This inspection took place on 26 October 2017 and was unannounced. The inspection team consisted of one inspector. Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms with their permission. We spoke with two people who lived in the service and two relatives during the inspection. We also spoke with the provider, the registered manager, one senior support worker and two support workers. We spoke with two relatives after the inspection.

We looked at three care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, three medicines records, two finances records, training information, safeguarding information, health and safety folder, and maintenance records.

Is the service safe?

Our findings

People who used the service and relatives told us they felt the service was safe. One person told us when asked if the service was safe, "Yes." A relative said, "I think so. They look after [person]." Another relative told us, "Yes on the whole safe." A third relative said, "Oh yeah, no reason to think otherwise."

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff and the registered manager had undertaken training about safeguarding adults and had a good understanding of their responsibilities. One member of staff said, "I will approach the manager and explain what is happening." Another staff member said, "I would have to report to the manager." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "If not taken further I will whistle blow."

Individual risk assessments were completed for people who used the service and reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were challenging behaviour, epilepsy, falls, road safety, medicines, sexuality, finances, fire safety, personal care, kitchen safety, and swimming. For example, one person was at risk of an epileptic seizure whilst having a bath. The risk assessment gave clear guidelines how staff were to manage this risk. The risk assessment stated, "Staff to monitor [person] whilst having a shower/bath by checking on him every two minutes by calling his name to ensure he is safe." Observations and discussions with staff showed staff were aware of risks for this person. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. Records showed that incidents were responded to and outcomes and actions taken were recorded.

A review of financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were signed by two members of staff and we saw records of this. This minimised the chances of financial abuse occurring. One relative told us, "[Staff] give me receipts every week and I check the book to see what [person] spends." This meant the service was supporting people with their money safely.

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. People who required PRN medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. The service had PRN guidelines but did not complete PRN protocols for each individual medicine. However reasons for giving PRN medicines

were documented in people's care records. We spoke to the registered manager about having individual PRN protocols for each person. After the inspection the registered manager sent us completed PRN protocols. This meant people were receiving their medicines in a safe way.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Any vacancies, sickness and holiday leave was covered by staff working at a nearby home owned by the same provider. Staff rotas showed there were sufficient staff on duty. One person told us, "Loads of staff here." One staff member told us, "We have been recruiting a lot which means we are free on the floor to help with activities." Another staff member said, "Day to day we having three staff in the morning and three in the afternoon. We normally get cover."

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff worked with people who used the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

The premises were well maintained and the registered manager and provider had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, and water regulations. However emergency lighting checks had ceased to be recorded from 20 June 2017. The registered manager told us this was due to a new recording system not being followed. The registered manager assured us the emergency lighting checks would resume.

Robust infection control policies, processes and procedures were being followed to keep the environment clean and help reduce the risk of any potential cross-infection. The registered manager completed a monthly infection control audit that covered hand washing hygiene, environment, waste and policies and procedures. Records confirmed this. During the inspection we found the service clean and free of malodour. Staff wore appropriate personal protective equipment for various tasks being completed. For example, disposable aprons when food was being served. One staff member told us, "We use gloves and aprons. If cooking you need to cover your hair. Need to wash your hands before and after giving personal care to avoid infection." Another staff member said, "We use gloves and aprons. They are always available." One relative told us, "[Relative's] room is clean and doesn't smell. I think the home is clean."

The service had plans to keep people safe in an emergency. We saw each person had a personal emergency evacuation plan. This detailed the action to be taken in the event of an emergency and was accessible to staff.

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "They [staff] are alright. They look after us." One relative told us, "The staff are brilliant." Another relative said, "They [staff] are doing a good job."

New staff went through an induction process when they began working in the service. This included completing an induction pack which was signed off by management and the staff member. One staff member told us, "I shadowed for a week. I read through the care plans when I did my induction."

Records showed staff had completed training specific to their role. Training included first aid, Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DoLS), safeguarding adults, infection control, food hygiene, fire safety, medicines, moving and handling, equality and diversity, nutrition and hydration and lone working. Staff also did specific training that reflected the needs of the people they were supporting. For example, staff did training on epilepsy, challenging behaviour, diabetes awareness and pressure area care. One staff member told us, "It's very fruitful. It helps me a lot. The manager will send an email when training is due." Another staff member said, "They run training for us to make sure we are up to date."

Staff told us they felt supported in their role. Staff received regular formal supervision and we saw records to confirm this. Topics included actions from previous supervision sessions, people who used the service, key working, training, communication, health and safety, care plans and risk assessments. One staff member said, "You can speak your mind." Another staff member said, "I have a one to one to speak about any problems at work and if I have any ideas." Annual appraisals were completed and people who used the service could feedback on staff performance. All staff we spoke with confirmed they received yearly appraisals and we saw records of this.

The Mental Capacity Act 2005 (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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority when a DoLS was needed.

We heard staff offering people choices and gaining consent from them throughout the day. For example, we heard choices were offered on having a shave, what they wanted for lunch and where they wanted to go in the day. This consent was recorded in people's care files and reviewed as a part of the regular care plan review process. We saw that people could access all shared areas of the home when they wanted to. Observations showed people going back and forth to their bedrooms, the lounge, kitchen, and dining room. People could go visit the local community with support from the staff. One person told us, "They [staff] ask me where I want to go out." This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People told us they enjoyed the food and were able to choose meals they liked. One person when asked about the food said, "The food is nice here. We have a choice for lunch and dinner. I have homemade fish and chips on a Friday." A relative told us, "[Relative] enjoys the food. He has [culturally specific] food and sensitive diet." We saw people had access to fruit and drinks throughout our inspection. Staff told us and we saw records which showed that people planned their food menu however they could decide on the day if they wanted a meal of their own choice. People's food choices were recorded and these were known by staff. Information for staff also included people's likes and dislikes. For example one care plan stated, "My favourite food is [culturally specific food]. I would like to have an [culturally specific] meal at least once a week." People were supported to eat healthy. One person told us they were on a diet and had lost weight. The person said, "I drink water a lot. I cut down on fizzy drinks. I eat apples and fruit."

People's health needs were identified through needs assessments and care planning. One person told us, "Staff book appointments for us. Last week I had a flu jab." A relative told us, "If any problems they [staff] take [relative] to the doctor or hospital." Another relative said, "[Relative] is well taken care of by health professionals."

Records showed that all of the people using the service were registered with local GPs. We saw health appointments were being recorded. These included visits to health care professionals such as GPs, dentist, chiropodist, optician and psychiatrist. The records showed the outcomes and actions to be taken following each appointment. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helped people to make sure that the service had thought about people's health and that their health needs were being met. People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

People and their relatives told us they liked staff and thought they were caring. One person said, "They [staff] care for me." A relative told us, "They [staff] really do care for the residents."

During the inspection we saw people were comfortable with staff and were happy to be around them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, one person who used the service went to give the registered manager a hug when he saw him. One staff member told us, "You are with the people every day so you have to have emotion. You need to care to do this job."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "I make sure [person's] appointments are up to date and daily needs are being met. I do a monthly key worker report. We sit together and plan for the next month." Records confirmed a key worker monthly report was completed for each person. A relative told us, "I speak to the key worker and ask about [relative]. I do get involved. The key worker is very caring. I know her well." Another relative said, "I get a sheet once a month saying what [relative] has been doing like if he has seen the chiroprapist."

People and their relatives told us their privacy was respected by all staff. Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "I have to give maximum respect. Like if someone is in his room. I will knock on the door." Another staff member said, "We need to respect their privacy because it is their home and they are human beings." The same staff member told us, "If we give personal care we close the door." One person told us, "I have peace and quiet in my room."

Care plans were personalised and included information about people's likes and dislikes, for example in relation to food, communication and social activities. For example, one person's communication plan stated "Staff need to recognize and interpret my body language in order to support me well. I will rock back and forth when I am happy or content. I will emit disgruntled noise when I feel some kind of discomfort or I will bite my finger. I also like grabbing the hand of staff and push it away to show rejection or dislike." Another person's care plan stated, "I like listening to music and I will always go shopping to purchase my own CDs. My favourites are [specific singer] and [specific music group]."

People's independence was encouraged. Staff gave examples how they involved people with cooking, domestic tasks and doing certain aspects of their personal care to help become more independent. This was reflected in the care plans for people. For example, one care plan stated, "I prefer a shower to a bath. I am able to brush my teeth independently. I am able to choose my own clothes." One staff member told us, "We help them to do laundry. I will ask them if they want to help me in the kitchen with peeling potatoes and carrots."

People's cultural and religious needs were respected when planning and delivering care. Records showed people visited their place of worship and food choices were culturally specific. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member said, "I'd welcome them. We have to respect their needs."

People's bedrooms were personalised with personal possessions and were decorated to their personal taste, for example with soft toys and pictures. One relative told us, "[Relative] has full control of his bedroom to do what he wants."

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Relatives and friends were welcomed to the service and there were no restrictions on times or length of visits. A relative told us, "Always had a good welcome there."

Is the service responsive?

Our findings

People and their relatives told us that the service involved them in decision making about the care and support they received. One person said, "They [staff] do sit down and talk through everything." A relative told us, "I have been involved." Another relative said, "[Registered manager] told me about the care plan."

Care records contained detailed guidance for staff about how to meet people's needs. Care plans were in place for each identified area of need. People's care plans were easy to follow and provided detailed step-by-step descriptions of people's individual routines. Pictorial aids were included in the care plans to ensure they were accessible to people. The staff told us that care plans were updated following any changes to people's needs and were also reviewed regularly in order to ensure that they contained up to date information.

There was a wide variety of guidelines in people's care plans regarding how people wished to receive care and support including health needs, medicines, communication, mobility, budgeting and finance, personal care, emotional needs, nutrition, daily living and social activities, family and friends, sexuality, religion and culture, and behaviour and mental health. The care file also included a section called 'resident profile' which talked about the person's hobbies and interests. The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan stated "I feel happy when I go out on activities such as bowling, swimming and dancing. I feel happy when I walk to the local shop to buy myself drinks and snacks. Listening to [specific singer] music makes me feel good." People were encouraged by staff to be involved in the planning of their care and supported as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

Resident meetings were held every month and we saw records of these meetings. The minutes of the meetings included topics on resident's rights, activities, food menu, key workers, personalisation of bedrooms, health and wellbeing, health and safety, summer holiday, complaints, promoting independence, and respect and dignity. One person told us, "We talk about choosing what holiday we want and the Christmas party in December."

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. Records showed activities included going to bowling, the cinema, a day centre, and swimming. We also saw people could engage with activities within in the home which included listening to music, indoor basketball, baking, drawing and games. One person said, "They [staff] take me out bowling and swimming. We have birthday parties here. We went to Great Yarmouth this year"

People and their relatives knew how to make a complaint. One person said, "I would tell the staff." A relative said, "I would speak to [registered manager]. I'm sure he would act on it. Don't have a reason to complain." Another relative told us, "I would phone [provider]. Never had a reason to complain." There was a

complaints process and this was available to people. Staff 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 five 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.

Is the service well-led?

Our findings

In preparing for this inspection we looked at the information we already held about the service. We found the provider was not notifying us of statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS). The last statutory notification had been received 31 May 2016 however we found during the inspection that two people had been authorised for DoLS and CQC had not been sent notifications of these. We discussed this with the registered manager who was aware that these notifications had not been sent to CQC. After the inspection the registered manager submitted statutory notifications for people authorised for DoLS.

Also during the inspection visit we identified the provider had failed to submit statutory notifications relating to significant incidents that had occurred. For example, one person had a fall on 20th October 2017 and had been taken to the hospital however we were not notified without delay. Neither had we been notified when the service had called the police after a person had physically attacked a member of staff. After we spoke with the registered manager about these two incidents he submitted the statutory notifications. This placed people at risk as safety was not effectively monitored and reported to the relevant authorities.

During our previous inspection in April 2015, we found 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. During this inspection we checked to determine whether the required improvements had been made. We found the service had a registered manager in place and was now meeting the regulation.

People and their relatives told us that they liked the service and the registered manager. One person said, "He [registered manager] looks after us." A relative told us, "All the interactions have been positive. [Registered manager] is caring." Another relative said, "I think he is very good. We have a good rapport. Tells me everything going on."

Staff told us they liked the registered manager. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "It is a good workplace and I get support from the manager. He is approachable." Another staff member said, "We have a good manager. He listens. He will tell us straight away if something is wrong."

Staff meetings were held regularly. Minutes of these meetings showed there was regular discussion about people who used the service, care plan reviews, complaints, accidents and incidents, changing needs of people, health and safety, infection control, new staff inductions, and supervision and appraisals. One staff member told us, "They are every month. If something is urgent then sooner. We always talk about staffing, safeguarding, service users, safety, activities and how not to deprive [people who used the service]." Another staff member said, "We all join in and bring ideas." One person told us, "They have a staff meeting here."

The provider had effective systems in place to monitor the quality of the service delivery. The provider undertook monthly audits to monitor the quality of the service. Records showed this included checking

recruitment, accidents and incidents, premises, fire safety, food menu, supervision, staff meetings, people's finances, medicines, care plans and risk assessments. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of annual surveys sent to people who used the service, their family members and staff. Surveys included questions about activities, food, premises, complaints and staff. We saw that overall all the surveys were positive. One comment stated, "I am very satisfied with the care." People who used the service were assisted by staff to complete the questionnaire. One relative told us, "They do send out an annual survey for feedback." Another relative said, "Once a year I fill it out."

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 Registration Regulations 2009 Notifications of other incidents. The provider had failed to notify of an injury of a person, an incident reported to the police and notifications of Deprivation of Liberty Safeguards (DoLS) authorisations. Regulation 18 (1) (2) (b) (f) (4) (a) (b)

The enforcement action we took:

Fixed penalty notice