

Blackcliffe Limited

The Lakes Care Centre

Inspection report

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21 April 2017

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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

We carried out this inspection on 19, 20 and 21 April 2017 and the first day of the inspection was unannounced. We last inspected the service in August 2015 where we found the service required improvement.

The Lakes Care Centre consisted of three separate suites. The Derwent Suite providing nursing care for up to 37 people. The Kendal Suite providing residential care for up to 15 people and The Coniston Suite providing care for up to 25 people with dementia related needs. The home is registered to provide nursing and residential care and accommodation for up to 77 people and at the time of this inspection there was a total of 77 people using the service. One person was in hospital.

Accommodation comprises of all single rooms some of which have en-suite facilities. Each suite had a communal lounge and dining room and access to a safe, enclosed outdoor space.

At the time of our inspection a registered manager was 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the legal requirements that had been made at the inspections conducted in February and August 2015 had been satisfactorily addressed.

People living in the home told us they were happy with their care and liked the staff that supported and looked after them and felt safe when their care was being delivered.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

Care plans were person centred and included risk assessments that provided staff with instructions to follow when supporting people with their care needs. Care records showed they were reviewed and any changes were recorded.

Records looked at and talking with staff and the management team demonstrated that staff had been recruited to the service safely, appropriately trained and supported. Staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

Medicines management were found to be safe. Nurses and senior care staff responsible for the administration of medicines had received appropriate training. All medicines and controlled drugs were safely kept with appropriate arrangements for storing in place.

People using the service had access to healthcare professionals and their healthcare needs were met.

Staff spoken with and records seen confirmed training had been provided. Staff were knowledgeable about the support needs of people living in the home.

Systems were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff spoken with and records seen demonstrated that staff understood their responsibilities in keeping people safe and to report unsafe care or abusive practices.

During our walk round of the service we found all areas to be clean, tidy and appropriately maintained.

People who used the service and their relatives knew how to raise a concern or make a complaint.

A range of activities were available and people were encouraged to participate in those activities that interested them.

The registered manager and senior management team used a variety of methods to assess and monitor the quality of the service. This included regular audits of the service and meetings held to seek the views of people using the service, their relatives and the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The control and administration of medicines was managed safely.

Staff were employed using a safe and robust recruitment process.

People told us they felt safe living in the home and relatives we spoke with confirmed this.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate knowledge and skills to support people who used the service.

People were supported to maintain their health and to access appropriate healthcare services, for example, general practitioners and district nurses.

People's rights were protected and the consent of people was being sought in line with the Mental Capacity Act 2005.

Deprivation of Liberty Safeguards were in place.

Is the service caring?

Good ●

The service was caring.

People living at The Lakes Care Centre and visiting relatives we asked spoke positively about the support and care received from staff.

We observed staff treating people with dignity and respect.

We observed that people looked well cared for and were appropriately dressed.

End of life care was provided in a caring and compassionate

manner.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred, detailed and contained life histories, past medical history, behavioural patterns, activities, and likes and dislikes.

People were provided with opportunities to participate in regular and appropriate activities.

Systems were in place for receiving, recording and responding appropriately to concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to seek feedback from people who used the service and other interested parties.

Staff spoke positively about the management of the service.

Systems to monitor the quality of service had much improved since the last inspection and completed records were available to demonstrate this.

The Lakes Care Centre

Detailed findings

Background to this inspection

We carried out this comprehensive 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 visit took place on 19, 20 and 21 April 2017 and the first day was unannounced.

On the first day the inspection was carried out by one Adult Social Care inspector, one Expert by Experience and one Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert who attended the inspection had experience of caring for older people in their family. The Specialist Advisor was a nurse with knowledge and experience of medicines management. On the second and third day the inspection was completed by the Adult Social Care inspector.

We spoke with a range of people about the service. They included nine people who lived at the home, four relatives, the registered provider, the registered manager and 11 staff members. Prior to our inspection visit we contacted the commissioning department at Tameside Metropolitan Borough Council, Healthwatch Tameside and Tameside and Glossop Clinical Commissioning Group (CCG). Healthwatch Tameside is an independent consumer champions for health and social care. No concerns were received.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of five people, the services training matrix, five staff personnel files including supervision and appraisal records and records relating to the management of the home, including quality audit documentation. We looked at how medicines were managed and reviewed a number of medication records on Derwent Suite. We also looked all around the building to make sure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

Following our last inspection of the service in August 2015 we found that the management of safeguarding incidents were not safe. Systems and processes at that time were not effectively implemented to prevent the potential risk of abuse to people. We found that there was a lack of consistency in the documentation used for the recording of incidents and there was no recognised procedure in place to determine when incidents should trigger a safeguarding alert to the local authority.

In one particular safeguarding incident being investigated by the provider, the provider had not taken into consideration the previous behaviour patterns of the perpetrator. It was found that there had been at least seven prior incidents where the behaviour of the same perpetrator had placed other people at risk. Had the perpetrator's behaviour pattern been monitored and an earlier intervention taken place, risk to other people living on the same unit may have been minimised.

These findings resulted in a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked what action had been taken for the service to become compliant with Regulation 13.

In our discussion with the registered manager it was confirmed that lessons had been learnt from this safeguarding incident and that the registered manager, home administrator and unit manager of the dementia suite had received refresher training in the completion of safeguarding adult's documentation with Tameside Training Consortium. It was also confirmed that measures had been taken to prevent any person with a history of behaviour that challenged being admitted directly into the home without a full multi-disciplinary meeting being held prior to admission.

We saw that the management team of the dementia suite had been informed of the new criteria for admissions onto the suite and that all safeguarding investigations would fully involve the participation of the relevant local authority personnel.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

Following our last inspection of the service in August 2015 we found that some furnishings and equipment were found to be dirty. For example, on dining room furniture, encrusted food was found on chair arms and the rims of tables. Hoists and some wheelchairs were dirty and some chairs in people's bedrooms were stained and marked. Such poor levels of hygiene meant that people were not receiving care and treatment in a clean environment.

These findings resulted in a breach of Regulation 15 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked what action had been taken for the service to become compliant with Regulation 15.

During this inspection we looked around most of the home, including all communal areas, toilets, bathrooms and a number of bedrooms. We also checked wheelchairs and hoists. All areas of the home and equipment were found to be clean, tidy and hygienic.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

Following the last inspection of the service in August 2015 we found that in the Jacuzzi bathroom on The Coniston Suite a number of inappropriate items were being stored. These included two raised toilet seats, a linen bag metal frame, a shower chair, a catheter stand and a dirty walking frame. The room was not locked and could therefore be accessible to people who used the service and could place people at risk of falls or entrapment due to the items being stored. We also saw personal toiletries and other items that should not have been in this room.

These findings resulted in a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked what action had been taken for the service to become compliant with Regulation 12.

During our tour of the home we found all bathroom areas to be clear of stored items, including the Jacuzzi bathroom. Signs had been displayed in all bathrooms instructing staff to remove all personal toiletries once the service user had finished using the bathroom.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

People who lived at the home who we spoke with told us they felt that staff supported them well and felt safe when their care was being delivered. Comments received included, "The staff are very caring, I like it here and yes, I do feel safe", "Of course I feel safe. I'm happy here and like the staff", "The home is kept safe, nice and tidy", "So long as I have my buzzer nearby, I am safe here, the other residents and staff, they are all my friends". And, "I don't have any fear that someone will do me harm, there is always enough staff moving about."

We also spoke with three regular visitors to the home who told us, "The home is safe for everyone, staff make sure of that, if any resident wants to go out, staff will let them, but there will be a member of staff accompanying them", "If you've got any safety concerns, you can press the buzzer, talk to staff, you don't struggle to find staff, agency or not, it is safe here and my relative seems to be very happy", "[Name] is always well looked after, staff know what [name] needs are. You do find some staff are better than others though, but overall I'm very happy with the care [name] receives."

Staff spoken with and records seen confirmed that staff had received safeguarding vulnerable adults training. Procedures were in place to minimise the risk of abuse or unsafe care and staff we spoke with understood what types of abuse and examples of poor care could place people using the service at risk. During the inspection visit the manager provided details of a recent significant safeguarding incident that had been referred to the local authority, with a notification being sent to the Care Quality Commission about

the matter.

We looked at five people's care files and saw there were assessments in place to identify the potential risks of accidents and harm to both people using the service and the staff supporting them. Risk assessments provided instructions for staff to follow when supporting people with their care needs. For example, we saw a falls risk assessment in place for one person with mobility problems. The information contained details of methods and equipment to be used to best support the person when mobilising.

The home employed the services of two maintenance staff that carried out risk assessments relating to the environment which had been reviewed on an annual basis. Both maintenance staff were also trained Fire Marshalls and carried out regular fire drill training with the staff team to ensure staff were clear about what action to take and their role in the event of the fire alarm sounding. Each person living in the home had an individual personal emergency evacuation plan (PEEP) in place which provided important information for both staff and the emergency services to keep people safe in the event of an emergency.

Records indicated that the fire alarm system was tested on a regular basis and this was confirmed by both staff and people who used the service who we spoke with. A business contingency and continuity plan was also in place. This included relevant information for staff to follow in the event the service should be disrupted or people need to be evacuated from the premises in an emergency situation. Details were included of other homes and venues where arrangements had been made in case people using the service needed to be evacuated, including overnight accommodation. This pre-planning helped to make sure that all people and staff would be kept as safe as possible in the event of an emergency situation taking place.

We reviewed the maintenance and safety certificate records for the building and found all relevant monitoring and checks had been carried out and certificates of confirmation were in place, for example, Landlords Gas Safety and Portable Appliance Testing (PAT).

We found staff had been recruited safely, appropriately trained and were being supported to further develop their knowledge and skills. The manager confirmed the staffing levels for each of the three suites within the home (The Kendal Suite – residential, The Derwent Suite – nursing and The Coniston Suite – Dementia) were regularly monitored and assessed to ensure sufficient staff were available to provide and support the people on each suite. Our conversations with people who used the service, their relatives and staff confirmed that staffing levels were kept at an appropriate level to meet people's needs. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at The Lakes Care Centre.

People who used the service who we spoke with told us they were happy with the treatment and the way they received their medicines and their comments included, "I get my medication four times a day, it could be for pain, I don't know", "If you've got aches and pains, staff always give you something for it", "Because there are so many of us living here, it may not be the exact same time you get your tablet every day but, I have never been without my medication, not one day" and "I have no concerns about [relative] medication at all, if I am honest, don't know if [relative] is on any."

As part of our inspection we looked at how medicines were managed and administered to make sure the service was doing this safely. We looked at the Medication Administration Records (MARs) on The Derwent Suite, observed staff administering medicines and checked how stocks of medicines were managed and controlled. We reviewed the MARs for people and found that relevant information such as any known allergies was recorded on the front cover.

The service had pharmacy arrangements with a local chemist. Senior staff confirmed that they requested

people's prescriptions via the pharmacy on a monthly basis. Once received from the pharmacy, staff checked the correct amounts and types of medicines have been delivered and the pharmacy then takes away any unused medicines from the previous month(s) with records being kept. We also checked how the service managed controlled drugs. Controlled drugs are medicines which require stricter checks and additional storage to make sure they are kept safe. We found that all MARs had been signed as required. We asked about some controlled drugs that were in the cupboard but not recorded on the individual person's MAR. We received email confirmation from the person's doctor that these were anticipatory medications and that it was appropriate for them to be kept safely until they are required. Anticipatory medications are medicines that have been prescribed to make a person more comfortable when approaching end of life.

Nurses and senior care staff with responsibility for administering medicines confirmed they had received appropriate training and had access to relevant policies and procedures. We also checked training records which identified that staff with this responsibility had received appropriate training. We noted that any person living at The Lakes Care Centre who was a stage one diabetic had their BM recorded before they were given their insulin via an insulin pen. BM is the monitoring of blood glucose (sugar) levels within the blood. When administering medicines we observed that staff took the medicines trolley to each communal area and people's bedrooms. To minimise distractions when administering medicines, staff wore a 'Do Not Disturb' tabard. We saw evidence to demonstrate that the supplying pharmacy carried out regular stock checks and audits of the medicines management in the home.

All medicines and medicine trolleys were securely stored in a locked 'clinic room' when not in use.

We saw that accidents and incidents which had occurred were recorded. The registered manager told us that all incidents and accidents were analysed, especially any recurring themes. For example, we saw two incidents where medication errors had occurred. Both incidents had been recorded on a quality monitoring record which identified the incident type, date of incident and date incident was reported. We saw that a full description of the incidents had been recorded and the action taken to minimise the risk of the same incidents occurring again.

During our walk round of the service we found all areas to be clean, tidy and maintained. Designated staff were employed in roles for keeping the premises clean and we found cleaning schedules to be in place. Since our last inspection of the service a quality control supervisor had been employed who has the responsibility of completing a daily walk round of the whole premises to ensure appropriate levels of cleanliness were being maintained. They also had the responsibility for ensuring that any maintenance matters were being satisfactorily addressed and any repairs carried out in a timely manner. Infection control audits were in place and we observed staff using personal protective clothing such as disposable aprons and gloves appropriately. Hand washing facilities were available throughout the building as were hand sanitising gels / soaps and we observed staff using these during the course of carrying out their caring duties. This meant that staff and people using the service were protected from potential infection when delivering personal care.

Is the service effective?

Our findings

We observed people being supported and receiving effective care from staff that had a good understanding of people's needs and individual abilities. People who lived in the home who we spoke with told us they were happy with the support they received from the staff and their comments included, "Lovely staff, they all know what they are doing", "The girls [staff] know me well and let me do things at my own pace" and "The nurses and carers are all very good, they know their jobs and how to do it." We also spoke with regular visitors to the home who told us, "I'm very happy that [relative] receives good care and I know [relative] is looked after well" and "The staff do everything they can to make [relative] as comfortable as possible throughout the day."

Where people may lack capacity to give consent to their care and treatment we saw that appropriate arrangements had been put in place to protect their rights in their best interests. A person can only be deprived of their liberty when this is in their best interests and as least restrictive as possible. It also has to be legally authorised under the Mental Capacity Act 2005 (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 appropriate and timely applications were being made to the authorising authority (Local Authority). We found a list of all DoLS authorisation requests on file and the manager informed us that there was still a big delay in receiving authorisations from the local authority. We observed staff supporting people to make choices and take some control of their daily living activities and staff also had access to policies and procedures relating to MCA and DoLS.

During our observations of the interaction between staff and people using the service we heard staff asking for people's consent prior to them providing any care or support. The Coniston Suite provides accommodation and support to those people who live with a diagnosis of dementia and we saw staff approach people sensitively and with patience. Where people were unable to communicate verbally we saw staff responding to people's body language and facial expressions when offering support. Where a person indicated they did not want the staff's involvement, the member of staff did not continue and left the person for a few minutes before trying again.

People using the service told us, "Whenever I need the toilet or go to my bedroom, staff come over to help", "Staff seems to know their job very well, they do support everyone", "I needed new glasses, staff helped me to get them" and "Staff know what I like and dislike, we get on well."

Two regular visitors to the home told us, "My [relative] has their favourite [staff], I think it is because some are more relatable and chattier than others, most of them though, go out of their way to meet my [relatives] needs" and "My [relative] has had bad stomach cramps and staff took care of it, but what I like most is that staff always give [relative] bed rest when they are tired, they look after [relative] well."

As part of our inspection we checked to see if people were being provided with a choice of nutritious and

healthy foods that met their health care needs as well as any cultural needs. To do this we observed and participated in the meal time experience on The Kendal Suite. The menu list for the day was clearly visible on the dining room notice board. We were invited to sit at a table with two people who used the service. We enjoyed a warm and delicious soup with freshly made 'meaty' sandwiches and comments from people included, "Staff always remember what I like and how I prefer my food", "I am getting what I like", I am happy with what I've had, so long as they keep cups of tea coming." Other comments included, "I love food, staff give you a generous amount", "There is always something to eat, lots of variety", "The food is very good, I do like it when they serve us some fry-up", I like plain food, something traditional and that's what they give you".

We observed staff asking people what they fancied for their dinner and the following options were available from the menu: Vegetable soup and a variety of sandwiches, followed by Strawberry Angel delight. Other food options were offered, but most people chose the soup and sandwiches. There was also a choice of tea, coffee or fruit juice. Staff showed us a special diet list indicating which people were on diabetic, fortified or pureed diets. It also included directions for those people who needed their food thickened and to what consistency.

We also had the opportunity to speak with two regular visitors and ask about the meals. They told us, "There are always options, especially during dinner, they [residents] have enough food and my [relative] likes continental food" and "My [relative] seems to be enjoying the food they serve, and I do bring [relative] lots of food as well."

People's healthcare needs were monitored and regular discussions took place with the person and or / their family member as part of the care planning and review process. Records seen included information about visits from General Practitioners (GP's) and other healthcare professionals. Where a visit had been requested from a healthcare professional, the information was also recorded in the daily evaluation notes to make sure all staff were aware of the request, and the information was also shared in the handover meetings between staff teams at the beginning of each shift.

We also saw written review notes from a recent visit by a healthcare professional from the Mental Health Team (MHT) which indicated they were happy with the care and support the person was receiving in relation to the persons mental health needs.

The manager provided us with a copy of the staff training matrix which listed the training all staff had participated in to date. This training included moving and handling, safeguarding vulnerable adults, pressure care, catheter training (nurses only), dementia awareness, end of life training and medicines management. Records also indicated that 93% of care staff had successfully completed a National Vocational Qualification (NVQ) at Level one, two or three.

We asked one member of staff about the training they were provided with and their comments included, "I have completed training in the mental capacity act and deprivation of liberty safeguards, safeguarding vulnerable adults, medication, dignity in care, first aid, moving and handling and infection control. I certainly get sufficient and appropriate training to support me to do my job effectively." We also spoke with a group of seven staff who confirmed they received training in dementia care, tissue viability awareness, first aid, diabetic awareness, catheterisation training and end of life support. Training in support people with swallowing difficulties had also been supplied by a Speech and Language Therapist (SALT).

One registered nurse told us that they carried out "Treatment Time" training with health care assistants. This is short training sessions on topics picked by the health care assistants, for example, pressure area care and

supporting people with special diets.

We asked some of the staff what they were proud of in their caring role. They told us they were proud of rehabilitating people to become more independent. For example, one person now cleans their own teeth. They said they were proud of having good relationships with relatives and the way they supported people at the end of their lives. They have an end of life pack and within this record any special requests made by the person and/or their relatives. They said they were proud of having a great job and doing their best, they said "We love our residents."

Information was available to demonstrate that staff were receiving supervision and annual appraisals and this was confirmed by those staff we spoke with. The manager had arranged specific training for all line managers in how to provide staff with supervision in order to ensure a consistent approach was taken in this topic. At the time of the inspection the registered manager was responsible for providing supervision and guidance to the registered nurses. We were told that once all line managers had completed the supervision training the registered manager would then be responsible for providing specific formal clinical supervision.

We looked at the layout of the building and the facilities available to people and found it was appropriate for the care and support provided. The home consists of three different 'suites' and on each suite we found that aids and hoists were in place to meet the assessed needs of people living at the home. Each person's room had a nurse call system and we observed staff responding to people's request for support using this system and found staff responded in a timely manner. The provider purchased all equipment used in the home and we saw that 30 new wheelchairs had recently been purchased for those people assessed as needing one. Adjustable (profiling) beds were provided for those people who received nursing care.

Is the service caring?

Our findings

People who lived at The Lakes Care Centre told us they were happy and well cared for. One person who lived at the home said, "Staff are caring and polite, they knock at my door and wait for my response." Another person living at the home told us, "Staff listen; they treat you like a person, more like part of a family." One person visiting their relative said, "My relative is cared for, [name] always smells fresh and I can see [name] smiling when they notice some staff members. As I come here daily, staff will find time to inform me about what's been happening."

Staff had a good understanding of ensuring people's right to choice and maintaining their independence was respected. One person who lived at the home said, "I am independent, I do everything for myself." We also spoke with two regular visitors to the service who told us, "My relative is always offered a choice. Staff encourage [name] to use their last strength when supporting with moving from wheelchair to their seat or bed. [Name] is always offered a choice to come watch music videos in the afternoon, [name] likes Elvis" and, "My relative has some capacity issues, but staff still treat [name] like they are with it."

We saw that people looked well cared for and were appropriately dressed in clean, smart clothing. Our observation of staff whilst supporting people indicated that they had an appreciation of people's individual needs around their rights to expect their privacy and dignity to be upheld. People were relaxed in the company of the staff and staff were respectful in the way in which they spoke with people, listening carefully and giving people time to understand and answer. One person we spoke with said, "Staff respect my choices, they do know that I only prefer female staff to help me with my person hygiene, and up to now, they have complied."

Within the Provider Information Return (PIR) the manager told us that the service had been awarded the 'Daisy Accreditation' excellent rating. This is a project lead by the Clinical Commissioning Group (CCG) in partnership with the local authority to champion supporting people living in a care home setting by providing dignity in care. The Lakes Care Centre had been awarded the 'Daisy Plus' accreditation which focuses specifically on the provision of dignity and dementia care.

Staff we spoke with were aware of their responsibility to make sure information about people living at The Lakes Care Centre was treated confidentially. All care files were kept securely in the staff office on each of the three suites.

We looked at how people who may not have capacity to express their views and opinions were supported with such matters. Information in records seen identified that people had the support of their relatives or by a named advocate. An advocate is an independent person who speaks for and acts in the best interests of the person. We saw evidence that in the past, people had been supported by an IMCA (Independent Mental Capacity Advocate).

The wishes and decisions made by people regarding their end of life care had been recorded so staff were aware of these. We saw that people were supported to remain living in the home wherever possible as they

near the end of life. This meant that people could continue to remain comfortable in their familiar surroundings, being supported by a familiar, caring and compassionate team of staff. Within the PIR the manager told us that 'residents nearing end of life can expect a dignified, comfortable death as a rule not the exception.' We are also told within the PIR that the nursing unit (The Derwent Suite) had achieved BEACON STATUS with Gold Standard Framework (GSF) accreditation in end of life care. Such an award is given in recognition of the good practice shown to people when nearing the end of life.

Is the service responsive?

Our findings

Following our inspection of the service in February 2015 we found that care records on each of the three suites, The Coniston Suite, The Derwent Suite and The Kendal Suite lacked sufficient information, contained out of date information or information that was not accurate which meant that people who used the service may not have been receiving treatment and care that was suitable to meet their needs.

These findings resulted in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we checked what action had been taken for the service to become compliant with Regulation 9.

We looked at two care files on The Coniston Suite (dementia care) and three care files on The Derwent Suite (nursing care). Documentation on each file indicated that comprehensive pre-admission assessments were being carried out. These were mostly carried out by the registered manager of the service. Information on files seen included, past medical history, behavioural patterns, activities, and likes and dislikes. Individual care plans had been developed from this information and from a comprehensive assessment completed on admission into the home. We could see that wherever possible, the person and / or their representative had been involved in the care planning process and had signed the documentation to demonstrate this.

On The Derwent Suite we read care plan details for a person who is diabetic, a person who requires peg feeding* and one person with epilepsy, who also has a pacemaker fitted. *(a peg is an endoscopic medical procedure in which a tube (peg tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of a swallowing impairment). Although we found the care plans difficult to follow, all relevant information was found and was up to date. We found that body diagrams had been completed and risk assessments carried out including those for bed rails and protective bed rail bumpers. We checked positional change records and found they had been completed two hourly as per guidance. We spoke with the registered manager about the need to be aware of dealing with pacemakers at the end of life as these need to be switched off, especially in the case of cremation taking place. The manager confirmed that she would get appropriate guidance on this and would then add the guidance to the persons care plan details.

Care plans had been reviewed on a monthly basis, or sooner if required and contained details of how best to support the person in topics such as personal care, diet and fluid intake, pressure care, mobility, and medication. Separate care plans had been developed for night time care. People who lacked capacity had a deprivation of liberty safeguard (DoLS) in place with a record to confirm whether authorisation had been granted or were still outstanding. We saw evidence that multi-disciplinary best interests meeting had been held and any decisions made had been appropriately recorded. On one file it was identified that the person had a Do Not Attempt Resuscitation (DNAR) order in place. A DNAR is a legal form to withhold cardiopulmonary resuscitation (CPR) taking place.

Within the PIR the manager told us that daily records were maintained for each resident individually reporting any improvements or decline or changes in need. We checked the daily records (daily evaluation notes) and found staff had recorded relevant information to describe how a person had been throughout a period of time and how their needs had been met. This information was shared with staff at the beginning and end of each shift and records seen confirmed this.

These findings demonstrated that the breach of regulation 9 found at the inspection carried out in February 2015 had been satisfactorily addressed.

Following our last inspection of the service in August 2015 we found that the complaints policy was out of date and contained some incorrect information. We also found that the way in which complaints were recorded lacked sufficient information to be clear if the complaint had been acknowledged, investigated or that a satisfactory conclusion had been reached.

Lack of an effective system to receive, record, monitor and investigate complaint thoroughly meant that people using the service and others who may wish to raise a complaint could not be confident that their complaint(s) would be dealt with to their satisfaction.

These findings resulted in a breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked what action had been taken for the service to become compliant with Regulation 16.

In our discussions with the registered manager we were informed that as a result of the findings, lessons had been learnt about the way in which all complaints should be dealt with.

We found that the complaints policy and procedure had been reviewed and updated following our last inspection of the service and that copies were on display in the reception area of the home and on each of the three suites, The Kendal Suite, The Derwent Suite and The Coniston Suite. Details of how to raise a concern or complaint was also detailed in homes brochure provided to all people using the service.

Complaints raised on any of the three suites were individually recorded with the details then being passed to the registered manager. The complaint(s) were then logged on to one main 'register' kept by the manager that identified the nature of the complaint, who made the complaint, the investigation process and the outcome from the investigation. Within the PIR the manager told us, 'Where concerns are raised the manager makes contact at the first opportunity to arrange a meeting to fully discuss all issues. All complaints are made known to the owner and are thoroughly investigated. The home maintains a clear audit trail of all complaints. A new system has been put in place in the last 12 months; this is a new recording system which includes a system of analysis of all complaints and concerns.'

People who we spoke with said, "I would tell [manager] if I had a complaint, which I haven't", "I would tell my daughter and she would speak with [manager]" and, "I've never had to make a complaint but if I did I would speak with one of the girls [staff] or [manager] and I know whatever it was would get sorted."

We spoke with the registered provider (owner) who confirmed that they met with the registered manager on a daily basis and was made immediately aware of any complaints that had been received and was also informed of how they had been dealt with. We were also told that a post-complaint review would be carried out to assess how and why the complaint arose and what action could be taken to prevent further, similar

complaints being received.

These findings demonstrated that the breach of regulation 16 found at the last inspection had been satisfactorily addressed.

People who lived at The Lakes Care Centre told us they receive a personalised care service which was responsive to their needs. One person who used the service said "I only have to mention something I need and the staff see to it for me. They are very good at meeting my needs, but I do admit, some are better at this than others." A regular visitor to the service said, "I've got power of attorney over my relatives affairs, and the staff give us an opportunity to take part in decisions about my relatives care."

People and their relatives had the opportunity to attend residents and relatives meetings, the last one being held in February 2017 at which 11 people attended and minutes from this meeting were seen. One visitor said, "I don't remember being invited to any residents or relative meeting." Another visitor said, "I don't know if my relative has been to any meeting, although I can remember sitting down with them and answering and completing some questionnaires."

Two activity coordinators were employed by the service, one of which was in a lead role and had the responsibility for ensuring activities took place that people wanted to participate in. At the time of our inspection the lead activities coordinator was in the process of supporting people living in the home to complete 'Life Story Information' booklets. The information taken from this process would then enable activities to be arranged that related to people's past life experiences and activities they had previously enjoyed participating or had a particular interest in.

People who used the service who we spoke with told us, "I like to do a bit of baking or knitting", "We sit and sometimes watch a bit of telly" and, "We do what we like as far as activities go, girls [staff] always succeed to keep us entertained." One regular visitor to the service said, "Often when I visit, the residents are having their nails and hair done, but there are times when I think the residents could do more, have more entertainers coming in."

We spoke with the lead activities coordinator who told us, "I, with the support of [name] arrange all in-house activities and outings. I also contact organisations to gain their support. We have fun when the school children come in from the local schools, the residents really enjoy spending time with the children."

There was a large sensory garden that provided all the people living in The Lakes Care Centre the opportunity to participate in outside activities should they wish to join in, or just sit and relax. The garden had separate areas for example, a 'sound and music' section, a 'light and colour' section, a 'potting shed' and a barbeque area. The potting shed had a table that was at wheelchair height to enable people with mobility difficulties to access this area safely. The ground all around the garden area was covered with a safe, 'spongy' covering and a children's play area had also been developed so that people could enjoy the company of their grandchildren / relatives in the open air.

The Coniston Suite provided care and support for people who had a diagnosis of dementia. During our tour of this suite we saw that dementia friendly signage had been introduced to some areas and the registered manager told us that further work was being undertaken to ensure that the suite was fully responsive to the needs of people living with dementia.

Is the service well-led?

Our findings

Following our last inspection of the service in August 2015 we found there was a lack of robust systems being in place to monitor the quality of service people received.

These findings resulted in a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection of the service, a new post had been created for a Quality Control Supervisor (QCS). The person in this role had worked at the home for eight years, previously having worked as a domestic and carer. We asked this person what their duties involved. They told us, "The first thing I do when I come on duty is to walk around the whole building, ensuring staffing levels are fully covered on each of the three suites. I also ensure people are being supported properly and that the environment is clean, tidy and hygienic. I discuss any issues or concerns with the registered manager."

We asked the QCS to tell us how they monitored, reviewed and evaluated the service to make sure people received safe and effective care. We were provided with copies of the quality control audits (report) for the month ending 31 March 2017. Evidence provided showed that the audits consisted of daily, weekly and monthly checks as well as 'spot checks' being carried out by the registered manager.

We could see that daily reports had been completed for each of the three suites that included matters relating to, health and safety, environment, maintenance, staff, compliments / complaints received and actions taken.

The managers on each suite had the responsibility for carrying out monthly audits of care plans and medicines management and records were seen to confirm this. The registered manager also carried out 'spot checks' of care records on each suite and we saw evidence of checks carried out on The Derwent Suite.

The registered provider visited the service on a daily basis and met with the QCS and the registered manager to look at key areas of the service to ensure that the quality and safety of the service was being appropriately maintained.

Regular data was also sent to the Clinical Commissioning Group that identified any issues regarding urinary tract infections, falls, pressure ulcers and catheter care/problems that occurred to people using the service. Relevant data was also sent to the local authority on a three monthly basis.

These findings demonstrated that the breach of regulation 17 found at the last inspection had been satisfactorily addressed.

The Lakes Care Centre was managed by a registered manager who had been in post since September 1999. A registered manager is a person who has registered with the Care Quality Commission to manage the

service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service who we spoke with told us, "The atmosphere in the home seems friendly and lively, everyone feels welcomed", "The atmosphere is very friendly, warm, comforting, I won't swap it for anything" and, "The atmosphere is relaxed." One regular visitor said, "I would say the atmosphere is good, and the care is second to none."

We observed the registered manager interacting well with people and comments from people about the manager included, "She works very hard to make our place the best it can be, you can always go and talk to her", "She is great" and, "She is a very nice and friendly lady." We also spoke with two regular visitors about the management of the service and they told us, "Management is excellent, the manager encourages continuous improvement" and, "I met the manager, she is approachable."

Staff we spoke with told us, "[Registered manager] always makes time and I've never felt like I've lacked support", "Both the manager and provider are absolutely supportive" and, "Our management support is great. We have a very supportive and very good manager, you can talk to her about anything and you always get a response." One member of the staff team told us, "[Provider] is extremely supportive, you can't fault the provider."

We saw the service sought feedback from people living at the home and their relatives and visiting professionals through annual questionnaires. We were provided with an analysis of the results from the last relative survey conducted in 2016. We found that 28 surveys had been completed and returned to the service. Comments made included, "Quite satisfied with the home and service", "I visit your home on various days and at various times and have always found it to be satisfactory", "all I can say is keep up the good work" and, "I feel that the registered nursing staff should always think – have family been informed?" The analysis of the results was prominently displayed on each of the three suites in the home.

Staff we spoke with told us that staff meetings were held approximately every three months and we were provided with minutes from these meetings which showed that a range of agenda items had been discussed. These included communication, appropriate completion of documentation, general policies, staff training and health and welfare.

We were provided with a copy of the minutes from a managers meeting held in October 2016. The agenda for this meeting included, preparation for the next Care Quality Commission inspection, structure of senior staff responsibility, documentation being kept up to date, use of agency staff and conduct at work. The meeting concluded with an 'open forum' which gave everyone a chance to have a say on any issues.

There was a range of policies and procedures for staff to access and follow which included managing and reporting accidents and injuries, complaints, consent, medicines management, safeguarding, whistleblowing, falls prevention and business continuity. There was also a policy relating to the mental capacity act (MCA) 2005 and deprivation of liberty safeguards (DoLS).

Evidence was available to demonstrate that the service was working in partnership with other health care organisations to make sure that current good practice was being followed that enabled people to receive a good quality service and remain safe living in The Lakes Care Centre. These healthcare organisations included General Practitioners, district nurses, speech and language therapists, commissioners of services and social services.

Before the inspection we checked the records we hold about the service and found that accidents and incidents that the Care Quality Commission needed to be informed about had been notified to us by the manager. This meant that we could check that any action taken by management was appropriate to ensure people using the service were kept safe.

The last Care Quality Commission rating for the service was prominently displayed in the reception area of the home, where people visiting the service could see it. We also checked the providers' website on 18 April 2017 and found that the latest rating was being displayed on the front page, including how to access the services latest report. This has been a regulatory requirement since 01 April 2015.