

Blackcliffe Limited

# The Lakes Care Centre

## Inspection report

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Cheshire  
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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

This inspection was carried out over two days on the 16th and 17th February 2015. Our visit on the 16th February 2015 was unannounced.

We last inspected The Lakes Care Centre in November 2013. At that inspection we found that the service was meeting all the regulations we assessed.

The Lakes Care Centre is a care home for up to 77 elderly people who require personal or nursing care. It has a residential unit, The Derwent Suite, with 37 beds, a

nursing unit, The Kendal Suite, with 15 beds and a specialist dementia care unit, The Coniston Suite, which has 25 beds. It is situated in a quiet location in its own grounds in Dukinfield, close to public transport links.

Accommodation comprises of all single rooms some of which have en-suite facilities. Other facilities include lounges and dining rooms on each unit and safe, enclosed outdoor space for each unit. There were 72 people living at the home at the time of our inspection.

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

# 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.

We looked at the way in which medicines were managed by the home on The Kendal Suite. Some medicines were not managed appropriately because we found there was no accurate documented evidence that prescribed creams had been given which could have resulted in unnecessary discomfort for people. There was no up to date record of the temperatures of the medicine refrigerator.

We looked at the care files on all three suites to see how care was planned for people. We saw that some of the information was out of date and was misleading. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe living at the home. Staff understood their responsibilities to protect the wellbeing of the people who used the service.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in an unhurried and dignified manner.

There was a relaxed and friendly atmosphere in the home and staff were seen to have good relationships with people.

Sufficient staff were on duty to provide appropriate care.

Staff had access to a range of appropriate training and found the management team to be approachable and supportive.

The building was clean, tidy and free of any unpleasant odours.

The registered manager of the home collected data and undertook quality monitoring activities. However not all these processes included an analysis of the information recorded.

# 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?

Some aspects of the service were not safe.

Some medicines were not managed appropriately. On one unit we found that there was no recorded evidence that prescribed creams had been given to people.

The building and outdoor space provided a clean and safe environment.

Safeguarding procedures and relevant policies were in place to support staff when dealing with any safeguarding matters and staff were able to accurately describe the actions they would take if they suspected abuse had taken place.

**Requires Improvement**



### Is the service effective?

The service was effective.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialist, dieticians, dentist, chiropodist and the person's own general practitioner (GP).

Staff had the knowledge and skills to support people who used the service and regular and appropriate training meant they could update their skills.

Staff supervision and appraisal records indicated that regular one to one supervision and annual appraisals were being conducted indicating that staff were receiving appropriate support.

The registered manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

**Good**



### Is the service caring?

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.

The atmosphere in the home was relaxed and friendly. We saw positive interactions between the staff and people living at The Lakes Care Centre.

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

Respecting people's dignity was a high priority and a lot of time had been invested in appropriate staff training.

**Good**



### Is the service responsive?

Some aspects of service were not responsive.

**Requires Improvement**



# Summary of findings

Some parts of the care files we looked at were not up to date.

Prior to people moving into the home an assessment of their needs was undertaken to ensure their individual needs could be met by the service. People were also given the opportunity to visit and meet the staff and spend some time with the people already living there before a decision was made.

We saw there was a complaints procedure in place which was also on display in the home.

## Is the service well-led?

The service was well led.

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) and had been in post since September 1999.

People were encouraged and supported to give feedback about the service being provided. We saw that meetings were held with staff, people who used the service and their relatives/advocates and an opportunity was given to complete a satisfaction survey questionnaire about the quality of service being provided although the comments made had not been collated or analysed by the registered manager.

The registered manager of the home collected quality data relating to the service provided but the collection process did not include an analysis of all the information recorded.

**Good**



# The Lakes Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 16th and 17th February 2015. Our visit on the 16th February 2015 was unannounced. The inspection team consisted of two inspectors from the Care Quality Commission (CQC).

Before the inspection we reviewed all the information we held about the service which included safeguarding information and statutory notifications. In addition the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spent time in the home observing care and support being delivered to people in the communal areas. We looked at the environment, looked at four people's care files and a range of records relating to how the service was managed; these included medication records, training records, quality assurance systems and policies and procedures.

As part of this inspection visit we used the Short Observational Framework for Inspection (SOFI) on The Coniston Suite. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

### Detailed findings

We spoke with six people living at The Lakes Care Centre, three visiting relatives, eight members of staff, the registered manager and the provider.

# Is the service safe?

## Our findings

We looked at the arrangements for administering medication on The Kendal Suite which is the suite for people assessed as requiring personal care. Medication was stored in a locked trolley that was secured to the wall in the staff room. The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into separate compartments according to the time of day the medication is prescribed.

We saw that medication was checked on arrival at the home and unused medication was recorded and destroyed.

We found appropriate arrangements were in place for the storage of controlled drugs (CD's) which included the use of a controlled drugs register. We were told that no one currently living on The Kendal Suite was prescribed controlled drugs.

We were told by staff and evidence seen on the training record indicated that staff designated to administer medication had received appropriate training and had access to relevant policies and procedures.

We were told by the previous unit manager of The Kendal Suite the temperatures of medicine refrigerators were checked and recorded on a daily basis. However when we looked at the records the last entry was dated 14/6/13. In addition we were told by the new unit manager who had taken up the post on the first day of this inspection that the refrigerator was frozen that morning and required defrosting. This means that some medicines may not be stored safely at the right temperature which has the potential to put people at risk.

We saw a hand written medicine administration record that had not been signed by the person creating it. To help avoid the risk of error all hand written entries in accordance with National Institute for Health and Care Excellence (NICE) guidance, should be signed by the person making the entry and then checked for accuracy and signed by a second trained and skilled member of staff before it is used.

We saw that there were no accurate recordings of prescribed creams being given to people. In addition there were no written guidelines to inform staff where or why medicines that had been prescribed as 'use as directed'. This meant

there could be a risk that people may not be receiving prescribed creams as intended by their GP which could result in unnecessary discomfort for the person. When this was discussed with the registered manager a recording form was implemented immediately.

The people living at The Lakes Care Centre who we spoke with told us they liked the staff and felt safe.

Visitors who we asked also said they felt confident their relative was safe. Some comments included "They look after people very well here" and "They look after [their relative] very well, they are the best."

The Provider had a whistle blowing policy, a safeguarding adult's policy and access to Tameside's Multi Agency policy in connection with safeguarding vulnerable adults.

On the first day of the inspection visit there had been a safeguarding incident during the early hours of the morning. We found that people were kept safe by the prompt action and management of the incident that had occurred in the home. We found that the registered manager had informed all the relevant agencies such as the Local Authority Safeguarding team, Mental Health Social Workers and the Care Quality Commission.

Staff spoken with told us they had received safeguarding adults training which was confirmed by the information seen on the training matrix (record). Staff were aware of the policies and procedures in place and were able to tell us what they would do in the event of witnessing or suspecting that abuse had occurred. Staff told us they would feel confident to report any suspected abuse or concerns of poor practice by any of their colleagues. One staff member said "I would always report bad practice."

We saw there were policies and procedures in place relating to staff recruitment. We looked at three personnel files and saw they included a fully completed application form that had details of the person's education and previous employment history.

Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check or a Criminal Records Bureau (CRB). The DBS and CRB checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups.

Pre-employment checks also included a minimum of two references, including one from the person's most recent or

## Is the service safe?

current employer. We saw photocopied documents of proof of identity and proof of address in the files we looked at. It was discussed with the registered manager that all photocopied documents should be signed and dated by the person taking the photocopy as proof of authenticity. We were given assurances this would be implemented in future staff recruitments.

We saw that set interview questions were used and the responses given by the candidates were recorded. Keeping a record of the interview questions and answers demonstrated that the registered manager ensured the recruitment process was open, transparent and effective when selecting suitable people for the required role.

We looked at the staffing rotas and how the service was being staffed. We did this to make sure there was enough staff on duty to meet people's needs. The staff we spoke with told us they thought there were sufficient numbers of staff to safely meet people's needs. Staff told us that the use of agency staff was a rarity because staff would pick up shortfalls usually due to sickness so that people received continuity of care. One comment was "We never run short of staff here." We saw that extra staff had been employed on The Derwent Suite to cover the busiest times for example meal times and medication administration.

During the inspection we found that although the staff were busy people who required assistance were responded to in a timely way and did not have to wait long.

During this inspection we undertook a tour of the home including some bedrooms, toilets and bathrooms and spent some time in the communal areas of the home. We saw that people's bedrooms had been personalised and the home was decorated and furnished to a high standard.

On the first day of the inspection we saw that the hoist on the Coniston Suite was dirty. The registered manager said it was not currently being used but she would ensure it was cleaned.

We were told that each person requiring the use of the hoist did not have their own hoist sling but they were laundered regularly. Best practice guidance in the Department of Health Prevention and control of infection in care homes – an information resource (February 2013) recommends that hoist slings are not shared between residents.

The home was seen to be clean, tidy and free from offensive odours when we visited. Personal protective equipment (PPE) was available and used appropriately by staff to help reduce the risk of cross infection.

In February 2013 the kitchen had been independently assessed and awarded five stars by the Food Standards Agency. This is the highest rating achievable.

We saw that appropriate safety checks were carried out to ensure people were cared for in a safe environment.

We saw evidence that equipment was serviced on a regular basis which helped reduce unnecessary risk to people. To help alert people to fire, a fire alarm system was fitted and tested on a regular basis and we saw there was an emergency evacuation procedure in place.

# Is the service effective?

## Our findings

The provider had suitable arrangements in place that supported people to receive good nutrition and hydration. During the inspection visit we observed the lunchtime meal being served on The Derwent Suite and The Coniston Suite where people were seen enjoying the meal. The main meal of the day was at tea time. We saw that the lunchtime meal looked appetising and portion sizes were ample. We saw on each of the units a chalk board on the wall outside the dining room which informed people what the menu was for that day. We saw that people had a choice at meal times.

We saw staff assisting people to eat their meal in an unhurried, kind and dignified manner.

We looked at people's care plans and found that they contained information on their dietary needs and the level of support they needed to make sure that they received a balanced diet. However we saw that there was no nutritional risk assessment although we did see that people's weight was regularly checked and where appropriate we saw that records of people's diet and fluid intake had been recorded and referrals had been made to a general practitioner (GP) and dietician when required.

A visiting relative was complementary about the food and told us that the food was always home cooked and they regularly eat with their relative. Another relative told us the food always looked nice.

We saw the training record for staff which indicated what training staff had participated in to date. We saw training included moving and handling, safeguarding adults, basic food hygiene, first aid, infection control, health and safety, continence care and pressure area care. We saw that 93% of care staff employed had successfully completed a National Vocational Qualification (NVQ) at Level one, two or three.

Staff we spoke with told us that there was enough training provided and they felt supported to meet their training needs.

The registered manager told us that all new members of staff completed comprehensive Skills for Care induction programme which included the first week being class room

based and then the shadowing of experienced staff. This was confirmed by staff spoken with. One staff member said "Induction was very in depth and I feel very supported in my role."

The registered manager told us that staff received regular supervision, an annual appraisal and had team meetings. Records looked at and staff spoken with confirmed this.

We saw that the provider had received a 'Dignity in Care Award.' In addition the home had been given an award 'Living Well with Dementia' dated 26 June 2014 from Stockport NHS Trust. This award is in recognition of good practice. The Coniston Suite also work closely with the Clinical Commissioning Group from Stockport Health Authority who had organised an activity day in 2014.

Care records we looked at showed referrals were made to relevant health care services to address any changes in people's needs; this included GPs, dietician, district nurses, chiropodists and speech and language therapists.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty in their own best interests. We saw records of a large number of applications to the local authority under the DoLS procedure. This was appropriate due to the key pad locks on doors restricting people's ability to leave the unit. Discussion with the unit manager indicated they had a good level of understanding in relation to the effective implementation of the MCA in the home.

Before anyone is admitted to a residential facility there should be an assessment of whether they have the capacity to consent to this, and the care and treatment they will receive. If they are deemed not to have the capacity to make this decision then the process of establishing "best interests" as defined by the act should be followed. This was discussed with the registered manager and the provider and it was agreed that prior to people moving into The Lakes Care Centre these documents would be requested from the local authority or they would undertake their own assessments and have a best interests meeting.

We saw that there were policies and procedures' relating to MCA and DoLS which were easily accessible to staff. The manager had undertaken training in MCA and DoLS and had an understanding of both.



## Is the service effective?

Staff spoken confirmed that they had undertaken training in MCA and DoLS and had some knowledge and understanding of both MCA and DoLS.

We saw on The Coniston Suite there was adequate signage to help people find their way around the building. The registered manager told us that memory boxes were being introduced and that local businesses had been contacted in order to obtain shoe boxes to use for each person's memory box. Each suite had their own safe, enclosed

outdoor space and The Coniston Suite had a sensory garden that had been very well thought out. The garden had an all-weather soft impact floor in bright yellow with other surrounding areas covered with artificial grass. There were covered seating areas with sensory lights, a red telephone box with a phone, a red post box and a play area for visiting children. There were plants and two water features one at each end of the garden.

# Is the service caring?

## Our findings

People we spoke with told us they were happy living at the Lakes Care Centre. One person when asked said “Yes I am happy here, the staff are kind.” Another comment was “I have everything I need.”

Visiting relatives were positive about the care provided. One person told us they thought the staff were very bubbly and committed, were doing a great job and that they were very involved and worked for the benefit of the individual. Other comments included: “Whenever I visit [their relative] looks well cared for,” “Every single member of staff are lovely,” “My [their relative] is very happy here, she loves it” and “The staff seem lovely and when I visit [their relative] is always clean and nicely dressed.”

We saw that people looked well cared for and were appropriately dressed in clean, smart clothing. However we did see that one person had long nails that were dirty. We brought this to the attention of the registered manager who asked a care worker to attend to the person’s nails.

We saw that people were relaxed in the company of the staff. Staff were friendly towards people and they were aware of people’s health. One care worker observed that one person appeared very sleepy. This was discussed with other care workers to ascertain if this was normal and the person was then offered bed rest after lunch to which the person agreed. Lunch was brought to them in the lounge instead of walking to the dining room.

Our observations showed that people were offered choices and were treated with respect and kindness. We saw that staff had a good understanding of people’s individual needs and personalities.

There was a specific policy relating to dignity in care and was included in the homes philosophy of care.

Staff told us that privacy and dignity was respected and choice was encouraged. Our observations confirmed this. We were told that there was a low turnover of staff and staff worked well together as a team. Some comments included: “Care here is very good, we are well known in the local community,” “I love my job, we all work very well together,” “I wouldn’t work anywhere else, the care is really good” and “It is brilliant here.”

A health and social care professional told us they were really impressed with the personalised care given at this home. We were told that 100% of staff had signed up to become a dignity champion and the home was signed up to the Daisy Mark accreditation program from Stockport NHS Trust. The Daisy Mark is a quality marker for organizations, teams and services to be able to demonstrate that they have met the Daisy Standards. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done.

In the care plans we looked at we saw that efforts had been made to obtain personal information about the person so that care could be tailored to meet their individual needs and preferences. However there was little evidence to illustrate how people were involved in discussions about the planning of their care.

We were told that end of life care was provided at the home and where possible, people were involved in decisions about their end of life care and had an advanced care plan in place. This is a plan of what they would like to happen at end of life.

We saw that the home had been accredited The Gold Standards Framework. This involves the home working together as a team and with other professionals to help provide the highest standard of care possible for people and to support their families as the person faces the last stage of their lives.

We also saw that staff had undertaken the ‘six steps’ training. This is a training course designed to enable people who use the service to receive high quality end of life care provided by a care home that encompasses the philosophy of palliative care.

People were provided with information about the home in the form of a brochure which included a DVD. This was available on request and copies were available in the main reception.

We saw that information regarding independent advocacy services was available on request.

# Is the service responsive?

## Our findings

We looked at a sample of care records from each of the three units.

On The Coniston Suite the care file contained a booklet which explained the complexities of the person's type of dementia which would be extremely helpful to the care workers in keeping the person safe. We saw other information which was relevant to the person including upholding the person's dignity, choices and privacy at all times. However we saw that the 'Occurrence' sheet did not have important information about the person upon their return to the unit from hospital. This was discussed with the unit manager who said that information had been written on the doctor's notes but these were not in the persons care file. The unit manager agreed that the information should have been transferred to the persons care file so that all staff had easy access to it.

We looked at two care records from The Derwent Suite. We saw that in both care files the care plans had been regularly reviewed but were dated 2011 and 2012. It would be expected that over a period of three to four years some aspects of a persons individual care needs may change and the care plan would require some updating. This was evidenced when in one care file we saw the care plan for mobility stated 'needs 2/3 hourly pressure relief' and the registered manager confirmed that when in bed the person now required two hourly repositioning. We also saw that there was no evidence that the person had received any pressure relief or repositioning while in bed. On day of the inspection visit we were told that a repositioning chart had been implemented.

We looked at a care file of a person who lived on The Kendal Suite. We found that some of the information was out of date and was misleading. For example we saw a risk assessment for a grade 2 pressure sore dated 21/1/13 but when we spoke with staff they said this person did not have a pressure sore. We saw that there were two care plans for 'diet and fluids' one dated 25/4/14 and the other dated 24/5/15. Both care plans were being reviewed by staff. We also saw there were two care plans for 'personal care' one dated 15/10/13 and the other dated 25/4/14. Again both care plans were being reviewed on a regular basis. We saw there was a care plan for oxygen therapy yet when we spoke to staff we were told this person was not receiving oxygen therapy. We also saw in the daily

evaluation sheet dated 16/2/15 that cream had been applied to the persons 'bottom'. There was no care plan for this care need and no other evidence as to why the cream was prescribed or needed by this person.

The inclusion of out of date information and recording of information that was not accurate meant that the person may not receive treatment and care suitable to their needs.

### **This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

We were told by the registered manager that before a person moved into the home a pre-admission assessment of their needs would be undertaken to ensure the service could meet those needs. The registered manager said that where possible people could spend some time at the home having lunch and meeting staff and other people living at the home before making a decision about moving in.

We saw that there was a complaint policy which was on display in the main reception area and on the information boards on each of the suites. There was also a comment box and suggestion slips if people wanted to raise issues anonymously.

We were told that each suite had a record of complaints made and the registered manager sent information to Tameside Council regarding all the complaints made to the home. The registered manager told us that it was her intention to implement a new recording system for complaints/concerns and a new system to analyse all complaints and concerns received. Visiting relatives told us they had not made any complaints. One person said "I have no complaints at all; staff always sort things out there and then."

The registered manager said that they operated an open door policy and people were encouraged to raise complaints and/or concerns as soon as possible so they could be addressed immediately.

The home employed the services of two activity coordinators. We saw that activities included one to one activities such as sitting chatting, doing jigsaws, hand, and foot massages and nail painting. We also saw activities such as bingo, trips out to the garden centre, lunch out or group trips. We were told that parties were held to celebrate peoples birthdays and significant dates such as Halloween, Valentine's day, Easter and Christmas. We were

## Is the service responsive?

told that an outside entertainer was booked on a monthly basis for each suite and on the second day of our inspection we saw people enjoying entertainment by a singer on The Kendal Suite.

# Is the service well-led?

## Our findings

The home had a manager who was registered with the Care Quality Commission (CQC) who took up post in September 1999.

We saw that the organisation had been awarded the Gold Standard Investors in People Award 2014. Investors in People assess and accredit organisations on the management and quality of the service they provide to both customers and the people who work for the company.

Every morning the provider and the registered manager spent time discussing what had happened in the home the previous day/evening/night and any concerns that had been raised. This was to ensure that any issues could be swiftly and appropriately addressed.

There were systems in place to monitor and review the service being provided at the Lakes Care Centre. Part of this system included sending regular data to the Clinical Commissioning Group including details of categories of any 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.

The registered manager told us that she undertook a monthly audit of medication administration and care plans. This meant that each suite had the audit every three

months. There was no record of exactly what had been checked as part of the audit process and if any shortfalls had been identified and what, if any action had been taken in response to the shortfalls. This was discussed with the registered manager because the absence of clear and consistent analysis meant that poor or inappropriate practices may not be quickly identified as the evidence of shortfalls we found during this inspection had indicated.

In an attempt to obtain people's views of the service being delivered we saw that people living at The Lakes Care Centre and their relatives or advocates were sent satisfaction surveys. These were last sent out in September 2014. The returned surveys had not been analysed and the result had not been collated but from the comments received it appeared that people were satisfied with the service provided. Some comments included; very satisfied, good home, great place would recommend it; staff are friendly & willing to help.

We were told that staff meetings were held on a regular basis and staff spoken with confirmed this. Staff told us that the management team were very visible in the home and were approachable. Some comments were: "I know I can contact the manager at any time," "The atmosphere in this home is very welcoming and friendly" and "The manager is brilliant she makes herself available and is very supportive, she has a my door is always open philosophy."

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 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person had not taken appropriate steps to ensure that each service user is protected against the risk of receiving unsafe or inappropriate care because care plans were not up to date and contained inaccurate information.</p> <p>This was in breach of regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>