

Minster Care Management Limited

The Lakes

Inspection report

Duncote Hall
Duncote
Towcester
NN12 8AQ

Tel: 01327352277

Website: www.minstercaregroup.co.uk/homes/our-homes/duncote-hall

Date of inspection visit:
24 February 2023

Date of publication:
09 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Lakes is a care home providing residential care for up to 47 younger and older people, including people living with dementia in one building. There were 44 people receiving care at the time of the inspection

People's experience of using this service and what we found

People were supported by staff who had been safely recruited and who had received sufficient training to understand their roles and responsibilities and to meet people's individual needs.

People were protected from potential abuse. Staff understood the policies and procedures for reporting any concerns. Risks to people were safely managed. Risk assessments were in place and contained relevant strategies to mitigate known risks.

People received their medicines as prescribed. Records were kept up to date and evidenced medicines were given on time. People were informed of what medicines they were taking.

Care plans were detailed and person centred. Information on people's communication, wants and needs, skills and significant relationships was recorded. People's needs in relation to protected characteristics was recorded and staff understood how to support people to meet these needs.

The registered manager had a good oversight of the service. Regular audits and reviews were completed on records and staff received spot checks to observe their interactions with people to ensure good quality care was delivered.

People, relatives and staff were asked to feedback on the service to support improvements. Action plans were implemented when any issues were raised or found. Staff felt supported within their roles.

People told us they felt safe at The lakes and the staff were kind and caring. Visitors were welcomed into the home. People's healthcare needs were met, staff referred people to external professionals as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inspected but not rated (published 15 February 2022) as this inspection was completed to look at infection prevention control only.

The inspection before this was rated requires improvement (published 2 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

The Lakes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

The Lakes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lakes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 7 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse. Staff completed safeguarding training and understood how to recognise the signs of abuse and where to report them.
- Unexplained injuries were recorded and reviewed. The registered manager investigated all unexplained injuries to identify any possible causes and to reduce the risk of reoccurrence in the future.
- People told us they felt safe at The Lakes. One person said, "I feel totally safe, the staff are wonderful." Another person told us, "I have never been hurt or harmed here. I do not worry when I am here."

Assessing risk, safety monitoring and management

- People were protected from known risks. People had risk assessments in place detailing the risks and mitigating strategies.
- Staff understood people's healthcare risks. The registered manager had risk assessments in place to identify the signs and symptoms staff needed to be aware of for health conditions such as diabetes or epilepsy.
- Health and safety risks had been mitigated. Hot water temperatures were regularly taken to protect people from scalding, people had personal emergency evacuation plans in place to identify any risks associated with leaving the building in case of fire and all windows had restrictors on to prevent people from falling from a height.
- Equipment used to support people was risk assessed. The registered manager had risk assessments in place for hoists, standing aids, bed rails, sensor mats and specialised chairs.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people. Staff and people told us there were sufficient staff to support people as required. One person told us, "I can't speak highly enough of staff. They respond to you quickly. I can always get a staff member if I need one." A staff member told us, "We have enough staff to meet people's needs and spend time with them."
- Staff recruitment processes promoted safety. Safer recruitment checks had been completed before staff started working at the service. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions

Using medicines safely

- Medicines were managed safely. Staff completed training in administering medicines and records were kept up to date.
- Medicine administration records (MAR) evidenced people were supported to take their medicines as prescribed. One person told us, "Staff tell me what (medicines) I am taking. I always get them on time."
- The registered manager ensured all medicines were ordered, stored and disposed of safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed into the home.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The registered manager reviewed records to identify any trends or patterns. Information was shared with staff monthly for any lessons learnt.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who knew them well. One person told us, "Staff know my likes and dislikes. I can choose when I have a shower or bath." Another person told us, "Staff are wonderful. Staff know me and I know them. Any new staff introduce themselves to me, so I get to know them."
- Care plans held person-centred information to support staff in understanding people's needs, wishes and wants. Care plans included; people's preferences in relation to times to get up/go to bed, gender of staff providing personal care, likes and dislikes, hobbies, interests, religion, culture as well as significant relationships to them.
- All staff completed training in person-centred care, equality and diversity and dignity and respect. The provider had policies and procedures in place to ensure people's individual needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in their preferred way. We observed staff interacting with people appropriately.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language.
- People's care plans had information regarding their communication needs including information regarding any visual or hearing aids required and if a person was able to communicate verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities co-ordinator employed to arrange activities daily and support people to be engaged. One person told us, "[Staff member] does bingo, quizzes, cooking, movies and games." Another person told us, "I can access the garden whenever I want. I enjoy spending time outside."
- People were supported to stay in contact with their friends and relatives, through visits, phone calls and video calls.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain. One person told us, "I've never had a complaint, but if I am worried, I tell staff and they sort it out for me." A staff member said, "I know I can raise issues and am confident they would be dealt with properly."
- The registered manager kept a record of all complaints and what actions had been taken. Records evidenced all complaints had been responded to within the providers timeframes and outcomes were communicated with all the relevant people.

End of life care and support

- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status. However, not all people had details of their wishes and needs at the end of their life recorded. The registered manager was in the process of discussing end of life with people and their relatives when appropriate.
- Staff received end of life training to ensure they were able to support people safely and knew how to liaise with the appropriate health care professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- Systems and processes were in place and effective in assessing, monitoring and improving the service. The quality of care people received was subjected to close monitoring by the provider. The registered manager undertook a range of quality audits to identify where improvements could be made.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner. The service liaised with healthcare professionals to coordinate better care for people.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.
- The provider kept up to date with national policy to inform improvements to the service.
- The registered manager kept staff updated on improvements made and any action plans in place. One staff member said, "The communication is so much better now. We (staff) are kept up to date and the service is improving."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager was committed to making improvements in the service and was engaged with the inspection process and remained open and transparent throughout. We received updated and reviewed records after the inspection.
- The service worked in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

- Relatives were kept up to date regarding their loved ones. Staff informed relevant people of any accidents, incidents, changes in needs or concerns. One relative told us, "They (staff) are very good at keeping me informed." Another relative said, "(Staff) are supportive and communicate any concerns or issues with the family if they arise."

- Staff told us they felt supported within their roles. One staff member said, "The management are really nice. They are kind and caring and check up on us (staff) to make sure we are OK."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour responsibility. Policies and procedures were in place.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings took place with people and staff and records showed suggestions and ideas were welcomed and acted upon.

- People and relatives were regularly asked about the care delivered. Feedback surveys were completed regularly, and we noted the responses were generally positive.

- The registered manager was compassionate towards staff and supported their wellbeing. The service ensured they made 'reasonable adjustments' for staff who required additional support to complete their job.