

Country Court Care Homes 3 OpCo Limited

Lakeview Lodge Care Home

Inspection report

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Date of inspection visit:
17 June 2021
18 June 2021

Date of publication:
27 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lakeview Lodge Care Home is a residential care home providing personal and nursing care for up to 66 people aged 65 and over. At the time of the inspection the service was providing care for 62 people, including people living with dementia.

The service is purpose built and has accommodation over three floors. Facilities within the service include a spa area, a cinema room, a fine dining room and a bistro café and shop.

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

Since the last inspection the provider had improved the systems to monitor accidents and incidents and the incidents of falls had significantly reduced. People's care plans had been improved to include more information about how they preferred to take their medicines. This demonstrated a commitment to lessons learnt, to continuously improve the care of people living at the service.

Most of the people living at the service, relatives and staff spoken during the inspection confirmed staffing levels were good and staff were available when needed. Whilst some people that required the support of two staff for moving and handling and personal care told us sometimes, they had to wait longer periods for two staff to be available.

The provider used a dependency tool to calculate the number of care staff hours needed to meet the dependency levels of people using the service. Records showed that staffing hours and dependency levels were regularly reviewed and updated by the registered manager and senior management team.

The registered manager confirmed they and the human resources department were now closely monitoring staff sickness and absence management systems were being followed. Staff rota's and timesheets evidenced that enough numbers of staff were available to meet people's needs. On the day of the inspection staff were observed to spend time with people and work unrushed.

Robust staff recruitment procedures were followed. At the time of the inspection the provider was actively recruiting more staff for the service. Some new staff had been recruited and were undertaking induction training.

People using the service told us the staff administered their medicines safely. Medicines were stored securely and administered to people as prescribed. Staff were trained in the safe administration of medicines and their competency was assessed before they administered medicines to people.

The environment was clean, and people were protected from the spread of infection including COVID -19. Staff used personal protective equipment such as gloves and aprons, which were readily available. Staff undertook routine COVID -19 testing and government guidance regarding isolation was followed in response to any positive results. Upon arrival at the service visitors were asked to undertake a rapid flow COVID-19 test

and provided with personal protective equipment (PPE) before entering the service.

The registered manager acted in line with the duty of candour requirements. People confirmed they felt supported to raise any concerns or complaints. CQC had been kept informed of notifiable events that had happened at the service. A notification is information about important events, which the provider is required to send us by law in a timely way. The ratings from the last comprehensive inspection were displayed in the front entrance of the service and on the provider website.

Records showed that rigorous management quality assurance processes were followed. Audits were carried out on all aspects of the service to identify areas for further development, and action plans were completed in a timely way.

Feedback on people's experiences and the quality of the service was sought. Quality assurance surveys had been sent out to people using the service, relatives, staff and healthcare professionals. At the time of the inspection the provider was waiting on the results to complete their six-monthly quality evaluation.

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 requires improvement (report published 29 October 2020).

Why we inspected

The inspection was prompted in part due to anonymous whistle-blower concerns received about staffing levels. The registered manager had responded promptly to all the concerns raised and fully co-operated with CQC and the local safeguarding authority in providing information and in carry out safeguarding investigations. A decision was made for us to inspect and examine those risks and we found no evidence that people were at risk of harm from the concerns. Please see the Safe and Well-Led sections of this report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakeview Lodge Care Home on our website at www.cqc.org.uk

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Lakeview Lodge Care Home

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 Care Act 2014.

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 carried out by two inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lakeview Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of inspection on 17 June 2021 was unannounced and conducted out of hours. The second day on 18 June 2021 was announced and involved making telephone calls to relatives.

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 and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with fifteen people who used the service and three relatives about their experience of the care provided. We spoke with 15 members of staff, which included day and night, care workers and senior care workers, deputy manager, administration assistant, hostess and activity staff, the registered manager, the regional manager and the area manager.

We reviewed a range of records, which included six people's care records and several medication records. Two staff recruitment files, staff training and supervision records, staff timesheets and staff rotas, and a variety of other records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the site visit, we carried out telephone interviews with three relatives and reviewed further information received from the provider towards the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- All the people and relatives we spoke with said the staff were polite, attentive and courteous. Most people confirmed that staff promptly responded to their requests for assistance. One relative said, "Before COVID I thought there was not enough staff, particularly in the evenings, but now it seems much better." However, some people who required the support of two staff said at times, they had to wait longer for staff to respond to their requests for assistance. One person said, "When I use my call bell it usually takes about 10 minutes for staff to respond, but it can feel like a long time." Although records of call bell audits showed on average staff responded to call bells in less than three minutes.
- We received mixed comments from relatives regarding staff availability. One relative said, "There always seems to be enough staff about when you need them." Another relative said, "Sometimes I have observed only two members of staff available for 20 bedrooms and times when staff have been run ragged."
- A visiting health care professional commented whenever they needed staff assistance, that staff were always available to support them.
- The registered manager explained the service had been experiencing a high level of staff sickness absences, which was now being closely monitored by the human resources department.
- The service employed hostess staff who supported people at mealtimes and ensured people had access to snacks and drinks throughout the day. We observed people were supported at mealtimes by the hostess staff who sensitively assisted people that required additional support to eat and drink. Three activity / well-being assistants were also employed at the service, and they provided a variety of individual and social activities for people to engage in.
- The registered manager told us all support staff employed at the home received training in 'move and assist' and they called upon the hostess and activity staff to step in to provide additional support in response to short notice staff absences. The registered manager was aware in doing so this has a knock-on effect of people not benefitting from the help of support staff in their respective roles.
- A dependency tool was used to calculate the number of care staff hours needed in relation to dependency levels of people using the service. They were regularly reviewed and updated by the registered manager and senior management team. Records showed the staffing hours and dependency levels matched the current needs of people using the service.
- Staff recruitment files evidenced the provider applied for Disclosure and Barring Service (DBS) checks, to include a criminal conviction check and appropriate pre employment checks had been completed.
- At the time of the inspection the service had vacancies for care staff on both days and nights. The provider was actively recruiting more staff for the service. Some new staff had been recruited and were undertaking induction training. Staff rota's and timesheets evidenced that enough numbers of staff were available to meet people's needs. On the day of the inspection staff were observed to spend time with people and work unrushed.

Assessing risk, safety monitoring and management

- The fire system and firefighting equipment was checked by qualified contractors and routine fire safety checks were completed within the service. People had personal emergency evacuation plans (PEEP's) in place.
- Risk assessments and care plans were in place and identified people at risk of falls, poor nutrition and fluid intake, people at risk of skin tissue damage and people at risk of choking, due to swallowing problems. Records showed people were referred to the relevant healthcare specialists and staff followed the advice of the specialists.
- Falls trackers was used to record and identify any trends regarding the time and place of falls in efforts to mitigate the risks of repeat falls. The monthly falls analysis showed incidents of falls had decreased.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living at the service.
- The provider had a safeguarding policy, procedure and systems in place to protect people from avoidable harm and abuse.
- Staff received training on the safeguarding and whistleblowing procedures. In response to whistle-blower concerns, supervision sessions had been held with the staff team to discuss the concerns. 'Speak up' and 'How to raise and escalate a concern' posters had been put on display in the staff areas, which explained the stages to follow and the contact details of senior managers and directors. This meant all staff had information available to effectively follow the safeguarding and whistle-blower procedures.
- The registered manager had responded immediately to the concerns that had been raised, they provided information as requested and carried out detailed investigations. Safeguarding records reviewed during the inspection showed the local safeguarding protocols were followed.

Using medicines safely

- People using the service told us the staff administered their medicines safely.
- The medicines policy gave staff guidance to follow on the safe storage, administration and disposal of medicines. People's medicines were stored securely and safely at the correct temperatures. Staff correctly completed the medicine administration records (MAR) charts. One person told us they managed their own medicines, and that the staff count their medication twice a month to make sure it's all correct.
- Staff told us and records showed, they were trained in the safe administration of medicines and their competency was assessed before they administered medicines unsupervised.
- People's care plans included details of any additional support needed to take their medicines and informed of individual preferences on how people liked to take their medicines.
- Protocols were in place for administering 'as required' (PRN) medicines.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

Learning lessons when things go wrong

- Since the last inspection the provider had improved the systems to monitor accidents and incidents and the incidents of falls had significantly reduced. People's care plans had been improved to include more information about how they preferred to take their medicines. Improvements had taken place to providing more information for staff on the safeguarding and whistle-blower procedures; the stages to follow and people to contact when raising any concerns.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they would recommend the service to others. One person said, "Oh yes, I think it is well managed." Another said, "I know the manager, but not by name, if you want to speak to her you can." Another said, "They [staff] are so gentle, nothing is too much trouble, I would recommend this home to anyone." Another said, "I have heard this is the best care home in Milton Keynes and I agree it's brilliant"
- Some people were uncertain as to who was the registered manager for the service. One person said, "There seems to be a lot of managers." Another said, "there are some very good duty managers here."
- People told us, and records showed they and / or their representatives were involved in planning their care. Relatives said they felt communication with the service was good and with the reintroduction of visiting they felt confident their loved ones were being well cared for. One relative said, "They [management] have followed the national guidelines to the letter and kept people safe. They have opened visiting during the week daytime and bookings only at weekends, and we can now take people out, for a walk round the lake, or to the coffee shop, it's so much better."
- Staff told us since the registered manager took up post communication had improved. One staff member said, "The new manager is better at communicating with us, we now see senior staff more often; the supervision and staff meetings are more regular, and the management follow up on any issues." Another staff member said, "I feel confident to raise any issues. I love working here, we work as a good team, I feel really appreciated."

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

- Records evidenced the registered manager acted in line with the duty of candour requirements. People confirmed they felt supported to raise any concerns or complaints. One person said, "I feel quite able to raise a complaint, when I have in the past they have always been sorted out." Another said, "If I am worried about something, [registered manager] will come and see me."
- CQC had been kept informed of notifiable events that had happened at the service. A notification is information about important events, which the provider is required to send us by law in a timely way.
- Deprivation of Liberty Safeguarding (DoLS) applications had been sent to the local authority as required, and DoLS authorisations to safeguarding people were followed.
- The ratings from the last comprehensive inspection were displayed in the front entrance of the service and on the provider website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager and the regional and area managers carried out regular compliance checks. Records showed that rigorous management quality assurance processes were followed. Audits were carried out on all aspects of the service to identify areas for further development, and action plans were completed in a timely way.
- Trackers were used to closely monitor people at risk of falls, poor nutrition and hydration, people experiencing significant weight loss and at risk of developing pressure ulcers. This meant any concerns were quickly identified and appropriate action taken to minimize the risks where possible. Records showed that people had been referred to specialist health teams in a timely way in response to identified concerns.
- Quality assurance surveys had been sent out to people using the service, relatives, staff and healthcare professionals. At the time of the inspection the provider was waiting on the results to complete their six-monthly quality evaluation.
- Records showed health and safety and clinical governance meetings took place. Along with resident and relatives' meetings, and various staff meetings to include, care staff, senior staff, catering domestic and activity staff.