Croftwood Care Ltd

Lakelands Residential Care Home

Inspection report

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Tel: 01942323154

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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

This comprehensive inspection took place on 28 September 2016 and was unannounced.

We last inspected the home on 13 September 2013, when we found the service to be compliant with all the regulations we assessed at that time.

Lakelands care home is situated on the outskirts of Wigan. The home is registered to provide care and support for up to 40 people. The bedrooms are single occupancy and a number of the bedrooms have en-suite facilities. Bedrooms are located across two floors and are accessible by a lift. At the time of the inspection, there were 38 people living at Lakelands.

At the time of our visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people we spoke with told us they felt safe. We saw that the home had appropriate safeguarding policies and procedures in place and the staff we spoke with knew how to report any safeguarding concerns.

Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken.

The manager used a dependency tool to determine staffing levels and we found there were sufficient staff deployed to meet people's needs safely.

Appropriate risk assessments had been completed and were reviewed regularly and changed timely to meet people's needs. People and their relatives were involved in the assessments and planning of their health and social care. Regular reviews were undertaken collaboratively and relatives expressed feeling involved.

We saw that medicines were managed and administered appropriately. We saw that staff who gave out medicines had their competency assessed before being able to do so and regular medicines audits were carried out at both the location and provider level.

Staff received an induction when they started working at the home, as well as receiving appropriate training and supervision to support them in their role.

We saw that the dining experience in the home was a positive one. People we spoke to were very complimentary about the food provided. The home offered a wide choice of meals and catered for individual wishes, including those made on the day. We saw that people's likes, dislikes, allergies or

specialist diets were accounted for, with systems in place to ensure this was recorded.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Throughout the inspection we saw evidence of positive and caring interactions between staff and people who lived at the home. Staff were observed treating people with kindness, dignity and respect. The people we spoke to told us how much they enjoyed living at Lakelands and how well the staff looked after them.

All of the people we spoke with during the inspection, relatives and health professionals were positive about the care provided.

People were supported to follow their interests and engage socially with others in ways that were meaningful to them. The home had a number of activities and outings on offer.

People we spoke with told us that the home was well-led and managed and they would recommend living there. Staff stated that they enjoyed working at the home and felt supported.

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

People living at the home told us they felt safe. The service had up to date safeguarding and whistleblowing policies and procedures which staff demonstrated they knew in order to keep people safe.

Risk assessments were comprehensive, reviewed regularly and changed in a timely way to meet people's needs.

Appropriate checks had been conducted before staff began working at the home to ensure they could work with vulnerable adults.

Medicines were stored safely in locked cabinets in people's bedrooms and staff were aware of the correct procedures for administration.

Is the service effective?

Good

The service was effective

Staff had completed an induction and received regular supervisions and training that was effective and relevant to their roles.

People we spoke with confirmed staff sought their consent before providing care and support.

All staff spoken to had knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in peoples life plans.

We saw people received enough to eat and drink and received appropriate support at meal times.

Is the service caring?

Good

The service was caring

People were treated with kindness, compassion and respect.

People's dignity was maintained and their independence promoted.
People and their relatives were involved in the decisions about their care.

The home had open visiting times and adequate communal rooms to accommodate visiting family and friends.

Is the service responsive?

Good

The service was responsive

People's care had been planned following an assessment of their needs and their preferences and choice of how they wanted their care to be delivered had been captured.

People had appropriate life plans in place, which provided guidance to staff about how best to meet their needs. We saw these were regularly reviewed updated.

There was an activities coordinator four days a week and a variety of activities scheduled that people were actively encouraged to participate in.

We saw complaints were handled and responded to appropriately within the required timescale.

Is the service well-led?

Good

The service was well – led

The manager promoted an open culture and they were visible and accessible to people, their relatives and the staff.

People, relatives, staff and professionals spoke positively of the management. Everybody spoken with said they would recommend the home.

Meetings were conducted regularly and feedback sought to improve the service.

Senior management visited the home on a regular basis to undertake further quality monitoring. There were effective systems in place to monitor the quality of the service.

Lakelands Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection was carried out on 28 September 2016 and was unannounced. The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Throughout the day, we observed care and treatment being delivered in communal lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We asked people for their views about the services and facilities provided. During our inspection we spoke with the following people:

- Eight people that lived at the home.
- Two visiting relatives.
- Three healthcare professionals.
- Eight members of staff, which included; the registered manager, deputy manager, care team leader, senior care staff, care staff, cook and activities coordinator.

We looked at documentation including:
- Five care files and associated documentation
- Six staff records including recruitment, training and supervision.
- Five Medication Administration Records (MAR)
- Audits and quality assurance documentation.
- Variety of policies and procedures
- Safety and maintenance certification

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We liaised with the local authority and local commissioning teams and we reviewed previous inspection reports and other information we held about the service.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at the home. People told us; "I do feel safe here. That's because I'm able to sit in my chair and not move about too much which makes me feel better." "I feel safe. The staff are always alright with me. Nothing has ever made me feel unsafe. All my possessions are locked away as well." "I definitely feel safe and secure, especially at night." "I feel safe. I have my buzzer in my room if I ever need anything."

Relatives told us; "I have no concerns about [person's] safety. Nothing at all in the nine years I have been visiting." "It's safe here. [Person] isn't falling as much as previously. I think there are enough staff here and I've never seen any reason to think there aren't enough staff when I have been visiting."

We found there were sufficient numbers of staff working at the home to meet people's needs. Staff deployment was formally calculated based upon people's level of dependency which indicated the number of care hours required to meet people's needs safely. We looked at the care hour calculation for the previous three months and cross referenced this information with the staff rota which corroborated that the required number of care hours had been fulfilled. We asked people, their relatives and staff whether they felt there were sufficient numbers of staff deployed to meet people's needs. People told us; "I think there are enough staff. Sometimes I need to wait, but not often. They are busy." "Staffing is ok. I get things on time and when I need them." "I think all places with say they need more staff. Personally though, I am always ok and get what I need. There are enough staff about." "Staffing doesn't seem too bad. All seems ok and I'm never usually waiting." "Sometimes they seem over worked but they never complain. They have always been there for me."

Without exception, all the staff told us that they felt there was enough staff to meet people's needs timely. Staff said; "During the day it is two up and two down. We get used to people's routines and what they need and for now, they are ok." "We have busy periods but there is enough for what we need. We can do it with two on each floor and work well together." "Absolutely no concerns. I've never come across a time when we can't meet people's needs."

All staff employed had been through a thorough recruitment process before they started working at the home. We looked at six staff personnel files and saw they contained an application form detailing work history, interview questions and two references. Disclosure and Barring checks were in place to establish if there had been any cautions or convictions, which would exclude them from working with vulnerable people.

We saw there were systems in place to safeguard people from abuse and that the home maintained a record of all safeguarding incidents within the home. We saw there was a record of each allegation, the nature of the referral, what had occurred, as well as any necessary action taken. There were also records of notifications submitted to CQC as required. All the staff spoken with were able to describe types of abuse and the procedure to follow. Staff told us; "If you see something report it, especially with whistleblowing. You get to know the residents quite well so if there were changes in behaviour or people seemed scared, I

would think something wasn't right."
"I would speak to the team leader or senior carer and then the manager if need be. Some signs of abuse could be being timid, shouting, bruising and crying. I would report straight away and if required complete a body map." "I wouldn't hesitate to report safeguarding concerns. Shouting at a resident or losing patience could be abuse. I would speak to the manager or even contact CQC."
We looked at medicines management within the home. We saw that each person had a lockable medicines cabinet in their bedroom, in which their medicines and (MAR) Medicine Administration Record was stored. People had pain relief tools completed to indicate the use of PRN medication, "prescribed when needed". We saw PRN protocols which detailed the rational and circumstances to offer each medicine, the dose details, route, contraindications and potential side effects. People told us they received there medicines on time and when they needed them; "The staff bring me my medication each day and stay to watch me taking it." "I get them on time. I have no concerns with any of my tablets." "The staff watch me take it. Presumably so I don't forget to have it."

Homely remedies 'over the counter remedies' were available and prior agreement had been sought from the GP regarding administration. People's allergies were detailed in their life plans and on the MAR record.

We looked at five MAR and found medication had been administered correctly and there were no omissions of staff signatures. We selected three people randomly to complete stock checks of their medication. All medicines checked had the correct balance remaining, indicating that all medicines had been administered correctly.

We saw that all staff who were authorised to give out medicines had their competency assessed on at least two occasions as part of the training process and that unannounced audits of competency were completed to ensure good practice was maintained.

We observed that medicines audits were completed weekly by the newly appointed deputy manager. We also saw evidence of audits being conducted by the registered manager, area manager and pharmacy. We saw that actions had been completed timely.

Care files we looked at contained risk assessments, which would help the staff keep people safe. These covered areas such as mobility, nutrition and pressure sores. Where people had been identified as being at risk, we saw there was clear guidance for staff to follow about how to keep people safe.

We looked at how falls, accidents and incidents were managed at the home. We saw that falls, accidents or incidents were monitored and triggers or trends were identified and evidenced. We saw learning from incidents or investigations took place and appropriate changes were implemented, including the action taken to minimise the risk of further incidents. For example, one person had experienced a number of falls and we saw that a sensor beam had been fitted in their room at night so that staff were alerted when the person was mobilising. This would enable staff to respond in a timely way and offer support to mitigate the risk.

We looked at the safety documentation, to ensure the home was appropriately maintained and safe for residents. Gas and electricity safety certificates were in place and up to date, the alarm call system and fire equipment were serviced yearly with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There were also individual emergency evacuation plans (PEEPs) in place that would help ensure staff were aware of individual's support requirements in the event that an emergency evacuation of the building was required, such as in the case of a fire. We spoke with

a staff member about evacuation procedures and they were able to provide a good level of detail on the procedures in place.

Good

Is the service effective?

Our findings

The people living at the home and their relatives told us they thought the staff were good at their job and had the correct knowledge and skills to provide effective support. People told us; "The staff are doing brilliantly. They have been here for a while and know what is what." "The staff are alright and competent in their jobs." "They are definitely well trained. I've seen training going on in the lounge area. All the training staff do is listed on the board as well." "The staff are good. They have good skills and they seem well equipped for the role." "It seems to me like they all know what they are doing." A relative said; "I've found the staff to be knowledgeable about care. They are brilliant."

There was an induction programme in place, which staff were expected to complete when they first started working at the home which was centred on the Care Certificate. The Care Certificate is a set of standards that social care and health workers maintain to perform their duties. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff told us; "I did an induction and it covered fire, moving and handling shadowing and all the mandatory training. I was happy with it and if I had any questions, I just needed to ask." "I completed the induction when I first started and completed all the necessary training before I started delivering care."

We saw staff were provided with sufficient training to support them to undertake their role effectively. We looked at the training matrix, which showed that all the care staff had received training in fire safety, safeguarding adults, mental capacity and Deprivation of Liberty Safeguards (DoLS), moving and handling, prevention and control of infection. Supervisors had completed additional training; medication safe handling and awareness, emergency aid awareness, dementia care, palliative and end of life care, food hygiene and handling. All the senior care staff had also attained the National Vocational Qualification (NVQ) 3 in Health and Social care. The staff we spoke with told us they felt they had enough training and support available to them. Staff said; "All training is going well. Croftwood provide us with enough training and there are always interesting courses available. Training wise I've done moving and handling, fire, first aid, safeguarding and infection control. I feel I could put forward other courses as well". "They provide you with any training you need and there is plenty available."

We saw staff received regular supervision as part of their ongoing development, with records maintained to confirm these had taken place in line with the timeframes identified in the policy.
We looked at a sample of supervision records and saw they provided a focus on, further training, staff performance and a general discussion. Staff told us; "We have supervision once a month and they are useful sessions for us to discuss our work." "Supervision is at least every six months and we have a performance meeting too. I've had them with both the manager and team leaders."
"Supervision is quite regular and we can talk about concerns and discuss how things are going."

We saw there was a thorough handover between the (CTL's) care team leaders on commencement of each shift. The CTL's disseminated the information to the rest of the care team in line with coordinating the shift. There was a communication book that was also completed during each shift which contained important information regarding people's care needs to maintain continuity between shifts and care staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We asked people whether they were unduly restricted or discouraged from going out unaccompanied. People told us; "I don't think I would be allowed out on my own as I couldn't risk it due to my mobility. My family accompany me when they come in though." "I've never been out on my own. I wouldn't be safe." "I do go out from time to time but I don't venture too far and I always take my push trolley." "I feel I would be able to go out if my mobility was better but I don't go out because of that, not because I'm stopped by staff."

Throughout the inspection we observed people going out and returning to the home freely. We saw people with a DoLS in place that mental capacity assessments and restrictive screening tools had been completed appropriately prior to the standard authorisation request being submitted to the local authority. We saw the registered manager had devised a matrix to monitor applications and local GP practices had been informed when an authorisation had been granted.

Staff were able to identify people living at the home that had DoLS in place. Staff told us; "We presume people have capacity until proven otherwise." "[Person] was asking to leave but it wasn't safe and they couldn't understand the risks. We were preventing them from leaving so [person's} liberty was being restricted so a DoLS was applied for and this has been granted." "I haven't done my training yet. If people can't make decisions for themselves, then we would involve their family or advocates and work in people's best interests."

We asked people whether there consent was sought prior to staff undertaking care tasks. People told us; "They always ask. They never do anything out of order. I could tell them if I didn't want assistance." "The staff check the care I receive is what I want." "They check I am ready and that it is what I want, such as when they wash my hair." "When I'm being washed and dressed I'm asked if I am happy with what they are doing." "They ask me when providing my care. I can't speak for everybody but they do with me."

We observed the mealtime experience in the home. The majority of people ate independently with little support required from staff. We saw the tables were covered with tablecloths and condiments and appropriate cutlery was placed on the table. We observed this was a relaxed experience for people, who were able to eat the foods of their choice. For instance we saw people being offered a choice of warm/cold milk, hot breakfast, different cereal and poached eggs on toast. Staff also asked people what they would like for lunch in advance of the meal. One person told us they had previously raised concerns about the quality of the food and we observed the chef sitting with this person asking how they could improve the overall quality of the food. People told us; "The food is good, you can't beat it and you can always ask for more. Whatever you want the staff will give you and you can choose what you want." "I enjoy the food. Everything I eat is what I want." "Most of the time the food is of good quality. I didn't like the steak once and the chef sorted it straight away." "I'm satisfied with what I get and there is always a choice."
"The food is alright here. It really isn't bad." "We get plenty of different choices and it's of a decent standard."

"I'm a fussy eater, but they always provide me with something I enjoy."

We saw people had access to healthcare professionals when required. There was a record in people's life plans detailing appointments people had attended, if they had been referred for further advice, or if they had been visited at the home. Some of the professionals involved with people's care included district nurses, dieticians, podiatrists and the bladder and bowel service.

We looked around and found the home was clean and free from offensive odours. We saw on the downstairs corridor poetry and people's art work was displayed on the walls from projects that people had engaged with. The corridors were named; Formby way, Douglas, Crawford, Sullivan way which was a connection with the local town and supported people to independently orientate themselves around the home.

Good

Is the service caring?

Our findings

We asked people living at Lakelands care home if they liked living there and whether they were happy with the care they received. Without exception we received positive comments from people and their relatives. People told us; "All of the staff are ok and I would say they are kind and caring. They respond quickly when you need them." "The staff are definitely kind and caring. They are very nice with me." "The staff will give me a hug if I want one and I like that. They are brilliant and work hard." "I'm happy with the staff. I've always been treated very well." "The staff are all very, very good with me." "I can't fault the girls here. They are all marvellous."

Relatives said; "[Person] is very much treated with dignity and respect. She loves all the staff to bits and they are like friends." "[Person] always gets their showers and shaved. He is well cared for by caring staff. The staff are all lovely. Real kind and caring people."

Throughout the day we observed positive interactions between staff and people who lived at the home. On several occasions we saw staff sitting and chatting with either individual people or talking to a group of people at the same time. During this time we heard laughter and banter between people and it appeared as though caring relationships had developed between staff and people living at the home.

During the inspection we saw stars stuck around the home promoting 'Dignity think'. The stars had reminders for staff inscribed when considering people's needs. For example; Glasses up to date, respect written next to pictures of people living at the home, hydration, dentist, hearing aid batteries. The dignity prompts served as a reminder to staff to ensure these needs were met. During the inspection we observed people were treated with dignity and respect which was corroborated by people living at home. People told us; "You can't go wrong. I'm treated very well here." "Oh yes definitely. I've noticed they always knock on my door before coming in." "Yes, no problems with any of that." "Yes they do. This morning I was given a towel when I got out of the shower to keep me covered up." "I've always been treated with upmost respect. They are all very good."

When we asked staff how they aimed to treat people with dignity and respect, staff told us; "Ensure the doors are closed, people are covered up during personal care and don't leave people alone on the toilet if they need support." "Make sure people are clean, tidy and well presented. If people have continence issues make sure they are assisted straight away." "Deliver personal care in bedrooms and ensure the door is closed. Always talk to people and explain what is going on and cover people up when delivering care."

Professional feedback we received was positive regarding outcomes for people. We were told people's mobility was improving with staff support and encouragement. Professionals told us the staff were lovely and people always looked well cared for when they visited. People told us the staff encouraged their independence and gave them the time to achieve things for themselves. People said; "The staff don't rush you at all. They don't interfere too much and leave you be if that's what you want." "They are very nice and let me do things at my own pace." "Staff are very patient. I never feel rushed." "If ever I felt they were going

too quick, then I'd tell them." "I'm very old so they definitely give me plenty of time to do things."

Staff told us how they attempted to promote people's independence. Staff comments included; "I don't offer people a wheelchair if they can walk. I encourage people to wash and dress themselves if I know they can do it." "Encourage people as much as possible. I'd encourage people to do their own personal care and make their own choices." "This morning I assisted a person with personal care. I handed them a flannel and they washed themselves. People should use their zimmer frame rather than use a wheelchair if possible." "We have a person who still enjoys doing household chores. They have their own duster and they do some cleaning with us."

People told us staff offered them choices when planning and delivering their care. Staff told us how they achieved this; "Ask people initially and make sure it's what they want. People might not want assistance at that time so give them choice". "Ask the residents themselves if they are able to make decisions and ensure it is what they want". "Encouraging and talking with people helps us know what they want so we can build trust with people". "Explain what is going on so they can make the choice themselves. Don't force things on people so that they have a choice." "If I'm supporting people to get dressed I offer the choice of a skirt or trousers or a long/short sleeve shirt for the gentlemen."

We saw life plans were personalised and the documentation supported discussion with people and their relatives to encourage people's involvement in decisions about their care. We asked staff how they recognised equality and diversity when planning people's care. Staff told us; "We cater for nationalities of all kind although there isn't anyone with that need at present. We would respect different diet choices in recognition of their religious beliefs and cultural needs." "Treat everybody as equals regardless of their age, race, religion or beliefs."

There were no prescriptive visiting times at the home and people confirmed they could have visitors whenever they wanted. We observed a frequent stream of visitors to the home throughout the inspection and saw that visitors and staff had also developed relationships and spoke fondly and knowledgably to each other. People told us; "We can have visitors when we want. I like going out with my son." "No restrictions on visitors as far as I am aware." "My niece and nephew visit and we go out when we want." "I do have visitors each day. There is hardly a day when I don't have a visitor."

Good

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them and their relatives. Pre-admission assessments were carried out and people's needs were assessed before people moved into the home. All the care files looked at contained historical information, including peoples past experience, hobbies and spiritual/religious information.

We saw evidence of person centred practice, with people being able to determine how they spent their time. People told us they could get up and go to bed when they wanted, they could attend breakfast at a time of their choosing and had a choice of where they wished to eat. People's personal care needs were captured and people told us their care needs were met in line with their preferences.

We looked to see how people's pressure care was managed and whether there was anybody with a pressure sore at the time of the inspection. We saw pressure risk assessment tools were completed to grade people's risk of skin breakdown. We saw staff were responsive to risk and had promptly referred people for appropriate treatment when risks had emerged. For example, we saw it had been documented in a person's care record that staff had noted a red area of skin on the person's sacrum whilst supporting their personal care. We tracked through this person's notes and observed this had promptly been identified with healthcare professionals and cream obtained which we confirmed had been applied as per prescribers instructions. Our findings were corroborated by the healthcare professionals we spoke with. They said; referrals to their services were timely and staff knew people well. We were told that staff followed their advice and anything they asked staff to do was actioned prior to their next visit. For example, a person had dry skin on their legs and when the healthcare professional returned the cream had been obtained and applied as requested.

We received mixed responses from people regarding their involvement in their care reviews, although we saw evidence in people's care files that demonstrated people's care needs were reviewed regularly and people had been involved in the process. People told us; "If you want to be involved with your care then you can. If not, then that's fine." "I've never seen my care plan, so in that case I don't think anybody has ever been through it with me." "They have been through my care plan with me. It was recently for a review. They said we can look at them any time." A relative we asked confirmed they were also invited to attend reviews in relation to their family members care. They said; "[Person] has been here for eight or nine years. I get invited to each review and I have been asked many times to complete a feedback questionnaire. I'm fully involved."

We spoke to the registered manager and activities co-ordinator about how they ensured people were not socially isolated. The home had an activities coordinator four days per week. They told us that outings were planned regularly and in line with what people had identified they wanted to do. When we spoke with staff and people about activities, we received positive responses and there was a positive vibe in the home regarding their recent visit to Rivington barn and the Horton weavers.

We saw there were various notice boards around the home, detailing the activities scheduled for that

month. Daily activities included; music, karaoke, bingo, pampering, dominoes, movie and aviation days, garden parties and crafts. Occasions were also celebrated and we saw Christmas carols scheduled with a local school and the Christmas party was booked with Gary Alexander attending. There were burns night, valentines disco's, exploring china and themed evenings celebrated.

During the inspection we saw the activities coordinator playing the guitar whilst singing with fourteen people in the lounge. One person requested; 'Danny boy' and as people and the staff sang along, the emotions could be felt within the room as people and staff were observed to have tears in their eyes. People we spoke with were positive about the activities available at the home. People told us; "The home has a designated activities co-ordinator. Sometimes we play bingo which I enjoy." "We do have quite a lot to keep us going. I enjoy taking part." "There is a schedule on the wall of what is on. We have done lots of different art work which is displayed on the wall. We also went to Rivington Barn yesterday and had a meal which I really enjoyed." "Quizzes, bingo and art sessions are some of the more recent things we've done."

The home also displayed art works and projects completed by people living at the home, which added a personal touch to the décor. Resident's poetry was on the wall and there were pictures next to the poems as symbols of what the poetry was about. The foyer had a poem displayed regarding Autumn and a collage had been designed by people to represent what Autumn looked like to them.

People we spoke with told us they did not have any complaints, but would feel confident to raise any concerns they may have with staff. We saw the complaints procedure was clearly displayed in several areas around the home, this ensured it was accessible to people to make a complaint if needed. People told us; "I've never made one. I would speak to staff and they would see it was made right." "I would speak to the manager straight away. I have every faith it would get sorted out." "I'd feel comfortable speaking with staff if I had a complaint." "I don't think I've ever made one. I would speak to one of the senior members of staff." A relative told us; "I would speak to the manager who would sort it out."

We looked at the recent satisfaction survey report dated July 2016 with surveys having been sent to the relatives of people living at the home June 2016. This asked for a rating on whether people were happy at the home, received care that met their needs, staff were respectful, people were occupied, concerns, visiting and communication. We saw nineteen surveys had been returned and eighteen of the surveys indicated a positive score with relatives rating the areas as good and excellent. One relative indicated a negative score and either rated the questions as disappointing or inadequate. The registered manager had analysed the scores and identified actions but in the instance were a negative rating had been indicated, no feedback had been left to enable the manager to action these concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear management structure and the registered manager had recently appointed a deputy manager to support with the daily running of the home. Staff told us the morale was good and that they enjoyed working at the home. Staff said; "I enjoy working here. I like the job and will be sad when I retire. I came in yesterday on my day off to take people to Rivington Barn. That is how much I like it." "I love my job and it is the best thing I ever did. I like looking after the residents and it is very rewarding." "I'm really enjoying the job. I had not done care work before so I'm glad to be here."

We received positive feedback from people who lived at the home, staff, relatives and healthcare professionals about the home and the leadership. People told us; "The manager is ok. You can't fault anything with her." "I know the manager. She is very nice." "The manager is brilliant and knows what she is doing." "The manager comes round and sees me in my room to check I am ok."
A relative said; "[Person] has known the manager a while and struck up a friendship immediately. We have great trust in the manager."

Professional feedback obtained referred to the home as being well-led and one of the nicest homes they visited. Staff told us; "The home is well managed. The manager is always there and you can go to her with problems. It's a very well run home. We get our point of view across and are able to contribute." "The manager will sort things out for us and it is all run very well." "I would say the home is well managed. We all work together. The manager's door is always open to discuss concerns."

We saw an annual satisfaction survey had been sent to staff and the analysis of results showed a variation across the staff team regarding how satisfied staff were working at the home. The manager had actioned the points raised and the survey report conclusion identified how this had been addressed. For example; recruiting new staff for nights and looking at the shifts during the day.

The staff we spoke with told us that regular team meetings took place. Staff told us; "They are regular. We have a full meeting for everyone and then ones for the individual departments such as for seniors." "We seem to have them all the time. If you have concerns you can raise them."
"There are individual meetings and ones for everybody. You can bring up issues and we are listened to."

In the reception area, we saw the statement of purpose, annual staff satisfaction survey, relatives questionnaire, last CQC report, customer feedback and complaints file were all displayed. This demonstrated an open and inclusive culture which enabled people and their relative's access to this information. There was a suggestion box and posters inviting people and their relatives to express their views about the service through attending meetings and completing the survey.

Community links were evident and there was a certificate of appreciation and thanks for a commitment to providing students placement- 29/7/16 displayed. The home had links with a local school and the children were attending the home at Christmas to sing carols to the people living at Lakelands.

We saw there were various systems in place to monitor the quality of the home. This included regular audits and checks undertaken by both the registered manager and the area manager from Croftwood care. The audits focused on medication, life plans, personal care, health and safety, environment, infection control, weights, the dining experience, how people were presented and any feedback people had. We saw there were agreed objectives and actions set if any discrepancies were identified.

We saw that the home had a policy and procedure file in place. This included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were regularly reviewed at provider level, with updated copies being available online. We saw evidence that staff had both access to and an awareness of policies and procedures as part of their induction training programme.

There was a business continuity plan which contained information regarding what
action to take as a result of an unforeseen event such as loss of utilities supply, adverse weather conditions, fire and flood. The plan included contact numbers for relevant persons and suppliers and a 'recovery action plan.

Accident and incident forms were completed correctly and included the action taken to resolve the issue. Where necessary the required corresponding statutory notification form had been sent to CQC. The management appropriately submitted Statutory Notifications to the Care Quality Commission (CQC) as required and had notified the CQC of all significant events, which had occurred in line with their legal responsibilities.

People living at the home told us they would recommend the home to other. Comments included;
"I would not hesitate to recommend this home to other people. It's a nice play to live and safer than living at home on my own." "I think this is a good care home. You are looked after and I would recommend it as you are treated right." "It's definitely a good care home and is very clean. I would recommend it because you are safe, fed and bathed. My room is clean and if you want anything, all you need to do is ask". "It's a good home. I feel well looked after and cared for."
"It seems ok to me and is a good place to live." "I'm quite satisfied with it here. I receive good care and I can rely on them." "I'm alright here. It's not like being at home but you are well looked after."