Barbara (Aylesbury) Limited

Lakeside Care Centre

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This unannounced inspection took place on the 26 and 28 August 2015. Lakeside Care Centre provides accommodation and nursing care for up 53 older people. At the time of the inspection there were 47 people living there. The service also provides respite care for people who need support on a short term basis.

During our last inspection in July 2014 we had concerns about the cleanliness of the kitchen, the lack of knowledge of staff regarding the Mental Capacity Act 2005 and the deprivation of liberty safeguards. Further concerns related to the lack of quality assurance feedback and audits which did not identify the areas requiring improvement that we found. During this inspection we found improvements had been made in these areas.

Lakeside Care Centre has an experienced 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

Summary of findings

'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.

People told us they felt safe living in the home. Systems were in place to ensure people's care was delivered in a safe way, for example all staff had been training in how to safeguard people from abuse.

Care plans and risk assessments were in place to minimise the risk to people when care was being delivered. We have made a recommendation about how the accuracy of care plans could be improved. Staff protected themselves and others from the risk of infection by wearing gloves and aprons when assisting people with personal care and eating and drinking.

Equipment in the home had regular service checks and audits had been completed to ensure the environment and the care provided was safe.

Safe recruitment methods and checks were carried out to ensure as far as possible staff were safe to work within the home. There were sufficient numbers of staff to meet the individual needs of people. Staff had received training and knew how the Mental Capacity Act 2005 was applied to people living in the home. One referral had been made to the local authority for a Deprivation of Liberty Safeguard (DoLS). Staff received training and support, they had supervision with a more senior staff member and their competency was checked by the registered manager and the deputy manager.

People's nutrition needs were assessed and care plans and risk assessments were in place to ensure the care provided enabled people to be healthy.

People's chosen lifestyle and interests were maintained and supported by staff that cared for and about them. Staff were kind and gentle and encouraging when speaking to people, they know how to show people respect and the people living in the home told us they valued that. People were encouraged to make decisions and choices about how they spent their time. Care plans reflected people's choices. A range of activities was available and people told us they enjoyed participating in them.

Residents and relatives meetings were held and questionnaires were sent to people and their relatives to gain feedback on how the home was run. Responses were positive. Staff spoke positively about working in the home, how they cared about the people who lived there and how supportive the management were.

Complaints were dealt with quickly, staff knew how to deal with complaints and people living in the home understood how to make a complaint, although they had not had any reason for doing so.

There was an open and honest culture in the home, with positive attitude to the care being provided and the people living there.

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?
The service was safe.

People told us they felt safe living in the home. Staff were trained and understood how to safeguard people from abuse.

Regular checks of the care provided and the equipment used in the home minimised the risk of unsafe care.

Good

Is the service effective?
The service was effective.

The staff understood the Mental Capacity Act 2005 and how this impacted on the care provided to people. Staff had acted in the best interest of people who were unable to make decisions for themselves.

Staff were supported to provide good care and their competency checked by management to ensure they met the required standard. Staff worked alongside external professionals to ensure people's health needs were met and maintained.

Good

Is the service caring?
The service was caring.

People told us the staff and the organisation was caring. They told us they were treated with respect and their dignity maintained.

Staff spoke positively about the people living in the home and showed knowledge of people's past lives and current needs.

Good

Is the service responsive?
The service was mostly responsive.

People told us they were involved in the planning of their care and could live their lives the way they chose to.

Care plans and recording charts were not always compatible. We have made a recommendation about how these could be improved

Requires Improvement

Is the service well-led?
The service was well led.

People and staff told us the home was well managed. There was a clear ethos of caring and respect within the home.

Audits and checks were carried out to ensure safe practices within the home. Staff told us they would be happy for a loved one to be cared for in the home.

Good

Lakeside 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 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.

This inspection took place on 26 and 28 August 2015 and was unannounced. It was carried out by two social care inspectors. Before the inspection we checked the information that we held about the service and the service provider including notifications regarding any issues or changes made to the service since the last inspection.

We spoke with five people who resided in the home and one relative We observed how care was provided to people, how they reacted and interacted with staff and their environment. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven staff members including the manager, the activity organiser, care staff and nursing staff.

We reviewed a range of records about people's care and how the home was managed. These included care records for five people, 24 people's medicine administration record (MAR) sheets and other records relating to the management of the home. These included four staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, menus and incident reports.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person told us about the safety checks that are done each day including the locking of the front door at night, and staff always being available should they need them. This added to their sense of security in the home.

During the last inspection in July 2014 we found the kitchen area was unclean. Cleaning schedules had not been followed. During this inspection we found this had improved. The kitchen area was clean. Environmental health officers had visited following our last inspection and had found the necessary improvements had been made. The five star rating awarded previously was maintained.

Staff who were responsible for administering medicines had received training. We checked the medicines administration records for 24 people and found all were signed appropriately. Medicines audits had been completed. We discussed with the GP how they viewed the medicine procedures in the home, they told us they were not aware of any problems and felt the standard of nursing care was good. We observed people being given their medicines. Staff ensured the drug trolley was locked when the nurse or carer was not present to ensure limited access and to keep the medicines safe.

Risks related to the care people received, the environment and staff had been assessed. Each person had the risks associated with their care assessed and records showed how these could be minimised. For example, how the use of a hoist could minimise the risk of injury to a person with mobility problems.

Staff were trained in how to safeguard people from abuse. They were able to describe how they put the training into practice with their knowledge of indicators of abuse and who to report concerns to. They were also aware of how to report concerns anonymously to the local authority if there was a need to do so. The local authority safeguarding reporting procedure was displayed throughout the home for staff to refer to.

The home appeared very clean and tidy. Staff had attended infection control training. We saw they applied this training when using protective equipment such as gloves and aprons when supporting people with personal care and eating and drinking. This reduced the risk of cross infection.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and fire extinguishers and fire equipment had been regularly serviced. Each person had a personal emergency evacuation plan in place. All lifting equipment within the home had been regularly tested and serviced.

There were sufficient numbers of care workers and nurses available to keep people safe. The provider had assessed the minimum staffing levels required to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Documentation showed how people's needs were assessed and how staff numbers were calculated. Staff rotas showed the required number of staff were available to support people this was verified by our observations during the inspection. Bank or agency staff were used to fill staff absences.

Call bells were available to people in their rooms. Most were accessible to people. Where people were unable to use their call bell staff made regular to visits to their rooms to check on their wellbeing.

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including one from previous employers and application forms. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Identification documents and health checks had also been completed.

Good

Is the service effective?

Our findings

In July 2014 we had concerns about a person receiving covert medication. This meant the medicine was hidden in food otherwise they would not take it. We saw their mental capacity had not been assessed; staff had not received training in applying the mental capacity act to their role.

During this inspection we found 99% of staff had received training in the Mental Capacity Act 2005. They showed an understanding of the act in their discussions with us. The person who we previously had concerns about now had an appropriate mental capacity assessment and the correct procedure for acting in the person's best interest had been followed.

Where other individuals lacked the mental capacity to make decisions for themselves people and professionals who played a role in the person's life had contributed to the best interest decision making process. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and

DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. One DoLS application had been appropriately made for a person living in the home. There were no restrictions placed on people who lived in the home. Doors were unlocked apart from storage areas where harmful substances were stored. People were free to stay in their rooms or move about the home independently or with staff support.

People told us they thought the staff were well trained and knew how to meet their needs. The provider employed the services of a private training company to carry out training with staff. Each new staff member completed an induction. This included areas such as safeguarding, person centred care and communication with people. It also covered areas such as their duty of care and their roles. Staff were given information through training and filled in a work book answering questions on the given topic. This was marked by an external assessor. Where staff failed in any training, the senior staff carried out 1:1 support with the staff member until learning was achieved.

Staff told us they received support from the provider through induction and supervision, records verified this. Training records showed most staff had completed the training deemed to be mandatory by the provider. Ongoing training was provided to ensure all staff had the training required to be competent at their job. Competency checks were carried out by the registered manager and the deputy manager. They told us they worked on the floor once a month to assess the skills and competency of staff. Training was provided to staff in areas such as, equality and diversity and moving and handling to enable staff to have the skills to care for people safely and appropriately.

People's nutritional needs had been assessed and care plans reflected how people's needs were to be met. Risks associated with inadequate intake of food and drink had been completed, and where appropriate people's weight was monitored regularly.

Where people had problems with weight loss staff were aware and monitoring took place regularly.

Where people required more specialist support the dietetic team and speech and language therapists had been consulted and their advice was acted upon.

Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. For example, where a person needed the specialist support from the local hospital referrals had been made and appointments attended.

Overall the home was well maintained, clean and suitable for the needs of the people living there. Each person had a room which had been personalised with their own furniture or decorations such as photographs and pictures. Bathrooms, toilets were available on both floors, these were accessible to people who used wheelchairs. A programme of refurbishing ensuite facilities was still on going to ensure they were suitable for the needs of the people using them.

The home is situated on the edge of a lake. Access to the veranda enabled people in wheelchairs to go outside and enjoy the view and the wild life which was apparent in and around the lake.

Good

Is the service caring?

Our findings

People told us the staff knew their needs and provided good care. One person told us "I am well looked after, I can find no fault with the place." Another told us "This place is great, the food is brilliant and I feel safe, the staff respond to everything I need…they are skilled and knowledgeable, they are great."

We observed good care practices, for example, one person who had a visual impairment was shown by a staff member through touch where their cutlery, drink and placemat was at lunchtime.

People's opinions were sought and staff reacted positively to their wishes. For example, one person told us they could choose what time they got up each day, another told us "They (staff) listen to you." They went on to describe how they were cared for in the way they wanted to be cared for. They told us the best thing about the home was the lifestyle. They also appreciated they could make choices for themselves about how they spent their time and where they spent their time. They described how they valued the fact that they were treated with respect and dignity, which they described as the most important aspect of their care.

Staff were able to talk about the individual needs of the people in the home. One staff member saw it as their role to "look out" for people and their welfare. They described how they showed respect to people by relating to the individual needs and opinions of people and acting on them. Another staff member told us of the importance of communicating with people, and how this should be respectful. A third told us it was important to people how they were presented, for example, clean clothes and smart appearance. We observed a high standard of personal grooming took place in the home, which demonstrated care had taken place to ensure people felt and looked comfortable.

People's privacy was respected; they told us they were able to spend time on their own if they chose to. When staff entered people's rooms they knocked on the door and waited for a response.

People were involved in the planning and delivery of their care. Records showed people had been consulted about how they wished their care to be provided. Care plans were personalised and included people's wishes. Staff knew people's preferences and wishes and knew how to support people in their preferred way. Where people had not able to consent to their care, relevant other individuals had been consulted.

Records showed people's relatives where appropriate had been involved in the pre-admission assessment and in subsequent decisions or reviews that had taken place in relation to people's care. Relatives were also invited to meetings with the registered manager to discuss the care being provided and any changes being made to the service.

Minutes of a recent resident's meetings recorded the views of people living in the home. People commented on how pleased they were pleased the directors of the company providing their care came into the home to talk to them. They were given information about staff going off duty on maternity leave offered the opportunity to be involved in the recruitment of staff. There were also positive comments about staff.

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Requires Improvement

Is the service responsive?

Our findings

People told us they were included in the planning of their care, and could make decisions and choices about how it was delivered. For example, one person told us about how it was important to them to continue to see their partner and for them to go out together. They said they could choose the frequency of when this occurred and what time they arrived back after an outing. The home accommodated this request.

Prior to moving to the home an assessment of each person's needs was completed. From this a care plan and risk assessment were written. This was to ensure where appropriate people's needs were identified and the risks involved in their care were minimised. People or their representatives gave consent to the care being provided. We saw one person had signed each part of their care plan to indicate their agreement with the contents.

Care plans and risk assessments were updated regularly. However, when we examined some of the records related to the care provided to people we found some charts such as food and fluid intake and output charts and repositioning charts had not been completed regularly. When we discussed this with the registered manager we were informed that for some people they did not require the documentation to be completed. This was not compatible with the information in the care plans. For example one person's care plan stated they needed to be repositioned every two to three hours, there was no form for staff to document this had happened. The deputy manager told us they were resistant to staff repositioning them, and they were able to move themselves in the bed. It did not appear the care plan accurately reflected what action staff needed to take to ensure the person's needs were met. The person did not have any pressure sores at the time of the inspection.

Where people had specific needs due to physical or mental health concerns, specialist care was provided. For example, one person required specialist hospital treatment for an illness. Another person had regular visits from a community psychiatric nurse.

It was clear from talking to staff they knew about the life histories of the people they were caring for, their likes and dislikes. The emphasis seemed to be that Lakeside Care Centre was the home of the people living there and staff respected this. They spoke about people being able to make choices and being as independent as possible. One staff member told us it was important that people felt "They could be themselves." Another said the best thing about the home was staff were always there to support people, people could always speak to staff and they would get the help they needed."

People were supported to take part in activities. Meetings held with the people who lived in the home and gave them an opportunity to discuss what activities interested them and what they wished to participate in. A new activity organiser told us people tell them what activities they want to do, and they facilitated them. One person comments included "We have a lot of entertainment, we get a sheet each week to tell us what activities are happening and when. We can join in if we want to." They told us they particularly liked playing dominoes with another person and the activity organiser was looking for more people to join them so they could play in a group of four.

A church service was available for people to attend in the home, and reminiscence groups were held regularly. The activity organiser who was new in post planned to speak to everyone individually to find out what their personal preferences were in relation to the activities held in the home. We observed staff going into people's rooms to have a chat with them. They told us there was enough time in the day to do this. On the first day of the inspection a singing session and a group game was taking place.

In addition and in order to protect people from social isolation families and friends were welcomed into the home. We observed a number of relatives visited throughout the time of the inspection. Just prior to the inspection, the home had held their summer fete. Participants included people who live in the home, their families and friends, and local community.

People told us they knew how to complain but they had not had any need to do so. Records showed two complaints had been received since the previous inspection. Both had been resolved in line with the provider's policy and to the satisfaction of the complainants. Staff knew how to respond to complaints and how to escalate serious complaints to the senior staff for a response.

Requires Improvement

Is the service responsive?

We recommend that the service seek advice and guidance from a reputable source, about the how to document care plans and the associated records.

Good

Is the service well-led?

Our findings

People told us they felt the home was well managed and well led. They knew who the registered manager was and the names of the staff. They told us the care provided was good and their needs were met.

Questionnaires had been sent to people and their relatives for feedback on the quality of the care provided in the home. The questions covered areas such as their admission to the home, the quality of nursing care, friendliness, attentiveness of the staff, and the professionalism of the staff. Overwhelmingly the responses were positive. A recent questionnaire had been sent out prior to the inspection, the registered manager was waiting for the returns to be able to form an action plan of improvements should these be required. They told us they would discuss the findings with the directors and the staff in team meetings.

Staff described the registered manager as a good manager who was encouraging and supportive of the staff. They told us there was not a blame culture in the home but one of learning from experiences. They believed the registered manager made themselves available to staff and offered constructive guidance and support when needed. One staff member told us they found the staff meetings which were held every few months useful, this was because they received good feedback from the management. Staff felt at ease to be open and honest with the registered manager and comfortable to raise any issues of poor care in the home.

Staff told us they would be happy for a loved one of theirs to live in the home. They felt the care being provided was of a high quality and they were proud of the work they did.

Although the provider did not have a documented set of core values, staff were clear the aim of the home was to provide an environment that was as homely as possible. People were free to make choices and decisions for themselves about their lives. People's choices would be respected by staff. People would be treated with dignity and respect by staff. During our conversations with the people living in the home it was clear these aims were a reality for people and staff were applying the ethos to the care they provided. One GP who visits the home regularly told us they would be happy for a relative of theirs to live in the home, staff also told us they felt the same way about their loved ones.

The manager told us and it was confirmed by staff that they frequently walked around the home and observed the practice of staff. Where they felt staff needed support or guidance this was offered. Competency checks were carried out on new staff and those undertaking specialist tasks such as administering medicines.

A recent scheme had been introduced in the home to improve reduce the absenteeism of staff. Financial rewards were given to staff who had no absences from work. The manager told us where staff worked extra hours these hours would compensate for any taken as sick leave. They told us the staff attendance rates had improved.

Audits had been carried out to check the safety of equipment and the effectiveness and accuracy of care plans and associated records. We read audits for safety checks and fire equipment maintenance checks, medication and care plan audits. Documents showed checks were made on gas and electrical equipment, and a controlled waste contract was in place to ensure its safe disposal.