

Blackcliffe Limited

The Lakes Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: The Lakes Care Centre is a care home. It is registered to provide personal and nursing care for up to 77 people aged 65 and over within three units. At the time 71 people were receiving support at The Lakes Care Centre.

People's experience of using this service:

Medicines were not always being managed in line with current best practice.

Systems of governance and oversight were not sufficiently robust to have identified the issues we found in relation to the management of medicines.

The service had appropriate checks and maintenance to ensure the service and equipment was safe for the people living at The Lakes Care Centre.

Staff were safely recruited and received the training and support they needed to undertake their role.

People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.

There was a wide range of opportunities for people to engage in activities and follow hobbies and interests.

People were very positive about the staff and told us that their privacy and dignity was promoted.

The service had good community links and had a number of initiatives with local churches and schools.

Care records contained information about people's needs and risks. Preferences and choices were considered and reflected within records and work was ongoing to improve the new electronic system.

Environmental and individual risk assessments were in place. Risks considered included falls, malnutrition and choking risks.

More information is in the full report.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement. (16 January 2018). At that inspection we inspected the domains of safe and well led, both were rated as requires

improvement. Following this inspection, the ratings for these domains remain unchanged.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Lakes Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

On the first day of the inspection the team consisted of an adult social care inspector, a pharmacist specialist advisor, a nurse specialist advisor, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had experience of both residential and community services, caring for older people and people living with dementia. The second day of inspection was completed by one adult social care inspector.

Service and service type:

The Lakes care centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Lakes Care centre accommodates 77 people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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: This inspection was unannounced on day one.

What we did:

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

We liaised with commissioners of the service including local authorities, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

During the inspection we examined many documents. These included 11 people's care records, five staff recruitment files and information relating to supervision and training. We looked at the policies and procedures in place, and other audits and checks completed by the service.

92 staff were employed at the time of the inspection including care staff, nursing staff, office staff, housekeeping and kitchen staff. We spoke with staff including the registered manager, two unit managers, two nursing staff, five care staff, one kitchen staff, one maintenance worker, the quality control supervisor, activity co-ordinator, human resources lead and the registered provider. We spoke with 11 people using the service, five family members and two visiting professionals.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed five meal time experiences and used the SOFI to observe how staff interacted and cared for people with dementia on one occasion.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last focused inspection (16 January 2018) we rated this question as requires improvement. This was because we identified concerns in relation to how falls were managed, especially at mealtimes. At this inspection we found that action had been taken to minimise the risk of falls. However, concerns in relation to the safe management of medicines were identified and this domain continues to be rated as requires improvement.

Using medicines safely

- ☐ The systems for storing lotions and creams in people's bedrooms was not in line with best practice guidance.
- ☐ Prescribed thickening agents were not securely stored or only used by the person prescribed. We saw that for some containers of thickening agent the prescription label had been tampered with and the prescribed person name removed.
- ☐ The system for ordering medication between the doctors' surgery, pharmacist and the service was not robust and effective, meaning that people did not always receive their medicines in a timely way. The service was taking action to address this with the prescribing doctor and pharmacist and following our inspection this issue had been escalated to the local authority. However, the service did not have systems in place to monitor people who had not received their medicine. This was put in place during the inspection.
- ☐ Recording systems were in place and being used but were not always in line with best practice. For example, when Medicines Administration Records (MARs) were hand written this was not always checked and countersigned by a second person to ensure it was correct.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- ☐ Appropriate checks and storage of controlled medicines was in place. Clinical rooms were clean and staff had access to suitable equipment.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe and one person said, "I feel safe because I have never had a reason to feel there was a problem."
- ☐ Staff had completed training and understood safeguarding issues.
- ☐ The service had policies and procedure to guide staff and keep people safe.
- ☐ Prior to the inspection the service had not recognised the need to raise safeguarding concerns when people had not received their medicines. Following inspection, safeguarding referrals for all people who had not received their medicine that month were made to the local authority. The registered manager advised

that they would continue to do this if future issues arose.

Preventing and controlling infection

- ☐ The service had a variety of measures to promote good infection prevention, however these did not cover all potential risks. There was not a clear and consistent system for people who need to use a hoist. At the time of inspection not everyone had an allocated sling specifically for their use that was stored in line with best practice. The registered manager addressed this during the inspection.
- ☐ People and visitors told us the service was clean and one person said, "Its clean. I have no concerns."
- ☐ The service had a quality control supervisor who completed daily checks around the service. They ensured that toiletries were correctly stored and all areas were clean and tidy.
- ☐ The kitchen had received a rating of 5 from the food standards agency. The kitchen was clean and appropriate cleaning schedules and checks were in place.
- ☐ Staff had access to personal protective equipment (PPE) such as disposable aprons and gloves, and we saw that these were used by staff when supporting people with personal care.
- ☐ The laundry had a clear system for managing dirty and clean laundry and the laundry was clean and tidy and appropriately resourced. People told us, "My clothes are regularly washed" and, "The laundry service is pretty good."

Assessing risk, safety monitoring and management

- ☐ Risk assessment were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- ☐ The registered manager assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- ☐ Emergency plans were in place to ensure people were supported in the event of a fire. Regular checks and tests were made of fire-fighting equipment.
- ☐ The environment and equipment was safe and well maintained.

Staffing and recruitment

- ☐ The service had policies and procedures to ensure staff were safely recruited.
- ☐ Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place. Checks to ensure nurses were registered with the Nursing and Midwifery Council (NMC) were made, and nurse told us they were supported to maintain their PIN registration. We spoke to the human resources lead about following up on references for staff where they had prior experience of working in care.
- ☐ Our observations during the inspection indicated that staff were quick to respond to people's needs.
- ☐ There were mixed views on whether there was sufficient staffing through all the units. People told us, "I feel safe because the people [staff] around always come quickly" and, "They come quickly to the buzzer." However, some relatives told us, "[Family member] is safe as there are lots of staff around" whilst another relative told us, "[Family member] is safe enough but there is not enough staff." Staff commented that they felt staffing levels could be improved and told us, "Staffing can be a bit hit and miss" and, "It can be difficult if people are having a bad day."

Learning lessons when things go wrong

- ☐ The registered manager was committed to driving improvement and learning from accidents and incidents and feedback given. Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.
- ☐ The registered manager, registered provider and team were quick to respond to any concerns raised and feedback given. For example, secure storage and temperature monitoring systems for storing prescribed

creams in people's bedrooms were introduced immediately following the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Assessments of people's needs were in place, and care and support was reviewed regularly and updated when required. The service had recently introduced a new electronic system for care records and the registered manager advised that they were in the process of updating these to include additional information and make them more person centred.
- ☐ People had completed a detailed life history with the activity coordinator, and a one-page profile was available in people's bedrooms. This included information about choices and preferences.

Staff support: induction, training, skills and experience

- ☐ Staff completed an induction prior to working independently and were supported to complete the care certificate.
- ☐ Staff told us they completed a wide variety of training and this enable them to undertake their role. One staff member told us, "The trainings been good, it covers everything and helps you understand why things are done a certain way."
- ☐ Staff told us they were well supported in their role. They said, "We get supervision, these are helpful, it's good to think about stuff," "The staff are nice and supportive to work with" and, "There's always help available."

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ Care records had detailed information about people's dietary needs and included information about people who required fortified or specially modified meals.
- ☐ The cook had a good understanding of how to support people on modified diets, such as those who needed a softer diet due to swallowing difficulties. Information about people's needs was clearly recorded within the kitchen.
- ☐ Care records included monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. We saw that suitable referrals were made to Dietician and Speech and Language Therapy when additional needs had been identified.
- ☐ People were positive about the food available and told us, "The food is nice, you can choose" and, "The food is lovely, plenty and you can have seconds if you want."
- ☐ Our observations of meal times indicated that staff were patient when supporting people to eat and drink.
- ☐ Snacks and drinks were offered to people throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff told us that all the staff worked together as a team and this was confirmed from our observations. One member of staff told us, "I like the family feel, everyone gets on with things."
- As staff came on duty there was a handover from the previous shift where people's changing needs for the day were discussed. Information about people was readily available on the electronic records for staff to review. Staff told us, "Communication is pretty good."
- Where people needed support from other healthcare providers such as GPs or Speech and Language Therapists, referrals were made promptly and advice was incorporated into the way people were supported.
- People told us they got the support they needed. One person told us, "They would call a doctor for me if I needed" and a relative told us, "All [family member's] needs are met."

Adapting service, design, decoration to meet people's needs

- The service had requested support from the community mental health team when developing the dementia unit to ensure it was suitable for people living with dementia. Some specific resources including therapy dolls and twiddle muffs were available for people to access.
- People's bedrooms were personalised and reflected people's preferences and choices.
- Communal areas were kept clean and uncluttered to reduce the risk of people tripping.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Assessments had been completed when people lacked capacity and best interest meeting were held which included professionals and significant others.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this.
- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority where restrictions were in place had been made and notifications were sent to the CQC.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People were positive about the care and support they received from staff. They told us, "They [staff] are very caring which makes me feel better" and, "The staff are very caring and understand everything I need."
- ☐ Relatives confirmed staff were caring and told us, "The staff are pleasant and go above and beyond" and, "The staff are very good and seem to be a good team, I have good contact and they support me too." ☐
- ☐ Staff spoke positively and with affection about the people they were supporting and told us, "We are one big family" and, "We provide care as we would if it was one of our own family."
- ☐ We observed positive interactions between people and staff.
- ☐ We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. Our observations of care throughout the inspection demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs. The registered manager gave us examples of how consideration was given to people's individual, religious and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People told us they had choice in their daily lives. They said, "I can have a bath whenever I want", "If I want anything I just ask and if possible, I get it" and, "I can make my own choices."
- ☐ Care records indicated that people had been involved in the assessment and planning of care. Where possible people, and those important to them, were involved in reviewing and updating care plans.
- ☐ People felt able to speak with staff and raise concerns and said, "I can talk to the staff if I needed" and, "They will always listen, if you are down they will talk with me."

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us they were treated with dignity and had their privacy respected. They said, "They respect my independence and dignity" and, "They respect my privacy and dignity."
- ☐ We observed that people were discreetly supported when receiving personal care and people's bedroom doors were generally kept closed. There were prompt signs asking staff to knock before entering.
- ☐ We observed that people were encouraged to be as independent as possible and specialist equipment such as coloured plates were used to support people living with dementia to eat independently. One person told us, "I feel I have my independence."
- ☐ The service was a member of the "daisy" dignity in care scheme. To become accredited to this scheme the service needed to demonstrate good practice and dignity in care. This meant that the service recognised the importance of dignity within the care setting and actively promoted this with staff and people.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The service had recently introduced a new electronic system for care records and this was being embedded with staff. The registered manager told us they were now "Ready to add the meat to the bones" and make care records increasingly person-centred and detailed.
- ☐ Our observations during the inspection indicated that staff had a good knowledge of people, and knew how to support them with their individual care needs.
- ☐ People told us that staff knew them well and said, "The staff understand me" and, "There is always help when needed."
- ☐ Relatives told us they had been involved in care planning and one relative said, "It is absolutely the best place. They understand my [family member] well" and, "Everything is in [family member] care plan."
- ☐ The service had a wide range of activities available for people to engage with. People told us, "They have activities every day" and, "There are films, trips to Blackpool, boat trips. They take me shopping." One person told us, "The activities and the food are the best things."
- ☐ The co-ordinator was committed to developing the activity programme and had made links with the local community, including schools, nursery and church groups.

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints procedure and we could see that when complaints and concerns were raised, the registered manager was quick to respond and address the issue.
- ☐ People told us they had no complaints and told us, "I have no worries whatsoever," "I have no concerns" and, "They would listen to things and act on it."
- ☐ Relatives told us they were aware of the complaints procedure and said, "I am involved in the discussions" and, "I know who to complain to if needed."
- ☐ People and relatives also completed annual surveys to provide feedback. We saw action had been taken to address any issues raised. For example, communication had been identified as an area for improvement and the registered manager was introducing relative and residents' meetings in response to this.

End of life care and support

- ☐ The service had achieved beacon status with the Gold Standard Framework for end of life care. This meant that the service was committed to provide good quality evidenced based care for people approaching the end of life.
- ☐ At the time of inspection the service was not supporting anyone at the end of their life. We spoke with the registered manager about developing plans for end of life when people are first admitted to the service. The registered manager told us this is an area the service was looking at.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last focused inspection, published in January 2018, we rated this question as requires improvement. This was because the service had not sent in statutory notifications as required. At this inspection we found that statutory notifications were being sent in as required.

Continuous learning and improving care

- ☐ The service had checks in place but these were not sufficiently robust to have identified the shortfalls that were found during inspection in relation to the management of people's medicines.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- ☐ The service engaged in a number of initiatives locally to build relationships with partnership agencies and develop best practice.
- ☐ The registered manager and team analysed information from accidents, incidents, complaints and concerns to drive improvement within the service.
- ☐ People and families were asked to complete surveys on an annual basis and we saw action was taken following feedback.
- ☐ The registered manager and registered provider were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service. However, evidence of effective and sustained systems for oversight need to be demonstrated. We will review this at our next inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ People told us that the service was well run and said, "It is well run and organised" and, "I think it is well organised."
- ☐ The registered manager had an open door policy and people came with their individual matters directly. Staff told us they felt well supported by the registered manager.
- ☐ Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The registered provider and registered manager met to review the running of the service on a regular basis and were both committed to driving improvement.

- The service had clear line of organisation and staff were clear about their roles and responsibilities. One staff member told us, "We are allocated things quite clearly there are clear lines of responsibility. They complete an allocation sheet so you know what you are doing."
- The registered manager and team undertook a variety of quality audits to ensure the service was safe, clean and well managed. Any issues raised were quickly addressed by the maintenance and domestic staff.
- We saw the registered manager and registered provider were well known to people, relatives and staff.

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

- People and relatives generally knew who the registered manager and registered provider were. They said, "I know the manager and it is well run" and, "The manager is approachable"
- Staff told us and we saw records to show they had regular team meetings. These were used as an opportunity to discuss a variety of issues.

Working in partnership with others

- The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.
- The service had also introduced The Herbert protocol, a national scheme introduced by the police in partnership with other agencies which encourages staff to compile useful information which could be used in the event of a vulnerable person going missing.
- The service had links with the local community including local churches and schools. People were supported to attend community provisions were possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always being managed in line with best practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems for governance were not sufficiently robust to have identified the issues we found on inspection.