Colleycare Limited

Lakeside Residential Home

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16, 19 and 24 February 2016 and was unannounced. We last inspected the service in June 2014. At that inspection we found the service was compliant with all essential standards we inspected.

Lakeside Residential Home is a care home without nursing that provides a service for up to 64 older people, some of whom may be living with dementia. The accommodation is arranged over three floors. The ground floor has 20 rooms and the first and second floors have 22 rooms each. People who are living with dementia are accommodated on the ground floor and the first floor. At the time of our inspection there were 57 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during this inspection.

People felt safe living at the service and were protected from abuse and risks relating to their care and welfare. They were protected against environmental risks to their safety and furniture and fixtures were of good quality and well maintained. The registered manager planned to review and assess the environment on the two floors where people were living with dementia. This was to ensure the environment was as dementia friendly as possible and helped to encourage and promote people's independence and sense of wellbeing.

People received effective care and support from staff who knew them well and were well supervised. Staff training was not all up to date but, where there were deficits, training had been booked to bring staff up to date within the next four months. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans formally reviewed six monthly or as changes occurred.

People received effective health care and support. People saw their GP and other health professionals when needed. Medicines were stored and handled correctly and safely. Meals were nutritious and varied and people told us the food at the service was good.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People benefitted from living at a service that had an open and friendly culture. They were treated with care and kindness and their privacy and dignity was respected. During our visit there was a positive atmosphere as people and staff chatted and laughed with each other. People felt staff were happy working at the service

and had a good relationship with each other and the management. They told us they felt the service was managed well and that they could approach management and staff with any concerns. Staff also stated that the management was open with them and communicated what was happening at the service and with the people living there.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Robust recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

The environment was bright and homely. The registered manager planned to review and assess the environment to ensure it was as dementia friendly as possible.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

People's right to confidentiality was protected.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was continually reviewed and improved in response to people's changing needs.

People were able to enjoy a number of activities, based on their known likes and preferences.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit.

Staff felt supported by the management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Lakeside Residential 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.

This inspection was carried out by one inspector and took place on 16, 19 and 24 February 2016. It was unannounced.

We looked at all the information we had collected about the service. This included previous inspection reports, information received from health and social care professionals and information from others with a connection to the service. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 15 people who use the service, five of them in private. We spoke with the registered manager, the deputy manager, the assistant manager, the administrator, and six care workers. We also spoke with the chef, a kitchen assistant, a member of the housekeeping staff and the maintenance staff. We observed interactions between people who use the service and staff during the three days of our inspection. We spent time observing lunch in the dining rooms. As part of the inspection we requested feedback from six healthcare professionals and three social care professionals. We received feedback from two healthcare professional and two social care professionals.

We looked at five people's care plans and medication records, six staff recruitment files, staff training records and the staff training log. Medicines administration, storage and handling were checked. We saw completed survey forms from the service's annual quality assurance survey for 2015 and reviewed a number of documents relating to the management of the service. For example, electrical equipment safety check log, legionella risk assessment, fire risk assessment, food safety checks and the complaints and incidents records.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse. They knew what actions to take if they felt people were at risk and were aware of the local safeguarding procedure. All staff told us they would report to their manager, in line with the provider's policy, and were confident safeguarding concerns would be taken seriously by the management.

Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management. People felt safe living at the service. One person told us they felt safe and added: "Oh yes, they are very nice here."

People were protected from risks relating to their care and welfare. Care plans included in-depth risk assessments related to all areas of their care and support. Where a risk was identified reduction measures had been incorporated into their care plans with clear instructions for staff to follow to reduce or remove the risk. For example, risks related to the potential for skin breakdown, risks of inadequate food intake and risks of falls. Health and social care professionals felt the service, and risks to individuals, were managed so that people were protected.

There were sufficient numbers of staff deployed to ensure people's needs were met. The care staff team included the registered manager, assistant manager, deputy manager, four team leaders, 12 senior care workers and 30 care workers. Additional staff included two administrators, two activity coordinators, two maintenance staff, a laundry assistant and six domestic staff. Catering staff included two chefs and four kitchen assistants. Staffing levels at the time of our inspection were nine or ten care staff during the 8am to 2pm shift and nine care staff from 2pm to 8pm. Overnight there were five care staff on duty, with a member of the management team on call if needed.

During our observations in the dining rooms at lunchtime there were ample staff available to assist people eating their meal, where needed. There were also sufficient staff available at other times. Call bells were answered quickly and staff had time to sit and chat with people as well as providing their care. People told us staff were available when they needed them. One person commented: "They are always around if you need them." Staff members felt there were usually enough staff on duty at all times to do their job safely and efficiently.

Accidents and incidents were reported to and investigated by the registered manager. Records were clear and included actions taken to reduce the risk. Every month the registered manager undertook a falls audit and looked for any emerging patterns that may be present. The registered manager had arranged to work with a member of the local Care Home Support Team on reviewing falls people were having. The registered manager's plan included introducing more falls prevention measures for individuals as well as training to staff in falls prevention and risk assessments.

People were protected against environmental risks to their safety and welfare. Staff monitored general

environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. The hot water on one bath was found to be above the Health and Safety Executive's recommended safe level of 44°c. The bathroom was put out of action and a new valve was ordered and fitted before the third day of our inspection. Appropriate measures were in place regarding infection control. The provider monitored other risks and we saw an up to date portable electrical equipment safety test log, fire risk assessment and legionella risk assessment. Other household equipment and furniture was seen to be in good condition and well maintained. Emergency plans were in place, for example evacuation plans in case of emergencies.

People were protected by robust recruitment processes. Staff files included all recruitment information required of the regulations. For example, full employment histories, proof of identity, criminal record checks, and evidence of their conduct in previous employments. This ensured, as far as possible, that people were protected from staff being employed who were not suitable.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time. This was confirmed by the staff we spoke with and documented in their training records. Medicines administration record sheets were up to date and had been completed by the member of staff administering the medicines.

Good

Is the service effective?

Our findings

People received effective care and support from staff who knew the people well and were well trained.

New staff were provided with induction training. This included introduction to the people living at the service, familiarisation with the premises and the company's policies and procedures. Induction training followed the Skills for Care new Care Certificate. Practical competencies were assessed for topics such as moving and handling before staff were judged to be competent.

People felt staff had the skills they needed when supporting them. All people told us the staff were nice. One person told us: "They are very nice here." and added: "I have nice ladies at night." Another person also commented on the night staff saying: "The girls are brilliant at night." Ongoing staff training was monitored. We saw the training deemed by the provider as mandatory was not all up to date. However, training had been booked to bring staff up to date within the four months following our inspection. The mandatory training included: fire, first aid, moving and handling, food hygiene, infection control and health and safety. Staff were also provided with training specific to the people they supported. For example, training in dementia, dealing with people whose behaviour may challenge and stoma care. One professional told us staff requested training from the Care Home Support Team and welcomed the input of other services. Staff felt they had been provided with training they needed to deliver good quality care and support to the people living at the service.

People benefitted from staff who were well supervised. Staff had one to one meetings (supervision) with their manager to discuss their work approximately every eight weeks. The supervision log showed that staff supervisions were not always carried out at the frequency set out by the provider, but we saw steps had been taken to address this. The registered manager told us a re-allocation of supervisors had taken place and the registered manager was monitoring the supervision log to ensure staff received supervisions sessions on a two monthly basis as expected. Staff felt they were well supported by the managers and confirmed they had yearly performance appraisals of their work carried out with their manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. Managers had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

We noted some care plans contained consent forms for a variety of activities, such as having photographs taken. Some of those forms had been signed by relatives, rather than the person themselves. In those instances there were no recorded explanations as to why the relative had signed. There was no evidence that a mental capacity assessment had been carried out to establish that the person lacked capacity to consent for themselves prior to asking a relative to sign the forms. In some files it was recorded that a

relative held a lasting power of attorney (LPA), but there was no record of whether the LPA was for health and welfare decisions, for financial decisions, or both. In discussion with the registered manager we were told that update training was already booked for staff in the MCA. The registered manager also told us she would review the care planning documentation to ensure that it incorporated the requirements of the MCA. By the third day of our inspection steps had been taken and staff had started to review all consent forms in the files to ensure they had been signed by the appropriate person.

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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The requirements of the DoLS were being met. The registered manager had assessed people living at the service and, where applicable, had made DoLS applications to the local authorising body appropriately. The authorisations were kept in people's files and dates when they were due for review had been noted.

People received effective health care and support. People confirmed they could see their GP and other health professionals such as dentists and opticians when needed. Care plans showed that specialist health professionals were consulted as necessary. These included: district nurses, occupational therapists and physiotherapists. Care plans had incorporated advice from health professionals where given. Staff recorded in the care plans where issues had been identified, for example by recording on body map pictures the location of bruises or grazes. Staff were able to tell us the bruise or graze had resolved, but the records did not show a clear audit trail of actions taken and the outcome in all instances. We discussed this with the registered manager who put a system in place, by the third day of our inspection, for recording and noting actions taken to deal with any issues identified. The new system would then provide a clear audit trail and show that appropriate action had been taken to deal with individual issues.

The premises were clean and bright and furnishings and fittings were of a good quality. The majority of people living at the service were able to mobilise independently or with the aid of walking frames. People were able to mobilise with ease around the communal areas and their rooms, all of which had ensuite facilities. We noted that the ground and first floors had minimal adaptations for people living there with dementia. For example, there was minimal dementia signage and use of contrasting colours to enable people to find their way around and identify their rooms, toilets and other rooms. There was minimal use of contrasting colours on sanitary fittings, which could make them easier for people to see and use, thereby promoting their independence and helping with continence. Curtains, when drawn, let light through. This could make it difficult for people living with dementia to distinguish night from day and establish a normal sleep/wake pattern. The registered manager planned to review and assess the environment on the two floors where people were living with dementia. This was to ensure the environment was as dementia friendly as possible and helped to encourage and promote people's independence and sense of wellbeing. The provider had arranged a visit to the service of the mobile Virtual Dementia Tour (VDT) in May 2016. The VDT is a sensitivity training program, designed to give individuals, staff and organisations a greater understanding of what it is like to live with dementia.

People told us they enjoyed the meals at the service and confirmed they were given choices. One person told us: "There is a very nice selection [of food]." People confirmed there were alternatives available if they did not want the choices offered. Staff weighed people every month and used a malnutrition screening tool to identify people at risk. Where problems had been identified, people were weighed weekly and staff kept records of what they had eaten and drunk. Staff were aware of ways to fortify food to increase the caloric content and the service had a local arrangement with the dietitian that this would be the first step taken if someone started to lose weight. If this did not work a GP referral would be made and ongoing referrals to a dietitian would be made by the GP if required. On the days of our inspection we saw people were enjoying

their lunch which was served hot and was well presented on each day.

Good

Is the service caring?

Our findings

People were treated with care and kindness. Comments made by people when asked if staff were caring included: "Oh yes, they are brilliant.", "Staff are all nice and friendly." and "They are such nice people." Health and social care professionals told us they felt that staff were successful in developing caring relationships with people living at the service. During our inspection the atmosphere at the service was calm and happy and the care staff were chatting and laughing with people. One person told us: "We have a laugh and a joke, they are really good." People confirmed staff knew how they liked things done and did them that way. People felt staff listened to them and acted on what they said. One person told us: "You only have to ask them [and they do it]."

People were involved in the day to day life of the service and information was available so people knew what was happening. The notice board contained information for people. For example, people's birthdays that day plus the day of the week and date. On one of the days we were at the service there was a resident's meeting taking place. Topics on the agenda included discussions regarding the running of the service, such as housekeeping, décor choices for the upcoming redecoration of the second floor, maintenance and activities. People also discussed the recent pub outing and sought feedback from those who had gone regarding the success of the outing and suitability of the venue.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were also quick to react if anyone was confused or anxious, by reassuring them and explaining what was happening or helping them do what they were trying to do. Staff were aware of people's abilities and their care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and support people's independence.

People's wellbeing was protected and interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. One person told us: "Oh yes, always." And another said: "definitely." Health and social care professionals felt the service promoted and respected people's privacy and dignity. One commented: "This appears to be a priority." The professional went on to describe an incident where they witnessed staff taking action to ensure someone's privacy during a health professionals visit. The service had also signed up to the Reading Borough Council's Dignity in Care Charter. This is a scheme that services in Reading are invited to sign up to in order to demonstrate their commitment to delivering high quality care services.

People's right to confidentiality was protected and all personal records were kept securely.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's needs were regularly assessed and care plans were reviewed and updated as changes occurred.

People's likes, dislikes and how they liked things done were explored and set out in a section of their care plan entitled: "The Resident's Profile" which included details of people's work, social interests, hobbies, family background and cultural or religious beliefs. Their likes, dislikes, preferences and abilities were then incorporated into their care plans. The care plans gave details of things people could do for themselves and where they needed support. This meant staff could help them to maintain their independence whenever possible. People's abilities were kept under review and any increased dependence was noted in the daily records and added to the care plans.

Each care plan was based on a full assessment carried out prior to them moving to the service. Care plans were reviewed six weeks after the person moved to the service and then on a regular basis thereafter. The care plans we saw had all been reviewed in January or February 2016 and amended where needed. This meant all people's needs had been recently assessed. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed warmly to the service and were offered hot drinks during their visit. One visitor told us they enjoyed visiting their relative and always felt welcome. Quieter areas of the service were available where people and their visitors could sit away from communal areas. For example, one area on the lower ground floor had access to the garden and tea and coffee making facilities.

People had access to a busy activity schedule and local community outings. The service employed two activity coordinators and were advertising for a third so that activities could be provided and overseen seven days a week. At the main reception, and on each floor, details of the month's planned activities were available. Activities for February included external entertainers, exercise classes, arts and crafts, card games, church services, cooking and reminiscence activities. One person told us how they had been on an outing to Ascot races last year and was hoping to go again this year. Cultural events were celebrated, for example Chinese New Year, where Chinese food was on the menu and plans were made for volunteers from the local university to come in to craft Chinese lanterns with people living at the service. Some people went on a trip to a local pub for a meal in the week of our inspection and other outings were planned for March.

People were aware of how to raise concerns and told us they would speak to one of the staff or registered manager. We saw there had been four complaints regarding missing items since December 2015 which had been investigated and the findings documented. There had been no formal written complaints made to the service in the past year. One person told us they had raised a concern and had been happy with the way it was handled, saying the registered manager had taken prompt action and the concern had been dealt with. One person told us they had never had to complain but knew what to do if the need arose. They added: "I

only have to get the care staff to get the manager, she listens."

Good

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. People felt staff were happy working at the service. One person said: "Yes, I can hear them laughing" and another commented: "They are a nice crowd."

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff told us they got on well together and that management worked with them as a team.

Various meetings were held in order to share information and enable people who use the service, their relatives and staff to be involved in what happened at the service. Those meetings included: monthly residents meetings and quarterly relatives meetings. Other meetings included staff handover meetings each shift, two monthly staff meetings, monthly senior staff meetings and night staff meetings. We sampled the minutes and saw the meetings were well documented and included actions to be taken. Staff told us the management was open with them and told them what was happening in the service.

The service had carried out a survey of people living at the service, relatives, staff and health professionals in October 2015. The questionnaires covered a variety of topics and focussed on people's care, staff, the premises, maintenance, housekeeping, activities and meals. The completed survey forms had been returned and correlated. We saw the majority of the responses were positive. The registered manager was in the process of analysing the results and developing an action plan to explore and deal with responses that were not so positive.

The provider had a number of quality assurance and health and safety checks and audits in place. The maintenance team dealt with those related to the premises, utilities and equipment, such as hot water temperatures and legionella checks. The registered manager and management team dealt with other audits and checks such as care plan audits, weekly weight audits and falls audits. The registered manager, deputy and assistant manager oversaw staff supervision and annual staff appraisals and the deputy manager monitored and recorded staff training. Food safety checks were carried out by the chefs and kitchen staff. The service was awarded a food hygiene rating of 5 (very good) by Reading Borough Council on 30 June 2015.

The service had a registered manager in place and all other registration requirements were met. The registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. All records we saw were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service. They felt encouraged to make suggestions and felt any suggestions for improvement were listened to and taken

seriously. Staff told us they felt the registered manager had made a difference since she started in 2015. One staff member commented: "Since [the manager] came it's been brilliant." Other comments included: "Since [the manager] started it has been such a nice place to work." and: "I feel you could go to her and talk about anything – she is there for you."

People felt there was a good atmosphere at the service and that it was well managed. One person commented: "We all mingle and enjoy ourselves." and another said: "The manager is absolutely perfect, she really helps in every way." Health and social care professionals, said they felt the service demonstrated good management and leadership and that the service worked in partnership with other agencies. One professional commented that the management: "appear to work well as a team with clearly defined responsibilities." They added: "The management appears to be open to innovation, with appropriate consideration of the risks and benefits."