Roger Langbridge and Partners

Lakeside Care Home

Inspection report

Lower Maddaford
Southcott
Okehampton
Devon
EX20 4NL

Tel: 0183752078
Website: www.lakesidecarehome.co.uk

Date of inspection visit:
31 March 2016
01 April 2016

Date of publication:
10 May 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 31 March and 1 April 2016 and was unannounced . Our previous inspection in May 2014, found the service to be meeting the regulations inspected of the Health and Social Care Act (2008).

Lakeside is a family run business. It is registered to provide accommodation and personal care to a maximum of 29 people, most of whom are older people living with conditions associated with ageing. It is not a nursing home and health care needs are met through community health care professionals. There were 28 people resident at the time of the inspection.

The service is required to have a registered manager. 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 registered manager at the home.

The risk from Legionella was not being managed and fire safety was being compromised because doors were wedged open. One complaint allegation, which might have indicated abuse or mistreatment was not handled in line with local authority guidelines, however this was fully investigated by the registered manager. All other risks and quality assurance processes were well managed by the provider and registered manager.

People's choices were consistently respected by the staff and people were consenting to the care they received. People's capacity to make decisions was assessed and decisions were made in people's best interest where appropriate. Staff had checked who had authority to make decisions on people's behalf if they lacked capacity to provide informed consent.

People's health care needs were under regular review and they were supported to maintain their health. Health care professionals were positive about the service people received.

People were protected through the arrangements for staff recruitment, training, supervision and support. There were sufficient staff to meet people's needs, usually in a timely manner.

People received the support they needed with their medicines, which were safely handled on their behalf.

People's nutritional needs were met by staff who understood how to provide a healthy, well balanced diet. People enjoyed a wide variety of food and drink and any individual preferences were met where possible.

People's views were regularly sought through meetings, care plan reviews and survey questionnaires.

There was a programme of daily activities for people, which included regular contact with the local community. Where possible, any individual preferences were met. The home environment was pleasant, fresh and well furnished and promoted a social and comfortable life for people.

People said they could raise any concern or complaint and were confident they would receive a satisfactory response.

Good relationships had been built between people using the service and the staff. Staff provided compassionate care. They were kind, respectful and dedicated to the people in their care. This was led from the top. People and their family members spoke very highly of the service and benefitted from the open approach of the home's management.

There were two breaches of regulation. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The arrangements for protecting people from abuse and harm had not ensured their safety on one occasion. Not all environmental risks had been identified and acted on.

Recruitment procedures protected people.

Individual risks to people were identified and well managed.

There were sufficient staff available to meet people's individual care needs.

People were safely supported with their medicines.

Is the service effective?

Good

The service was effective.

People's choices were consistently respected and they were consenting to the care they received. Staff understood and followed the principles of the Mental Capacity Act 2005.

People's health care needs were understood and met, in collaboration with community health care services.

People's nutritional needs were met and they received a wide range of appetising meals which met their preferences.

Staff were well trained, supervised and supported.

Is the service caring?

Good

The service was caring.

The staff team had developed caring and supportive relationships with people at Lakeside.

People's dignity and privacy were upheld and they were treated with utmost respect.

Is the service responsive?

Good

The service was responsive.

People were actively encouraged to contribute to day to day life in the home and they engaged in a variety of activities and events of interest to them.

People were involved in the planning or their care, which was under regular review.

There were systems in place to receive suggestions and complaints. People expressed complete confidence that any suggestions or issues would be responded to.

Is the service well-led?

Good

The service was well led.

There was a culture of caring. High standards were expected, and led from the top.

The staff were motivated and felt supported.

People's views were sought at every opportunity and improvements made to accommodate their views.

The quality of the service was under regular review toward continuing improvement.

Lakeside 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 took place on 31 March and 1 April 2016. One adult social care inspector completed the inspection.

Before our inspection, we reviewed information we held about the home, which included incident notifications they had sent us and a Provider Information Return (PIR). A notification is information about important events which the service is required to tell us about by law. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We spoke with six people using the service who were able to comment directly on their experience, and one person's relative. We looked at the records and risk assessments for three people. We spoke with four staff members, the registered manager, general manager and provider. We looked at records connected with how the home was run, including training and recruitment records, and quality monitoring surveys. We received feedback from two community health care professionals.

Requires Improvement

Our findings

Some health and safety risks were not being managed. For example, despite a sign telling staff the laundry door must be kept closed, even for short periods when staff were out of the room, we twice found the door kept open with a wooden wedge. We also saw one person's door propped open with clothing. The door had an automatic closure devise in place but this would not activate with the prop in place, increasing risk should there be a fire.

There were records of the evacuation requirements of people should an emergency mean the building had to be evacuated. However, the last two people to be admitted (one in February and one in March 2016) had not yet been included in the information.

The records of the water tank temperature testing showed the temperature was not high enough to protect people from the risk of Legionella infection. The provider confirmed that the risk of Legionella had not been assessed. The low temperature readings had not been noticed and no action had been taken to ensure water was being stored safely. The plumbing contractor confirmed the thermostat was positioned in the wrong place to record the tank temperature accurately. This was resolved by the end of the inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 (Part 3)

The general manager said the tanks were cleaned once a year and the system was set up to keep water flowing through the tanks. Monitoring valves were in place on hot water supplies to manage the risk of people being scalded by hot water. Service records showed that other aspects of the premises and equipment was kept in a safe state.

Risks to individuals were assessed and monitored. For example, risks resulting from poor eating, accidents and people's vulnerability to pressure damage. Health care professionals complimented the staff for ensuring people were protected from pressure damage. The service had a low number of serious accidents occur and where accidents occurred steps had been taken to mitigate any associated risks

People were not fully protected from abuse or improper treatment. A record which had been processed as a complaint indicated that abuse may have occurred. This had not been reported to the local authority in line with protocols for safeguarding people. However, we noted that the concern was thoroughly investigated by the registered manager and appropriate action taken. There had been no other safefguarding concerns

at the home.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 (Part 3)

Staff had received training in how to protect people from abuse. Staff knew how to respond to any concerns, including how to take concerns to the local authority or CQC if they felt this was necessary. One said, "I would contact the manager and then CQC".

Issues of concern relating to the delivery of a safe service raised with the provider were followed up robustly. For example, the provider undertook comprehensive investigation and undertook any required actions for people's protection.

People told us they felt safe at Lakeside, one example being when they were assisted to use a hoist. A care worker said that staff understood the importance of safe practice when delivering care to people and safety was "non-negotionable" and always a priority.

There were sufficient staff to meet people's individual needs although staff and people using the service felt that increased staffing numbers would provide more time with people. One staff member said that the staffing arrangements were not an issue "the majority of the time". People's comments included, "It's mostly OK. I don't normally have to wait"; "If it is a meal time you wait but otherwise it is no problem" and "(The staff) cope very well but at times they could do with more." People had been asked their opinion of staff availability during the 2015 home survey. Based on that information and staff opinion the registered manager said there was an ongoing recruitment drive but it was hard to find new staff to recruit. Where necessary any staffing shortfall was met by regular staff members. During the inspection we saw that people's needs were met in a timley way and they did not need to wait for staff to support them.

The registered manager said staffing numbers depended on people's needs at the time and were flexible. For example, they varied according to activities, such as outings or a visit from the hairdresser. The first day of the inspection additional staff were available to take people on an outing. Care staff were well supported by ancillary staff and management, who were always available, for example, to drive people to social or healthcare activities.

Staff were recruited following checks on their suitability to work with vulnerable people. For example, each person had completed an application form and been interviewed. References were sought and a DBS check was completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The arrangements for managing medicines was monitored closely by the registered manager. There were several good practices in use to maintain medicine safety, for example two staff to check hand written entries and body maps for medicinal patch application. Following some errors identified through the home's regular medicine audit, the service had made changes to how medicines were ordered and administered. In addition, all staff had received recent competency checks. We observed safe practices being used and people were helped to take their medicines as prescribed. One person said they used to manage their own medicines but were now glad this was done for them as it was very complicated.

People were protected by the arrangements in place should there be an emergency situation. For example, there were evacuation plans in place and each staff member was trained in first aid. Contact details for health care professionals and utilities specialists, such as electricians, were displayed for staff use.

There was a low incidence of accidents in the home but any accident was reviewed by the registered manager and where necessary, steps taken to increase the person's safety.

The home was very clean and fresh. The PIR included that there was a designated domestic worker in the laundry every day and safe systems for removing any soiled laundry. Rooms were cleaned daily and were deep cleaned once a month. Staff had protective clothing, and hand washing facilities and hand gel, to reduce the possibility of cross contamination

Good

Our findings

People were supported to maintain good health through contact with health care professionals. Community nurses said they had no concerns about the service and they were contacted quickly and appropriately. People said any hearing, eye, foot or dental needs were met. There were many records of how people had been supported with medical visits, such as hospital appointments.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who 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's capacity to make decisions had been assessed, recorded and were under regular review. Relatives (and others) can only give consent where they have the legal authority to do so, for example through a valid Lasting Power of Attorney or appointment as a Court of Protection 'deputy'. The registered manager had confirmation that those legal authorisations were in place. There was evidence that best interest decisions were made where this was appropriate. For example, one person was unsafe in an upstairs room due to the stairway but they might be confused locating to a room on the ground floor. It was therefore agreed, by people that knew the person best, how to proceed in the person's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS).

Some people were not free to leave and some were subject to continuous supervision and control, for their safety and welfare. This meant that they were being deprived of their liberty, according to supreme court ruling (P v Cheshire West and Chester Council) in March 2014. Authorisation to restrict the person's liberty is required under the MCA and those authorisations had been submitted for these people where they did not have capacity to consent.

Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated this in their practice.

People and their family members were very happy with the standard of care provided by care workers. Staff

responsibilities were structured so that each staff member knew what was expected of them and where their responsibilities lay. Senior care workers met to discuss people's needs at every shift change. This informed them what had happened previously to each person and what was needed to promote their welfare. Information was also available for staff in a shared diary and in people's individual diary entries.

New staff received an induction to their work they came to work at the service. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Initially they shadowed experienced care workers. This was always for at least three to four weeks. Some staff were completing the Care Certificate, a nationally introduced system for the induction of staff who had not worked previously in a care role.

A staff member said the service was "very good" with regard to staff training and there was a commitment to helping staff progress in their work through taking qualifications in care. They confirmed that no mandatory training was ever missed and the training equipped them for their role. The training staff had received included, basic emergency aid, raising concerns and whistleblowing, food hygiene and person centred care.

Staff confirmed that there were monthly face to face meetings as part of the supervision of their work. This gave them the opportunity to raise any issues and discuss any training needs. One care worker said, "Supervision is good. You can raise anything and (the registered manager) is very good". Another said they had raised staffing arrangements for discussion in their supervision. There were also regular staff meetings where staff could share information.

People received food and fluids which met their nutritional needs and every effort was made to meet their preferences. Care workers consulted people using the service about their likes and dislikes through residents' meetings and questionnaires. Staff asked people if the menu for the day met their preferences and arranged an alternative meal if it did not. There was routinely two meal choices for lunch, several dessert choices and a variety of choice for the tea time meal. During our visit wine or sherry was heard to be offerred.

The menus were varied and catered for any specialist dietary needs. One person said that when they woke at night they were always provided with a drink and biscuits on request. People said they were satisfied with the food they received. Their comments included, "I'm very pleased and there is enough".

It was the home's policy to monitor what a person ate or drank if there were any dietary concerns. Food and fluid charts were completed which showed care workers had tried hard to encourage people with a poor appetite to eat. Specialist diets, such as softened foods where there was a risk of choking, were available where needed. There was a waitress style service, not pre-plated meals. Meal time was a social occasion with care workers helping where needed, offering alternatives or additional food ("More chips please") and being very attentive.

Good

Our findings

People received a service from very caring staff. One person's family said in a thank you letter to the home, "The care workers knew (family member) very well. They were all sweet staff". We observed the registered provider engage with a person, holding their hand, smiling and sharing a joke. One staff member said, "We are always geared to putting the resident first". Another said, "You get to know people and you look out for their best interests".

People were treated with respect and dignity. All interactions between staff and people showed an understanding of their needs, for example, gently encouraging them to receive care or make decisions. Staff offered choices and kept the person fully informed when providing care, such as assisting them to move or serving them at lunch time. Staff were careful to gently and quietly encourage people, usually with a kind word or a caring gesture. The atmosphere was relaxed and smiles between people and staff seen frequently.

People's privacy was upheld. Staffensured they did not discuss personal issues in front of and with others, for example, checking with the inspector that they were allowed to discuss individual people with them. All care was delivered in private. Whilst visiting one person a staff member knocked, entered when invited and then introduced a new member of staff to the person, explaining their role to them. A staff member confirmed that people could choose which gender of care worker they were happy to receive personal care from.

There was attention to people's dress and presentation, ensuring they were able to present in a dignified way, acceptable to them. The standard of personal care was high. For example, people's spectacles were clean and clothing was well laundered.

People were supported to express their views and be actively involved in decisions about their care and welfare. People's views were continually sought by staff as part of everyday life at Lakeside. In addition there were frequent resident meetings, monthly reviews of care, and quality monitoring surveys. The registered manager, general manager and registered manager were well known to people and were each said to listen to people's views.

Lakeside provided end of life care to people. Relatives of people who had passed away at the home had sent thank you cards expressing the high quality of care their family member had received at the service. Comments included, "We always felt welcomed and believed in his last few months he was cared for as much as possible"; "We know she had the best of care for the last years of her life" and "They were all sweet

staff and dedicated; a vocation." Community nurses said care workers knew how to care for people in a safe and dignified way when providing end of life care.

Good

Our findings

People's individual needs were well known to staff and responded to promptly and with consideration for their wellbeing. One person said, "The standard of care is excellent".

Staff helped to ensure people received the care they needed at times to suit them. Each person received an assessment of their needs from the registered manager and provider prior to their admission. That information was then used to produce a care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. The care plans included relevant details of the person's life, which might be relevant to understanding their care needs. Examples included people's preferred time to rise or retire, how well people were able to move around and where required details of which equipment theyneeded. Where the assessment had identified a risk, a plan to reduce the risk was in place. Care plans were reviewed monthly with the person, or more frequently if their needs or wishes changed.

Activities was an important part of life at Lakeside and mentioned as a positive part of life at Lakeside by community professionals who visited the home. Those activities included film shows, a library area, daily newspapers and regular outings from the home, weather permitting. During the inspection people undertook their first summer outing. One person told us of exercise sessions, delivered by the home's physiotherapist, which included mental games. They said they worked out what question they would be asked when it came to their turn to, for example, catch a ball. They found this to be great fun. People mentioned visiting musical entertainment and were kept up to date with current affairs with daily newspapers.

People's lives at Lakeside were made very comfortable. Fittings and furnishing were of a high standard and the home was very clean, fresh and homely. The variety of lounge areas offered a choice for people of where they could spend their day, with different views of the lake and moorland. The layout of one lounge was a subject for discussion for people as a table, which had been moved for the arts class, obstructed some people's views. It was agreed the table would be moved back so the views would be more accessible again. One person had requested a different colour carpet in their room and this was changed for them before they moved in.

A lot of information was provided for people. This included information about activities, the results of survey questionnaires, and the minutes of resident meetings. Meetings were an important part of people's lives and gave them the opportunity to discuss the service. Main topics were the menu and the outings.

A complaints procedure was available for people using the service and their family members. Once admitted the procedure was kept in people's wardrobes for their reference. The contact details for the Care Quality Commission and the local authority safeguarding adult's team were included. People felt very confident that any issue could be raised with the registered manager, registered provider or general manager. One person did so during the inspection; when they understood the reason for a staff member's behaviour the issue was resolved.

Good

Our findings

The running of the home was family led. The provider was in the home daily and the registered manager worked five days a week, sometimes providing care and sometimes supernumerary to the care team. The home has a history of meeting all the regulations. Some aspects of the home were audited by the registered manager. This included medicine management . For the assessing and managing of risk an external health and safety company did a yearly assessment. This included internal and external areas of the home. Any areas they identified for improvement were dealt with promptly. Records, for example relating to care plans, training, supervision, incident and accidents, were found to be up to date.

The general manager showed us a home risk assessment review chart as part of internal quality monitoring. Where an assessment was due, such as checking bed safety, this was highlighted as red if outside of the date for the check. Several areas for review were highlighted in red. The general manager said this was because the system was not fully up and running although the checks were being completed. We saw this was the case.

We found that some risks had not been identified through the services external auditing arrangements or the internal auditing. This included the risk from Legionella infection, doors being wedged open and alleged abuse not being reported as such. The provider had stepped back from day to day management of the home, and delegated some management duties, due to reasons outside their control. The new management arrangements were still being embedded. The steps the provider took to meet the risks we identified were swift and robust. The provider assured us that improved oversight was now re-established.

As part of the home's quality monitoring people's opinion was surveyed and those results were available for people to see. Any recommendations from external professional sources, such as a pharmacy audit visit, were followed up straight away.

The registered provider, general manager and registered manager were referred to by name by people and their relatives throughout our inspection. They were eager to make the home as caring as possible and make people's lives comfortable. The Lakeside literature stated that this was the objective of the service, and we saw this was achieved. The PIR said the management were heavily involved in running the home.

People and their family members felt the home was well-led. They said their views were sought and responded to and they felt very comfortable in their dealings with the management and staff.

Staff spoke of feeling supported in their work. There comments included, "Prioritising is no problem. The senior (staff) are very good with communication" and "(The registered manager) is very good and (the providers) are also very approachable." Staff performance was monitored through regular supervisions and a yearly appraisal of their work. Where a need was identified to improve their performance, such as increased training, this was provided.

Staff confirmed that the home was well resourced and any equipment needed had been provided promptly.

The management looked for ways to continually improve the service, for example, changing the arrangements for managing people's medicines. This had included identifying areas of the home where the temperature was too high for them to be stored safely. A second example was looking at risks from incidents and accidents and making changes to increase an individual's safety.

The service notified the CQC as required and was open and transparent about the service provided.

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 did not take formal enforcement action at this stage. 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 The risk from Legionella was not being managed and fire safety was being compromised because fire doors were wedged open. Regulation 12 (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems to respond to allegations of abuse were not effective and did not protect people sufficiently. Regulation 13 (2)