

# Millennium Care (U.K.) Limited

# Lakeside Nursing & Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lakeside nursing and residential home is a care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The home is set in extensive grounds and accommodates up to 50 people in one adapted building. It has three floors and there is a passenger lift to all levels. The majority of bedrooms are for single use and most rooms have an en-suite toilet. There are three large lounges, a dining room, in house salon and accessible gardens. The home was undergoing extensive refurbishment at the time of the inspection.

### People's experience of using this service and what we found

During the inspection we found care records stored in a cupboard in the communal dining room. The cupboard was unsecure which meant care records could be easily accessed by unauthorised people.

We reviewed a range of records and found improvement was required with record keeping. Topical treatments, such as creams, were applied by the carers and recorded on a chart. We found gaps in the signing of these charts.

During the inspection we saw moving and handling equipment being stored in communal bathrooms. We have made a recommendation about the provider following appropriate guidance in relation to these risks.

People's pressure care was managed, and no-one had developed a pressure ulcer whilst living in the home. However, we have made a recommendation about the provider reviewing their documentation in relation to pressure care.

People's outcomes were good, and people's feedback confirmed this. One person told us, "I hated the thought of going to a nursing home, but it's nice here."

People told us they felt safe. One person said, "It is safe, very good, all the care is safe." Staff had a good understanding of how to safeguard people from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, courteous and sensitive. One person said, "The staff are kind, they are gentle with me and don't make a fuss."

The service received many compliments from people and their relatives. Written comments included, "This care home is absolutely fantastic. All the staff that work there are so so kind and respectful. My mum has been cared for in every way possible. I can highly recommend the food which is wholesome and nutritious. If

I needed to go into care, then there would be no other place I would choose for myself."

The registered manager had been managing the home for a short period and was committed to making positive changes to improve the standard of care.

#### Rating at last inspection

The last rating for this service was good (published 17 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified one breach in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had systems or processes in place that were operating ineffectively as they failed to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained securely.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Lakeside Nursing & Residential Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and an Expert by Experience carried out the site inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector continued with the site inspection on day two.

#### Service and service type

Lakeside nursing and residential home 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 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and six relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, registered manager, clinical lead, deputy manager, senior care assistants, care assistants and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care records contained risk assessments which had been reviewed regularly. These related to a variety of needs, including their nutrition, mobility, falls and specific health conditions.
- During the inspection we observed moving and handling equipment, including hoists, stand aids and walking frames being stored in communal bathrooms. It is a risk for moving and handling equipment to be stored in communal areas as they pose a risk to people's health and safety. However, we could not be sure how frequently these areas were used unsupervised.

We recommend the provider follows appropriate guidance in relation to these risks.

- Waterlow risk assessments were also completed and action plans were developed to support people with their pressure care needs. People's pressure care was managed, and no-one had developed a pressure ulcer whilst living in the home. However, we found risk assessments did not contain enough detail about the pressure relieving equipment used for each person and what pressure setting each air flow mattress should be set at. Staff told us the air flow mattresses were checked daily however, we found the home was not documenting the checks.
- The registered manager responded during the inspection. They updated each person's waterlow risk assessment and implemented daily checks on the air flow mattresses. They told us they would be reviewing all pressure relieving equipment in the home.

We recommend the provider reviews their documentation in relation to pressure care.

- A personal emergency evacuation plan (PEEP) had been completed for everyone to ensure there were arrangements in place to support people to evacuate the building safely in the event of an emergency and these were reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person said, "Being safe was the main reason I came here." Another person commented, "Yes I am safe, very well looked after by everyone." A relative told us, "Care by staff on the whole is very good. I have no concern of safety issues."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. There was a safeguarding and whistleblowing policy in place, which set out the types of abuse and how to raise concerns. One member of staff told us, "I would raise any concerns and report it to the manager

or nurse in charge. I could go above and report it to [Name of nominated individual] if needed."

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. The registered manager had a system in place for analysing accidents and incidents to inform future risk planning.
- Evidence was available to show when something had gone wrong the registered manager responded appropriately and learning was shared with the team. For example, the registered manager discussed any safeguarding incidents with staff to enable lessons to be learnt and to strengthen and improve good practices.

#### Using medicines safely

- Medicines were managed safely for individual people according to their needs. Some people managed their own medicines and others needed support. One person told us, "I get my medication morning and night." Another person commented, "The carers give me my medicine and they are given on time."
- The provider had a medicines policy in place which covered the recording and administration of medicines. Staff had to undertake training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely.

#### Preventing and controlling infection

- The home was clean throughout and was free of malodours. Throughout the inspection we observed housekeeping staff cleaning communal areas and people's rooms. Designated washing and laundry areas were available to ensure soiled clothing and bedding were washed separately and reduce the risk of the spread of infection.
- Records showed staff were provided with training relating to infection control. Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home.
- The home retained a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who are regulators for food safety and food hygiene.

#### Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff rotas confirmed staffing levels remained consistent. The provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. A staff member told us, "We have enough staff on. When we are short, we get agency staff in." A second staff member commented, "There is enough of us [staff] on."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were provided with an induction when they began working at the home and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member told us, "The induction included practical training, e-learning and shadowing, which was enough. I was able to do the job after that."
- Staff received appropriate training and regular spot checks were carried out to ensure staff were competent. People and their relatives told us staff had the right skills to meet people's needs. One relative said, "Staff have lots of knowledge and experience. Staff have been here for continued years, I feel they are trained, caring and committed. A good mix of skills right across the board."
- The management team conducted regular supervision with staff which included checking their competence and identifying any further learning and development needs.

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

- People's needs were assessed prior to moving into the home and care plans were developed according to people's needs. People were involved in their care planning, which was reviewed at regular intervals or when people's needs changed.
- People were given choices in their daily life. For example, we saw a person was asked whether they wanted to join others in the dining room for their meal or remain in their room.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and sleep routines. A person told us, "The carers know me well, they know what I like."

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

- The registered manager, nurses and senior staff worked with other agencies and professionals to ensure people received the appropriate care. We saw information was shared with other agencies where needed.
- Where people required support from other professionals, this was arranged, and staff followed any guidance provided.

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

- During the inspection we observed the lunchtime meal. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people who needed support.

- People told us meals were of a very good standard with many different choices offered every day. One person told us, "The food is like hotel meals, excellent, I get three meals a day and brews, with cakes in between". Another person said, "The food is good, the choices are written on the menu. If you don't want it, you can have something else."
- People's care plans held information to ensure they received consistent support with their nutrition. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- The home had snack rooms where people who were independently mobile could make hot drinks and access snacks independently. We observed jugs of water being replenished frequently and staff offering hot drinks to people.

#### 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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "MCA assesses if people are able to give consent regarding day to day choices and if they have the ability to make a decision."
- People's care records showed capacity assessments were undertaken and best interest meetings took place with people, their families and professionals.
- No DoLS authorisations were in place at the time of the inspection, however we saw the registered manager had applied for DoLS where needed.

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

- The premises were homely and there was sufficient space inside and outside for people to make use of. We observed a relaxed atmosphere throughout the home.
- The home was undergoing a complete refurbishment at the time of the inspection, which included the decoration of people's rooms. We saw a refurbishment strategy and correspondence which involved people and their relatives in the decisions about the decoration of the home.
- People chose the wallpaper and colour of their bedrooms. People also had choices in the flooring which also considered their needs. For example, one person who was incontinent opted for a specific flooring in their bedroom that could be easily cleaned and reduce the smell of malodour.
- There were some elements of the home that were 'dementia friendly'. For example, there was signage to identify communal rooms and display boards to identify the date and weather. The provider informed us there were plans to make the home more 'dementia friendly' to meet the needs of the people living there.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people. People told us staff were kind, courteous and sensitive. One person said, "The carers are extremely nice and caring. Another person said, "They [staff] are excellent, very kind and will do anything. Nothing is trouble, anything you want, if you ask and if possible, staff will get it."
- The home had a multi-faith room which was accessible for people and their relatives to practise their religion and faith.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. Equality and diversity was included in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality. One staff member told us, "I treat everybody the same and to their needs."

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

- People's views and decisions about care were incorporated during their initial assessments and in their care plans. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "People have choices of what time they want to sleep, what time they want to get up, etc. They [people] let us know."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "The carers always ask what I want and what I want to do. I have plenty of choices." A second person commented, "The staff have got patience and will ask me to choose either to have a bath or shower."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. We observed staff knocking on doors before entering people's bedrooms. One person told us, "They [staff] always respect me and treat me with kindness." A second person told us, "The staff have respect. I can't find fault with any one of them. They are all lovely, no one is bad, and they always call on me when passing by my bedroom."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We knock on bedroom doors, we keep doors shut and we use towels to cover people (when giving personal care)."
- The home promoted people to live as independently as possible. A staff member said, "We always encourage them [people] to do what they can for themselves. For example, during meal times, if you give [name of person] a spoon, they can use this and eat well. Encouragement is always offered."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Holistic assessments and care plans had been completed which reflected people's needs, wishes and preferences. Cultural and religious preferences had been recorded together with information about how people preferred to be supported in relation to these. Life histories were also used as a part of people's care planning. It was evident people had been involved in the development of their care plans and their reviews. One person said, "Care plan reviews take place with my input."
- People's relatives, where appropriate, were involved with people in making choices and were consulted around care planning and reviews. One person told us, "My family is involved in my care plan." A relative said, "I chat to staff regularly and concerns are responded to immediately. Staff contact me and keep me updated all the time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed two activity coordinators and their roles were to provide a range of activities for people to engage in. We found people had a say in the type of activities and trips planned, and observed people engaging and enjoying the activities they took part in.
- People participated in activities that met their individual choices and preferences. One person told us, "I like knitting and flower arrangements. Staff arranged for someone to come and I did some [flower] displays." Another person said, "I continue to pursue my hobby, went to a rugby match, and to [name of city] and I go out with my friends."
- The home had regular themed days where friends and families were invited to attend. A relative told us, "Staff always try and include [name of person] in all activities. I hear about a lot of activities. Every time I come in I can see there has been activities, singers, summer fairs etc. [Name of person] has a great time."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.

End of life care and support

- There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Staff had received end of life training and the service worked closely with healthcare professionals to deliver end of life care. We saw people's end of life wishes incorporated in their care planning and advanced care plans were used to support people on end of life care.
- The home had end of life champions. Champions have specific skills and knowledge in an area of practice and be able to support other members of staff.

#### Improving care quality in response to complaints or concerns

- People and relatives we spoke with were aware of how to make a complaint. One person said, "I don't have any complaints, but I would speak to the manager if needed." A relative added, "I have approached [name of registered manager] with a complaint and they responded to it appropriately."
- Processes, forms and policies were in place for recording and investigating complaints. There was a satisfactory complaints policy. We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We reviewed a range of records and found improvement was required with record keeping. Topical treatments, such as creams, were applied by the carers and recorded on a chart. We found gaps in the signing of these charts. The registered manager told us this was an ongoing issue and processes had been put in place to try and resolve this. However, during the inspection we noted sufficient action had not been taken as records remained incomplete for all 12 people's topical cream charts that were reviewed.
- We observed a 'huddle' meeting which took place daily and all staff attended to discuss people, their needs and to share information. The meeting has held in a communal dining room, so staff could still respond to people. However, we found the arrangements of these meetings to be ineffective as we observed a person asleep in a chair and a relative walk through the dining room whilst the meeting took place. This meant there could be a risk of people's confidential information being overheard.
- A couple of people told us they had to wait for support when they had pressed their call bell. We discussed this with the registered manager, however they were unable to provide us with the average response time when a call bell is pressed, as robust audit systems were not in place for this.

The provider had systems or processes in place that were operating ineffectively as they failed to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained securely in respect of each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we found care records stored in a cupboard in the communal dining room which was accessible to all people and visitors. The cupboard was unsecure which meant care records could be easily accessed by unauthorised people.

The registered manager responded during the inspection. They secured the cupboard with a lock. The provider took on board our findings and told us they would respond to the areas highlighted to improve .

- The registered manager had been managing the home for a short period and was committed to making positive changes to improve the standard of care. The registered manager had worked with staff to build a positive atmosphere and increase staff morale. A staff member told us, "The team spirit is good at the moment, the morale is high. We work well together."

- Audit systems were in place to monitor and maintain a standard of care for people. Regular audits of people's care plans, medicine records and staff files took place.
- Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. Staff told us "[Name of registered manager] is easy to talk to and approachable." and "[Name of registered manager] is very helpful. They are on the floor a lot. They are very friendly with residents, they [people] love them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team and staff demonstrated a genuine passion and commitment to people and they displayed person-centred values. Culture workshops had been developed for the staff, which promoted person-centred care. They all strived to provide high-quality care to meet the needs of people.
- There was an openness about the way the home was run to enhance the care and support that was provided. Staff members said they could approach the registered manager with any issue.
- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a positive culture of engaging staff, people using the service and their relatives to provide care which promoted positive outcomes and support. Staff were involved in developing the home's visions and values.
- Staff, people and their relative's views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were pleased with the services in the home and staff were happy in their role.
- Regular management and staff meetings were held. Regular meetings with people also took place where people had the opportunity to express what they thought about the service and whether anything could be improved.
- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals. This helped to ensure positive outcomes for people. A relative told us, "They [the registered manager] also had someone come from 'dementia friendly' to give a talk. They [staff] have also involved other professionals [in person's care], physiotherapist, the doctor comes, and they have referred [name of person] to the dietitian."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively as they failed to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained securely in respect of each person. In particular, concerns in relation to record keeping, such as gaps in the signing for topical cream.</p>