

Croftwood Care UK Limited

# Lakelands Residential Care Home

## Inspection report

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25 June 2018

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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

We carried out an unannounced inspection of Lakelands Residential Care Home on 22 and 25 June 2018. This was the first inspection of Lakelands Care Home since it had been re-registered with the Care Quality Commission in November 2017. The re-registration had taken place as part of a restructure within the company.

The first day of the inspection was unannounced. This meant the provider did not know we would be visiting the home on this day. The second day was announced.

Lakelands is a 'care home'. People in care homes receive accommodation and or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided; both were looked at during this inspection.

Lakelands is a purpose built, two-storey building in its own grounds. It offers accommodation for up to 40 older people. Communal rooms and dining areas are situated on both floors offering people a choice of areas to relax. There is a passenger lift between the floors.

There was a registered manager in post. 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.

People told us they felt safe and were cared for in a safe way. Safeguarding policies and procedures were in place to ensure people, staff and visitors were aware how to raise concerns and what abusive practice looked like. All staff had received training in this area.

Safe recruitment procedures were followed and new staff received a period of induction before being assessed as competent in their new role. Character checks were completed and each staff member had been referred to the disclosure and barring (DBS) service to ensure any previous criminal convictions were identified prior to being successful at interview.

Risk assessments were evident in people's care files. These helped identify and manage risks associated with daily living activities, such as, accessing the community alone, medicines and mobility. These assessments recognised and promoted individual risk taking.

Environmental risk assessments were also completed for both internal and external areas. Appropriate checks were done by registered external tradespersons on areas such as gas appliances, fire equipment, electrical appliances, hoists and lifts. The service also employed a maintenance team who monitored the service daily. The registered manager also audited service provision in these areas.

Business continuity plans were in place to offer information and guidance in the case of adverse weather or any other unforeseen circumstances which could affect the day to day running of the service. People had personal evacuation plans and fire audits were completed by both external agencies and internally by the maintenance person.

Medicines practice was carried out in line with current guidance from the National Institute for Health and Care Excellence (NICE) and policies were in place to manage as required medicines. Medicines were stored securely and appropriate oversight given to controlled medicines.

People's care files were person centred and written in a way which reflected the individual and their personal life experiences. People's human rights and diverse needs were reflected within each plan and we received positive feedback during the inspection which evidenced people were being treated fairly and in line with their personal preferences.

People were supported in line with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. DoLS applications had been submitted and oversight was maintained by the registered manager once they had been submitted and approved.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People's opinions were routinely sought and acted upon by means of questionnaires, residents meetings and resident committee meetings. This enabled people to influence the service they received.

Positive feedback was received from people who used the service and staff about the management structure. People told us they were able to ask for assistance from the management team when required. People felt able to raise complaints when required.

Further information is in the detailed findings below.

## 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.

People told us they felt safe and were cared for by staff that would listen to any worries they may have and act upon them appropriately.

Medicines were administered in a safe way by staff who had received training appropriate to the role.

Appropriate maintenance and environmental checks were carried out to ensure the environment was fit for purpose and free from hazards.

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### Is the service effective?

Good ●

The service was effective.

People's nutritional records were completed with relevant detail and health referrals were present in people's care files.

Staff were appropriately trained to ensure they had the correct skills to support people using the service effectively and in line with their preferences.

### Is the service caring?

Good ●

The service was caring.

People told us they were cared for well and involved in their care choices.

Interactions between staff and people living at the home were kind and caring.

We observed people being treated with dignity and respect and offered choice throughout the day.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which captured their personal preferences and people received care and support which was responsive to their needs.

Procedures were in place to deal with people's complaints. People told us they were confident that any complaint would be dealt with appropriately.

People's human rights were being respected. People's care files considered their diverse needs and requirements.

### Is the service well-led?

Good ●

The service was well led.

At time of inspection visit the service had a manager employed who was registered with CQC.

Good use of audits were seen and oversight was evident. Action plans were created when needed.

Each person we spoke with told us there was a good presence of management who they could approach whenever required.

# Lakelands Residential 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.

This inspection took place on the 22 and 25 June 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day. The second day was announced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents. This helped us determine if there were any particular areas to pursue during the inspection.

Prior to the inspection the provider had completed a Provider Information Return (PIR). This 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.

At the time of the inspection there were 37 people living at the home. Over the two days we spoke with the registered manager, compliance manager, eight people who lived at the home, three visitors, four staff members and one visiting professional. We also looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included four care plans and four staff personnel files.

Throughout the day we observed how staff cared for and supported people living at the home and observed lunch being served to see if people's nutritional needs were being met.

## Is the service safe?

### Our findings

People told us the service was a safe place to live. Comments included, "It is lovely here, I have no worries or troubles at all, I feel very safe" and "They are very nice girls and men who keep us safe. I wouldn't want to go home now." Similarly comments from people's visitors also confirmed that their loved ones were living in a safe environment.

Safe recruitment practices were followed. Each of the staff files we looked at contained documents to ensure staff were of good character these included, a full application form with full employment history, right to work documentation and Disclosure and Barring (DBS) verification had been done. These checks are essential to help employers make safer recruitment decisions.

A staff dependency tool was in place and reviewed on a regular basis by the registered manager. This ensured there were enough staff on each day to manage the diverse needs of the people living at the service. People spoken with and staff members all commented they felt staffing levels were adequate. People told us they did not need to wait a long period of time if assistance was needed and staff answered their call bells during the night in a timely way. We observed adequate staff present over the two days. Staff rotas were also reviewed and a consistent staffing team had been maintained over the four week period including the week of inspection.

Clear safeguarding policies and procedures were in place for staff to follow if they were concerned about people's safety. Safeguarding concerns were referred to the local authority and CQC where appropriate and the provider monitored incidents for any trends and themes. Staff we spoke with gave appropriate examples regarding safeguarding matters. We saw documentation was available around the service for people to access should they have any concerns.

People's care files contained a series of risk assessments personal to their own circumstances. Risks such as accessing the community alone, mobilising, skin integrity and managing health conditions were some of the areas covered. Where people were at risk of malnutrition we saw appropriate food and fluid charts were place and completed adequately. Further risk assessments were seen covering areas such as, communication, hearing and vision, pressure areas, mental health, social isolation and diet.

People were supported to make informed decisions around risk taking. Policies were in place to support this and highlighted the importance of supporting people's independence to take reasonable risks wherever possible by providing each person with information and choices to inform their decision making.

Fire audits were in date and fire safety checks were completed. Appropriate fire signage and extinguishers were seen around the home. We noted training had been given to staff to deal with emergencies such as fire evacuation. Fire drills were carried out weekly and simulation and evacuation drills were carried out every three months. Personal emergency evacuation plans (PEEPs) were in place in people's care files and contained a picture of the person for identification purposes.

Business continuity plans were in place detailing steps to follow in the event of any unforeseen or anticipated significant disruption to the operational practice and management of the business. These plans ensured minimal disruption was caused to people using the service.

Processes were in place to identify any hazards which could compromise the safety of people using the service, visitors and staff. Assessments were evident to remove or reduce the risk and these were reviewed on a regular basis.

Health, safety and building maintenance records were in place. We reviewed certificates and audits relating to the maintenance of lifting aids, legionella, water temperatures, gas and electrical safety and substances hazardous to health (COSHH). The service was compliant in these areas.

Prescribed medicines were kept in a locked cupboard secured to the wall in each person's bedroom. Any medicine which was a controlled drug or was required to be kept in a fridge was stored securely in a separate room in the building this was in line with National Institute for Health and Care Excellence (NICE) guidelines and all stock was accounted for.

We reviewed a sample people's medicine administration records (MAR) which were adequately completed with no missing signatures found.

'As required' medicines (PRN) protocols were in place, these explained what the medicine was, the required dose and how often this could be administered, the time needed between doses, when the medicine was needed, what it was needed for and if the person was able to tell staff they needed the medicine.

Information to guide staff when and where to apply creams was in place. A body map was completed to identify where creams were to be administered and a separate record was maintained by the care staff to demonstrate they had been administered. Creams were stored out of view in people's bedrooms.

The environment was light, clean and nicely presented. Corridors were clear of debris and items of equipment put away. Daily and weekly cleaning duties were highlighted and the service employed a full time domestic person. The laundry and kitchen areas were clean and tidy with appropriate equipment being used.



## Is the service effective?

### Our findings

People told us staff were approachable and they considered them to be, "Good at what they do." One person told us, "They are very knowledgeable, they are little diamonds really. Nothing is ever too much trouble and they are always very professional." A visiting relative added, "[My relative] has lots of health conditions and can be very challenging at times, but this is managed extremely well. They refer to professionals when needed and they are very skilled in what they do."

Each new staff member received a period of induction training. This allowed each new member of staff to work in addition to the normal care team, this ensured basic learning and training had been completed and they were familiar with people using the service and their individual needs prior to supporting them. Staff said they had been subject to this process and felt it useful and equipped them with the correct skills to work as part of the team in a confident and knowledgeable way.

Staff received an appropriate level of training to support them in their role. Staff felt the training received was centred on the people they supported and gave them the skills and knowledge to support people in a safe and well informed way. Training topics included food hygiene, medicines, health and safety, mental capacity and safeguarding. All staff at time of inspection had completed mandatory training.

We saw evidence of staff 1-1 supervision meetings and appraisals. These sessions provide the opportunity for the staff to speak with their line manager about further training, development and issues they face. These meetings are a two way conversation and are also used to feed back any good/ bad practice examples. Staff told us these meetings were useful and provided time alone with their line manager to discuss any issues they had.

People we spoke with told us they were able to freely move around the building and access the community without restriction. People added they could go to bed and get up in the morning when they wished we observed people returning to their rooms and accessing the community alone without restriction over the two days of inspection. People who were unable to do this were supported by staff and family members when needed.

Staff received training in equality, diversity and human rights. The Registered manager told us a private room was made available should a person wish to meet the clergy of their chosen denomination. The registered manager added a person from the local church would attend for people who wished to participate in a service.

People's care files contained evidence of decision making. People told us they had been involved in the development of their care files and felt they had no restrictions placed on them. Consent documents were seen in each of the care files we viewed. Consent forms covered the person's agreement to care and treatment, having their picture taken and their consent to staff administering prescribed medicines.

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 the mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The management team and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority.

Equipment such as bath aids, hoists and lifts were in place to ensure people were able to have a bath and access the upper floors should they wish.

People's specialist dietary needs were managed effectively and were documented in the person's care file. Staff told us they were offered guidance around special diet types.

Nutritional care plans in place where required, with Malnutrition Universal Screening Tool (MUST) assessments completed and updated each month. This enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice. We saw people were weighed either weekly or monthly so that staff could determine if any further action was required. Where people had suffered weight loss, we saw they were referred in a timely way to dieticians.

We observed meals and drinks being provided to all people either in the lounges or in their bedrooms. People confirmed that food was plentiful, warm and enjoyable and felt portion size was good. People added jugs of juice were left in their bedrooms and they were able to access the kitchens to make a drink if they wished.

We observed a lunch time meal experience in both dining areas and noted it was relaxed and people were not rushed. Tables were equipped with table cloths and condiments and people who chose to eat their meals in the communal areas and bedrooms were able to do so without restriction.

We saw health referrals had been appropriately made and we spoke with a visiting health professional who told us they enjoyed visiting the service and had no concerns in relation to people's health care needs.

# Is the service caring?

## Our findings

People told us staff were caring, kind and friendly. We saw staff conversing and encouraging people throughout the two days of inspection. Similarly, we observed staff conduct which was respectful and centred around each person they were supporting.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person-centred care planning. Care files/ notes implemented by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

We saw staff interaction with people was warm and friendly and it was apparent staff knew people well and had formed positive relationships. We saw people were encouraged and supported to form or maintain relationships, if this was something they wished to pursue.

People told us they were asked about their daily living choices. We saw staff offering choice and respecting people wishes throughout the inspection. For example, one person decided they would like to spend the day eating in their room. This request was honoured and the person remained in their bedroom for most of the day, occasionally coming out to sit in the sun.

Staff we spoke with gave relevant examples around people being encouraged to make their own choices. One staff member stated, "It is only right to give choice and explain what we are doing and why we are doing it. Just because a person has dementia doesn't make them unable to still know what they want and how they prefer things to be done."

People's bedrooms were personalised. Each bedroom was individual to the person and contained personal possessions such as furniture and pictures. People confirmed this was promoted.

People told us their privacy and dignity was respected times and that staff would treat them with dignity and never made them feel embarrassed or compromised when being supported with personal care routines. Staff gave relevant examples pertaining to this.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Advocates were used where appropriate; the registered manager told us they used advocates to support people with best interest decisions. We saw evidence of recent advocate involvement for a person who required support with decision making around returning home.

## Is the service responsive?

### Our findings

People told us they felt listened to. During the inspection we saw people conversing freely with staff. People told us there was always a person around to speak too when required and each person knew where the managers offices were and would comfortably walk in and out throughout the day to converse with them.

Pre-assessments were evident in people's care files. Pre- assessments are done before a new admission is accepted. These assessments looked at specific areas of the person's life and current need to ensure the service can meet their requirements. In addition to this the local authority (LA) supplied the service with a support plan which detailed their assessment of the person. The LA support plan would be used to influence the services care plans along with the input from the person and their relatives where required.

Care files captured a true reflection of the person's individual daily and long term care/health requirements and were centred on each person. Reviews of these documents were also completed and information was updated when needed. This enabled care staff to understand the person's need in each particular area which ensured the support offered was in line with their preferences. Care plans covered a varied number of areas such as, communication, mobility, mental health, cognition, behaviour, diet, and daily routine.

Care files were person centred and contained information that was personal to each person's circumstances and history. Life plans were evident which helped staff to know who the person is, their previous life experience, and how to support them to live a satisfying fulfilled life. Each person's file highlighted the importance of knowing the person and how their past, present and future link together.

We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights and needs and people told us they felt these were being respected. Staff gave examples of ensuring people were treated fairly and their lifestyle choices honoured at all times. In addition to this staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences in a person centred way.

People's equality, diversity and human rights requirements were captured, these included people's religious or cultural beliefs and if there were specific dietary requirements staff needed to be aware of. Staff were responsive towards people of different cultures, faiths or nationalities and respected their choices and decisions. Picture cards were used with people who experienced communication difficulties and numerous white boards and pictures were displayed around the service offering information such as staff on duty, meal preferences, date and weather. Documents were printed in easy read format to ensure people's varying abilities to understand and retain information was recognised and enhanced.

Daily reports were in place to evidence people were receiving care and support in line with their care files. Daily reports were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being. Handover to each team leader was also carried out before each shift started.

We looked at how the home managed complaints and saw the home had a complaints file and procedural guidance was evident. Information was offered to people around how to make a complaint and people confirmed they knew who to go to should they have any concerns, however each person spoken with commented they had never been given reason to raise a complaint. The registered manager told us no formal complaints had been received in the last 12 months.

We saw a detailed activity schedule displayed in the communal areas. This highlighted the following month's activities. We saw activities being carried out over the two days and received positive comments from people in relation to the activities schedule. People were clapping and laughing whilst competing against each other playing skittles in the communal area on the first day of inspection. People also told us they regularly enjoyed visits from entertainers and had recently been on a boat trip.

At the time of inspection nobody was receiving end of life care. Lakelands is not a nursing home and therefore does not have qualified nurses employed; however they are able to offer care and support to a person nearing the end of their life with the support of the district nurse team and the hospice staff. We did however verify that end of life care plans were in people's files and detailed necessary information about the person's wishes and requests when they were nearing the end of their life. We also verified that people had appropriate authorisations from medical professionals regarding resuscitation.

We saw written compliments from people in regards to the care of their loved ones when in the last days of their lives. The registered manager told us a priest had attended a person's bedside quite recently to give the person their last rites before they peacefully passed away, it had been recognised in the person's assessment that this was very important to the person.

## Is the service well-led?

### Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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 service had a clear management structure in place. The registered manager was assisted by the deputy manager and an additional team leader who was assigned to each shift. The team leaders oversaw each shift by administering medicines, supporting staff, facilitating meetings and completing care plan audits.

The registered manager had a structure of auditing they were required to follow on a weekly and monthly basis. Medicines, health and safety, night visits, care files and staffing were some of the areas covered. It was then the role of the area manager to audit the work of the registered manager.

Internal audit systems had been successful in identifying gaps in service delivery, which enabled the provider to use additional resources to remedy some of the short falls. The registered manager added, "If I see any gaps, an action plan is put together and dates for completion are agreed and adhered to. These are overseen by my line manager."

People we spoke with felt the management team was approachable, fair and kind and felt there was a good presence of management in the building. The management office was located at the main entrance of the building which made it easy to locate and accessible for people should they wish to speak with them. Staff told us they felt listened to and commented that the management team were very supportive. One staff member stated, "I absolutely love my job and the atmosphere. I love being involved and helping people. I feel we get lots of recognition from management for the work we do."

The service had a number of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. Policies included, manual handling, meal planning, medicines, mental capacity, person centred care, safeguarding, health and safety, whistleblowing and human rights. These were kept under regular review and updated to ensure they reflected any necessary changes.

Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them and failure to follow this would result in disciplinary action. The registered manager told us there had been no staff disciplinary in the past 12 months.

Staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full and staff confirmed these meeting took place and felt they were useful to enable them to input ideas into the service delivery.

Staff surveys were distributed on a yearly basis. The most recent survey had been sent out and at time of inspection the registered manager was awaiting them to be returned. Residents and relatives meetings were also held and further systems such as day to day discussions and resident questionnaires had also been implemented. People confirmed these methods were in place and because of this felt they were also able to make a contribution to the delivery of the service.

Providers of health and social care services are required by law to inform CQC of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.

The registered manager had a clear knowledge of their role and responsibilities with regards to their registration. In addition to this had a clear vision of where they wanted the service to be in the future.