

Blackcliffe Limited

The Lakes Care Centre

Inspection report

Off Boyds Walk
Dukinfield
Cheshire
SK16 4TX

Tel: 01613302444
Website: www.lakescare.co.uk

Date of inspection visit:
07 July 2021
08 July 2021
14 July 2021

Date of publication:
19 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lakes Care Centre is a care home. It is registered to provide personal and nursing care for up to 77 people aged 65 and over across three units. The Derwent unit provides nursing care whilst the other two units, known as the Coniston unit and Kendal unit provide residential care. All units have single bedrooms, and there are a range of communal spaces. At the time of the inspection 67 people were receiving support at The Lakes Care Centre.

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

The provider had not implemented an action plan in response to the last inspection and limited progress had been made to drive improvements. There were inconsistencies in how checks and audits of the quality of service were completed. Staff meetings had recently been reintroduced following the Covid-19 pandemic. The new management team were committed to ensuring improvements and developing new processes to ensure the good quality of the service.

People were not always supported with their medicines in line with best practice. We found inconsistencies in how risk was recorded, and within the programme of checks made regarding the safety of the premises. There was not always enough staff to support people. The home was clean, although many areas required redecoration. A new management team were in place and in the process of identifying and implementing improvements within the home. They ensured concerns were investigated when raised and were implementing measures to ensure lessons learnt were shared across the service.

Care records did not always consistently and accurately reflect people's needs and preferences, and people told us that choice was not always promoted. We have made a recommendation about improvements to how people are supported at mealtimes. We have made a recommendation about ensuring staff have the training and support they need to be competent to undertake their role. The home needed redecoration and we have made a recommendation about ensuring best practice guidance is considered when making improvements across the home.

People were not consistently supported to have maximum choice and control of their lives and the systems in the service did not consistently support people in the least restrictive way possible and in their best interests. The policies and systems in the service did not consistently support good practice and records required improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 31 December 2020).

At this inspection enough improvement had not been made and the provider was still in breach of

regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of people's health conditions. This inspection examined those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to the management of people's medicine and risk; how people's care needs and preferences were assessed and care planned for, staffing levels within the service and the oversight and governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement



The Lakes Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector; a medicines specialist advisor; a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lakes Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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, but they left this post and were no longer responsible for the management and oversight of the service but had not yet deregistered with CQC. A new manager was in post and told us they intended to begin the registration process with CQC. At the time of this inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the Head of Quality was managing the service.

Notice of inspection

This inspection was unannounced on the first day.

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 sought information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the service and spoke with nine people who used the service and five family members about their experience of the care provided. We spoke with 21 members of staff including the Head of Quality, the new manager, unit managers, nurse, care workers and auxiliary staff and two visiting professionals. 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 staffing levels and walked around the building to ensure it was clean and a safe place for people to live.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data policies and additional information the new management team provided to us.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were being safely managed and that records were accurate and detailed enough to ensure that people were supported with their medicines in line with best practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines records were not always being maintained in line with best practice. We found recording of creams and thickeners were not consistently being completed and best practice regarding the opening of liquids and creams was not consistently implemented.
- There was not a consistent approach to the management of high-risk medicines being used by the provider. We found inconsistencies in records for people who were prescribed high risk medicines, some had suitable records, but for some this was not in place.
- Guidance for people who required 'as and when' medicine was generally in place. However, these were not always sufficiently detailed and reviewed to ensure medicines were used effectively for their prescribed purpose. People told us they were not always sure what medicines they were being given.
- Staff supporting people to take their medicines did not always have their time protected to complete this task. At times staff were completing multiple tasks whilst supporting people to take their medicines. This also led to short falls in good practice regarding storage of medicines during this time.

We noted some improvement in the management of people's medicines and found no evidence that people had been harmed. However, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new management team was working closely with the local medicines optimisation team and were making progress on the action plan which had already identified many of the shortfalls we found during this inspection.

Assessing risk, safety monitoring and management

- We noted some shortfalls in checks completed to ensure the service was a safe environment. For example,

we found some cases where fire door retainers were not working properly, where furniture was not secured and where window restrictors were not being used appropriately.

- The management team were aware that the environment needed attention. We found evidence of water leaks in some areas of the building. The new home manager had introduced regular walk rounds of the service to identify where improvements could be made and was working with the maintenance department to drive these improvements. This had not yet been embedded but a programme of redecoration had begun.
- People had individual risk assessments in place and where additional advice and guidance was required there was evidence that this had generally taken place. However, advice given was not always accurately incorporated into care plans, or of sufficient detail to ensure needs and risk, as well as measures to reduce risk were understood by staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Arrangements were in place for external services to complete checks and maintenance of equipment, such as lifts and hoists.

Staffing and recruitment

- There were not always enough staff to meet the needs of the people living at The Lakes. Feedback we received from people, families and staff was that there were not enough staff on duty. One person told us, "It's 50/50 about staff patience and rushing us. You don't see much of staff." and another person said, "They are very short-staffed at the moment. I have to shout for someone to come and [assist me with personal care]. I have to wait sometimes. It varies from between 10 minutes to sometimes up to an hour."
- People told us they did not always receive the care they wanted such as not able to have baths as often as they wanted. We also noted that there was a lack of meaningful activity and that the activity coordinators were often needed to cover shortfalls in care staffing levels. We observed people had limited opportunities for stimulation or meaningful interactions throughout the day.
- We observed staff to be task focused throughout the day and there were often times when staff were not available or visible in busy communal areas. People did not often get the support and encouragement to eat a healthy and balanced diet during mealtimes. However, this did vary across the units.
- The new management team had begun the process of reviewing the dependency tool used within the service to assess whether there were enough staff to meet people's needs. Recruitment was also underway to full posts which were vacant.
- We noted some shortfalls in the training staff had completed. The training records indicated that some staff had not completed all the relevant training to their role or that this training had expired, and staff needed to complete updates.

We found no evidence that people had been harmed. However, the systems for ensuring there were enough staff deployed across the service throughout the day to meet people's needs was not being used effectively. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had followed Safe recruitment processes. New staff were interviewed, and checks were made of their character and with the disclosure and barring service prior to the staff member beginning to work at the service.

Systems and processes to safeguard people from the risk of abuse

- The new management team was implementing systems to ensure that people, families and staff felt able to raise concerns. Families and staff we spoke with told us they felt able to raise concerns about the care people were receiving and felt confident that the management team would investigate any concerns. One person told us, "It's quite good here. I feel safe and they are taking care of me."
- Recent safeguarding concerns had been investigated by the new management team. We saw that any lessons learnt from safeguarding concerns were shared across the service.
- Staff had completed training in safeguarding, although this needed updating for some staff. Policies were in place and had been reviewed by the new management team during the course of the inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The new management team were keen to drive improvement within the service. The local authority was supporting the service in a variety of areas, including medicine management and infection prevention and control.
- The new management team were developing new systems to ensure oversight of accidents, incidents and safeguarding's which included work on analysis for themes and trends. This had not yet been embedded.
- The new management team investigated where concerns had been raised. We saw that lessons were learnt and steps taken to prevent reoccurrence. Following concerns regarding the management of urinary tract infection additional training had been arranged for staff and information regarding hydration was displayed throughout the service.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments and care plans were in place for people living at The Lakes. These were not always accurate and did not always contain the detail staff needed to support people appropriately, although this varied across the units.
- Care plans were task focused and it was not evident how people's preferences had been considered when these care plans were developed. People and families told us they had not been involved in care plan development, although this had improved under the new management team. One family member told us, "[management team] has got me involved in [family members] care and I have been able to give ideas about what they need." A person living at The Lakes told us, "I've never been involved with my care plans or any reviews. I was never even aware that there was one." This is discussed further under the heading 'Ensuring consent to care and treatment in line with law and guidance'.
- People did not always feel able to make choices and express preferences. One person told us, "They don't ask, and I don't know whether I could ask for anything different if I don't like the food." Another person said "I only complain about things I don't like them doing. They tell me not to interfere."

We found no evidence that people had been harmed during this inspection. However, the systems for ensuring people's care and treatment was appropriate, met their needs, and reflected their preferences was not being used effectively. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not consistently receive support and encouragement to eat a healthy and balanced diet. Staff were not available to provide assistance and encouragement to people, and alternatives were not consistently offered. This varied across the units.
- Kitchen staff were aware of people's dietary needs and understood how to meet varied needs including; those who require meals of a softer consistency, who needed meals to have extra calories or had diabetes. Information about peoples' food preferences was collected but it was not clear how this had been used to develop menu's.
- Staff did not consistently use mealtimes as an opportunity to promote social interaction and stimulation, pressure relief and opportunity to encourage a good balanced diet with people. Many people were given their meals in the lounge or bedroom and sometimes both courses were served at the same time and consequently people did not eat a balanced diet. This varied across the units.

We recommend the provider review the mealtime experience and consider how choice and good practice guidance can drive improvements in ensuring people have a balanced and healthy diet.

Staff support: induction, training, skills and experience

- Staff had completed a variety of training relevant to their role. We noted the new management had arranged for specific training following a recent concern. We noted that some training had not been completed by all members of staff or was out of date and staff needed to complete refresher training.
- Staff told us they felt supported in their role and spoke positively about the management team. One staff member said, "My initial impressions are good. So far they have been very supportive, and I feel like I can go to them if I have a problem."
- Structured staff meetings and support were being reintroduced across the service as these had stopped during the Covid-19 pandemic. The new management team were reviewing processes for staff supervision as staff had not consistently received supervision from their line manager.
- Recent checks of competency with staff had not been completed. The new management team had identified this shortfall and were in the process of addressing this at the time of the inspection.

We recommend the provider continue to review processes for induction, training, checks of competency and support with staff to ensure they are effective in provide staff with the skills and knowledge they need to compete their roles.

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

- Staff understood how to refer people to health care services when needed. We spoke to one healthcare professional who told us, "Things seem okay. The staff have been very good at keeping on top of people's needs."
- Referrals to services such as tissue viability services and speech and language therapy were completed as needed. However, we found some examples where specialist assessment and guidance had not been accurately or consistently incorporated into people's care records.
- People told us they received medical input when needed. One person told us, "The doctor usually comes on Wednesday, or sooner if its urgent." People's medical observations were taken when needed, but this had not always been clearly documented and baseline information was not consistently recorded in the care records. This made it difficult for the provider to be assured that appropriate action had been taken.

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

- The décor of the service required updating. The management team had identified these shortfalls and were planning a programme of redecoration across the service. One family member told us, "I'd like to see them tidy up the home. It's a bit grubby and worn."
- There were designated areas for the storage of some equipment in the service. This was not always sufficient or used effectively. We saw that moving and handling equipment, such as slings were not always stored separately or where they would be readily available when needed.
- The service was clean and tidy. Domestic staff worked throughout the day to keep the service clean and generally communal areas were kept uncluttered to reduce the risk of falls.

We recommend the provider ensure that the views of the people living at The Lakes, as well as good practice guidance for those with specific needs, such as dementia, are considered when developing the action plan for improvements to the premises.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had made applications under the DoLS process for people who were subject to restrictions. The oversight of DoLS application and renewals varied across the service. The new manager was in the process of ensuring the oversight was maintained at management level.
- Care records did not always clearly document where people were subject to restrictions and, where there were conditions to DoLS, records did not always demonstrate how these conditions were being met. Best interest decisions were not recorded consistently, and families told us they had not been involved in discussions about their family members care.
- Consent to care information had been completed in people's care records. However, staff did not consistently request people's consent when supporting people with daily living activities, although this varied across the units.

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 requires improvement. At this inspection this key question has now remained the same. 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.

At our last inspection the provider had failed to ensure systems for governance were sufficiently robust to identify the issues we found during that inspection regarding medicines. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Continuous learning and improving care

- Warning notices had been issued regarding the breaches of regulation 12 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 at the last inspection. However limited progress had been made to improve the service in response and the new management team were unable to establish what action plan had been developed in response to the last inspection report and enforcement action.
- The provider was unable to produce any evidence of lessons learnt prior to the new management team commencing their role. Since the new management team were in place there was evidence that shortfalls including accidents, incidents and complaints were investigated and responded to and lessons learnt were shared across the units.
- Audits were not being completed on a regular basis. Some medicine audits had been completed but these were not consistent across the service, or sufficiently frequent and robust to ensure that any shortfalls were identified quickly. Checks of the cleanliness of the service, use and availability of PPE and secure storage of prescribed items such as creams and thickening powders were being completed. This was dependent on the staff member's availability.

We found no evidence that people had been harmed during this inspection. However, systems were either not in place or robust and embedded enough to demonstrate safety checks and governance were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new management team understood their responsibilities in relation to the duty of candour. The

provider worked with other services including the local authority safeguarding team as needed and submitted statutory notifications regarding accidents, incidents, falls and safeguarding concerns to CQC.

- Staff spoke positively about their experiences of working in the service. They told us they generally felt well supported in their roles and felt the new management team would be positive for achieving good outcomes for people.

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

- The new management team had clear ideas about improving the service and driving quality. During the inspection they were continually assessing shortfalls and planning action to improve the service. For example, dependency assessments were being reviewed so that staffing levels could be reviewed, and shortfalls addressed.

- The new management team were aware of many of the shortfalls we identified during this inspection. They were committed to driving improvement within the service and keen to work closely with the local authority and clinical commissioning group to implement improvements.

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

- Processes for involving people and families in the service had been stopped during the Covid-19 pandemic. The new management team were in the process of building relationships with families and had plans to reintroduce meetings and surveys to obtain feedback.

- People generally knew the new management team and spoke positively about them. One person told us, "The management team are really approachable, and I have met the new home manager who seems really nice." Another person said, "The new management team seem to know what they are talking about."

- Families told us that communication had been poor during the Covid-19 pandemic. The new management team advised they were in the process of building relationships and improving communication across the service. Families spoke positively about the new management team. One relative told us, "The management team seem to have a lot of positives going for them. They have arranged things so I could see [family members] bedroom." Another relative told us, "The new management team are very approachable and proactive. Any concerns I have had have been addressed. I feel confident in the management here."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People's care records were not always accurate, sufficiently details or reflective of people's choice and preference to ensure people were supported in a person-centred way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's medicines were not consistently being managed in line with good practice guidance. Individual and environmental risks were not being consistently monitored and reviewed to ensure people's safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There was not consistently enough staff with the appropriate up to date training, support and competency assessments to ensure people's care needs could be safely met.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems for governance were not sufficiently robust to have identified and remedied the issues we found on inspection in a timely manner. Limited progress had been made to drive improvement and respond to the concern found at the last inspection.

The enforcement action we took:

Warning notice issued