

Minster Care Management Limited

The Lakes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lakes provides residential care for up to 47 older people living with dementia. There were 33 people receiving care at the time of the inspection.

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

The management team monitored the quality of the service, identifying issues and making changes to improve the care. We found that new systems and processes were in place to ensure people received safe and person centred care. However, these required time to be embedded into the service to ensure they were sustained.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were supported to have 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 were involved in the planning of their care which was person centred. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

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

Rating at last inspection and update – The last rating for this service was Inadequate (published 22 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At the last inspection the provider had failed to notify CQC without delay of people's deaths. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lakes on our website at www.cqc.org.uk.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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

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

This inspection was completed by one inspector, an assistant inspector and two experts 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 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the 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 asked Healthwatch if they had any information to share with us. 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.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We also spoke with six people's relatives. We spoke with six members of care staff, the manager, the operations manager and the provider. We observed the care people received and reviewed a range of records. This included six people's care plan records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and viewed the information the service held about the recruitment and training of agency staff. A variety of records relating to the management of the service, including policies and procedures, were reviewed and improvement plans.

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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety or inconsistent. The rating for Safe is Requires Improvement because a rating of Good requires consistent good practice over time. We will check this during our next planned comprehensive inspection.'

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have suitable systems in place to protect people from potential abuse or improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The manager had implemented a new system to ensure any incidents of neglect or abuse were recorded and made known to the manager on a daily basis. The manager and staff told us this had been effective. This needed to be sustained to fully assess the effectiveness.
- Information for the staff on how to raise safeguarding adults alerts and where to report them was on display in the service. Staff we spoke with were aware of this and felt confident to raise any concerns. One member of staff said, "I know how to report concerns and I wouldn't hesitate to do so."
- We reviewed records relating to accidents and incidents and saw that these had been reported appropriately to the relevant authorities and investigations had taken place.
- Staff confirmed and records showed that all staff had completed training in safeguarding.
- People told us they felt safe. One person said, "I never thought of this place as anything else then safe. I love my room, very nice view, quiet, no noise it's important for me, I am a light sleeper but I sleep well here because I am safe."

Using medicines safely

At our last inspection the provider had failed to ensure there were suitable systems in place for the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- New systems had been put in place to improve medicines management. However, these systems needed

to be embedded and sustained.

- People received their medicines safely. Staff followed the providers policy on administering medicines.
- People requiring time critical medicines received these on time, and the provider had put new systems in place to prompt staff administer these medicines at the correct time.
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- Staff were given clear instructions or protocols for when it was appropriate to administer 'as required' medicines. People's care records evidenced why they required the medication.
- Staff had undertaken training so that they could give people their prescribed medicines safely. All staff had received a recent competency check to ensure that the training they had received was applied in day to day practice.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Staffing and recruitment

At our last inspection the provider had failed to ensure all staff had undergone the relevant recruitment checks and had the skills and competencies to provide safe care. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had recently recruited staff and was continuing with an on-going recruitment drive. The provider used regular agency staff to fill the recruitment gaps. The provider had full details of each agency staff including recruitment information and training completed. All agency staff we spoke with had a good knowledge of the people they supported.
- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks.
- Employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their individual care. Relatives told us that the staffing situation had improved.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure all people's risks were assessed and staff had information on how to mitigate these risks. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks were assessed at regular intervals or as their needs changed. We saw risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks. Staff we spoke with were knowledgeable about the risks to people and told us care plans and risk plans had been recently updated and were reflective of people's needs.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain

independence as far as possible.

- The provider had systems in place to regularly carry out environmental and health and safety checks, including water and fire safety checks.

Learning lessons when things go wrong

- The provider had a detailed and up to date action plan in place following the previous inspection. It was clear that lessons had been learnt and new systems and processes were in place which required embedding to ensuring consistency.

Preventing and controlling infection

- Staff had received training in infection prevention. They wore personal protective equipment such as gloves when providing personal care to help prevent cross infection.
- The provider carried out regular infection control audits and completed actions where issues had been identified.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were met. This was a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People received enough food and drink to meet their needs. Comments included, "Food is of good variety, I think it will be gammon today and I asked for extra salad, I am not a big eater. Good portions and well cooked" and "The foods alright. If I don't like it they will get me something else, there's two or three choices." One relative told us, "The food is good, we have no complains about food, [person] eats well."
- Risks to people not eating and drinking enough were identified, managed and monitored. Staff had referred people to their GP and dietitian for advice if they were concerned about weight loss. We saw, and people and relatives confirmed the dietitians advice was followed. For example, people received fortified food and drinks including snacks and milkshakes throughout the day and this had been clearly recorded.
- When people required support to eat and drink we saw they were supported in a non-rushed and dignified manner. People that required pureed foods had their meals presented well and staff informed people what foods they were eating.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005 to ensure people's deprivation of liberty safeguards were lawful. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Need for consent.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 and we saw that they were.

- The provider had recorded if people had a lasting power of attorney (LPA) for their personal welfare in the event of people not being able to make their own decisions. An LPA can make decisions about people's daily routine (washing, dressing, eating), medical care, moving into a care home and life-sustaining medical treatment. It can only be used if people are unable to make their own decisions.
- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People and their relatives confirmed the staff always asked their consent before providing their care. One relative told us, "Staff always ask [person] if they can help them with something and I hear the staff ask other residents. Lots of choice with meals, drinks and activities."
- Staff completed mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care which included the wishes of the person.
- We saw that applications for DoLS had been completed and submitted appropriately. DoLS applications were waiting for authorisation from the funding authority.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had the support and training they required to carry out their roles. This is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely. This process had been improved and systems were continuing to be embedded in to the service.
- Staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued development. They spoke of having achieved qualifications relevant to their role. A member of staff told us they could ask for further training if they felt they needed it and were confident it would be provided.
- Staff, including agency staff, received regular supervision and guidance to support them in 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 worked closely with the local GP who visited the home regularly.
- Records showed relatives were informed of changes in people's health. People were supported to attend hospital appointments and access health screening.

- Staff liaised with district nurses, tissue viability nurses, speech and language teams and other health professionals to ensure people received timely assessments and care.

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

- The home was designed to accommodate people living with dementia. There were large open spaces and wide corridors. The rooms were adapted for people to accommodate people's abilities. One relative told us, "It's a lovely building and the big windows let so much light in."
- People could easily access communal lounges and the garden.

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

- People's needs were assessed before moving into the home. This ensured staff could meet their needs. No new people had moved in to The Lakes since our previous inspection so we were unable to view any new assessments.
- The provider used evidenced based risk assessments.

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

- Staff worked closely with the local GP who visited the home regularly.
- Records showed relatives were informed of changes in people's health. People were supported to attend hospital appointments and access health screening.
- Staff liaised with district nurses, tissue viability nurses, speech and language teams and other health professionals to ensure people received timely assessments and care.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were always treated with dignity and respect. This is a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Dignity and respect.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- We observed support being provided throughout our visit. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. One relative told us, "The staff are very respectful, no problems with that at all."
- Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised people had good and bad days.
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for carers to follow. Feedback from people and their relatives confirmed that dignity and respect was promoted.
- Advocacy had been arranged when people were required to make big decisions about their care. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

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

At our last inspection the provider had failed to ensure people were involved in their assessment of their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. People or where applicable people's relative's had signed their care plans and told us they were reviewed with them. Staff showed patience, giving people time

to answer questions about the support they wanted.

- The provider ensured people and their families could feedback regarding the service in several ways to gather people's views on the service provided.

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

- Staff told us they really cared about the people they supported. There was an improved consistency of staff, and this enabled staff and people to maintain friendly relationships with each other.
- People told us that staff treated them well and they felt safe within the home.

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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant people's needs were not always met.

End of life care and support

At our last inspection the provider had failed to ensure people received appropriate care that met their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had the opportunity to record their end of life care wishes and any advanced care statements. The provider had ensured discussions with people and their relatives had taken place. This practice needed to be continued for all new people who move in to the home.
- Staff received training in end of life care.
- Systems and processes were in place to support people at the end of their life.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure that systems were in place to identify, record and respond to complaints. This was a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had reviewed the complaints policy and information on how to complain was available throughout the home. Staff we spoke with knew how to respond to complaints.
- Complaints received were recorded and investigated. An overview of the complaints received had been put in place so any themes or trends could be identified.
- The majority of complaints received were in relation to missing clothing. The provider had purchased a new system for labelling clothing to reduce the occurrence of this happening. This system was in its infancy and was yet to be embedded in to the service.
- People and their relatives told us they would contact management staff if they wished to make a complaint. They told us they felt staff were approachable and felt they would be listened to.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives had not always been involved in updating and creating care plans. The provider had written to relatives inviting them to be involved in updating these and other information about people's life history. Some relatives had responded, and it was clear they had been involved. Other relatives had been reluctant to be involved because they had been invited to do this before but felt the information they had been given had not been used effectively. The manager was continuing communication with relatives to encourage and support more involvement.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.

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

- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people and spend time together as they wished. One relative told us, "I visit every day, I am always welcomed, and I can visit any time I want."
- People were involved in a variety of activities. This included cinema events, arts and crafts, arm chair exercises, musical entertainers and singing sessions. There was a newly appointed activities worker and the feedback we received was positive. We observed many social interactions including staff reading to people, playing individual and group games, hand massages and watching people's favourite pop artists. One relative told us, "I think its lovely that staff take the time to read to [relative]."

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care, however, the systems and processes were in their infancy and need to be embedded.

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

At our last inspection the provider had failed to ensure that systems and processes to assess monitor and improve the quality and safety of the service were in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was required to have a registered manager. A registered manager was not in post and an application had not been received by the Care Quality Commission (CQC).
- The provider had developed an action plan from the previous inspection and clear accountability and timescales were in place to address the concerns that had been raised. We saw timely had been taken.
- All systems and processes had been reviewed and there was evidence across all areas that these were effective. However, the new systems and processes needed to be embedded into the service to ensure sustained improvement.
- The staff and management team worked together to ensure care planning documents were up to date and reflective of people's needs. Information was shared, and communication had improved.
- The quality and safety of the service had improved, and quality assurance processes were in place and effective to identify any shortfalls. These needed to be fully embedded and maintained to sustain improvements.

Statutory notifications

At our last inspection the provider had failed to notify CQC of incidents which could indicate abuse or improper treatment and failed to notify CQC without delay of people's deaths in the home. This was a breach of Regulation 18 and 16 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 and 16.

- Incidents were recorded and reported to CQC in a timely manner and investigations were detailed.
- Deaths had been reported to CQC without delay.

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

- The home was developing a positive person-centred culture. Staff told us there was a strong feeling of teamwork and that the good relationship and communication between staff and the new manager allowed people's needs to be met in a more person centred and timely manner.
- We found an open and transparent culture with the new manager, staff were committed to further improving the service for the benefit of people using it. Staff told us they were proud of the relationships they built with people using the service.
- Staff told us that the new manager was open in their communication style and this reinforced that everyone was working towards the same positive outcomes for people. One member of staff said, "Everything feels completely different, the manager is energised and it rubs off on everyone."

Continuous learning and improving care; Working in partnership with others

- The new manager had a wealth of experience and where issues had been identified, the provider supported the manager to access any resources required. For example, additional training for specific needs.
- The manager and provider welcomed support from external health professionals to improve the service. For example, the care homes pharmacy team had supported the manager to improve the medicines management in the home and this had been successful. New and improved practices ensured people received their medicines as prescribed.

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 manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken. Learning was shared during regular team meetings and supervisions and the manager arranged separate meetings for night staff to ensure they were able to attend or visited the service at night to meet with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Following the previous inspection, regular relatives meetings had been held to keep relatives up to date of the progress being made. The meetings were well attended. In recent months, relatives told us that they no longer felt they needed to attend the meetings because they felt reassured action was being taken and they could see the improvement to their loved one's care and support.
- The manager sought feedback at peoples' meetings and people were also asked for their opinions through questionnaires. We saw issues and suggestions were acted upon and these were displayed on a 'you said, we did' notice board.
- People's equality characteristics were considered when sharing information, accessing care and activities. For example, people's care plans contained information about their spiritual and cultural needs, and what support they needed to meet these.