

Athena Healthcare (Fleetwood) Limited

Lakelands Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Lakelands Lodge is a purpose-built care home with nursing, providing personal and nursing care to up to 80 people. The service provides support to adults over and under 65 years of age, and people living with a dementia. At the time of our inspection there were 59 people using the service.

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

The management of risk had improved, but some records relating to people's care were not always accurate and up to date. The provider's systems to assess, monitor and improve the service had improved but had not effectively identified and addressed the shortfalls we found during this inspection. We have made recommendations about this.

Accidents and incidents were routinely analysed to look for ways safety could be improved, although we found some had not been recorded on the provider's governance system. We have made a recommendation about this.

The provider had systems to protect people from abuse and staff training had improved. The provider continued to review staffing levels, and, through safe recruitment, the use of agency staff had decreased. The home was clean and well-maintained, and the provider operated good infection control practices.

Engagement with people and their relatives had improved and people's views were taken into account. The service worked with other agencies to maintain and enhance people's health and wellbeing.

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 requires improvement (published 23 September 2022). 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 the provider had made improvements and the service was no longer in breach of regulations.

At our last inspection we recommended that the provider should keep staffing levels under review and consider feedback about staffing on a regular basis. At this inspection we found the provider had acted on this recommendation and made improvements.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lakelands Lodge

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 Health and Social Care Act 2008.

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 carried out by two inspectors 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

Lakelands Lodge is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit to the home, we spoke with 6 people who used the service and 6 people's relatives. We also spoke with 10 staff, including the manager, nurses, carers and senior management.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 10 people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems. We also reviewed staff training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection in August 2022, we found the provider had not ensured risks to people health, safety and wellbeing were managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements in relation to risk management and was no longer in breach of regulation 12. However, further improvement was required to records related to risk management.

- At our last inspection we found shortfalls in the quality of records to demonstrate how risk was managed. We found issues with risk assessments and care plans not being up to date and accurate, and records of the care delivered to people were not always accurate. Staff training around risks related to people's behaviour was not sufficient.
- During this inspection, we found the provider had made improvements. More staff had received training in relation to behavioural risks and care plans and risks assessments were of better quality.
- However, there were still some improvements required to records related to risk. For example, some people's care plans directed staff to provide distraction and reassurance but did not guide staff on techniques that worked for the person. Additionally, where staff had recorded a person displaying certain behaviours, they had not recorded the action they had taken, to evaluate how effective the action had been. The provider updated these care plans immediately and provided copies which showed improvements.
- Records related to the care people had received, such as repositioning records and fluid records were not always accurate and complete. For example, repositioning records sometimes showed gaps in excess of the time period for planned turns and people being in the same positions for extended periods of time and fluid totals for some people were very low.
- When we investigated this further with the manager, we could see no instances of pressure damage and no one that had been dehydrated. Additionally, we saw from daily meetings that people's fluid intake was being monitored and fluids were being pushed where there were concerns. This showed the issue was more around recording, rather than people not receiving the care they needed.

We recommend the provider reviews their process around record keeping, to further improve the quality of records related to people's care and treatment.

Learning lessons when things go wrong

- The provider had a process to learn and make improvements when something went wrong. Staff recorded

accidents and incidents, which the manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

- We found some accidents and incidents which had not been recorded on the provider's governance system, although they did all appear on the provider's care planning system, and some which had not yet been reviewed and signed off by the manager. However, we could see that action had been taken to respond to the incidents.

We recommend the provider reviews their systems for learning from accidents and incidents, to ensure they are all recorded and analysed to look for ways to reduce risk.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Feedback we received from people and their relatives did not raise any concerns about people's safety. Staff told us they felt people were safe and that they had received training to help them to keep people safe from the risk of abuse.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

At our last inspection, we made a recommendation to the provider that they should keep staffing levels under review and consider feedback from people and their relatives about staffing levels on a regular basis. The provider had made improvements.

- Staffing had improved since the last inspection. Recruitment had continued and the use of agency staff had decreased. The provider continued to use a tool to help them calculate safe staffing levels. Rotas had been changed so staff worked in the same area of the home, to provide consistency of care. A relative commented, "It is quite consistent they altered it so they have the same staff on that floor for a longer length of time. It is nice for residents with dementia that they see a familiar face."
- We received positive feedback from people and their relatives about staffing levels. One person told us, "All these places are short of staff, they could always do with more staff, they should be paid more. The shortage of staff doesn't impact on my level of care, the meals are always on time. When I ring my buzzer, they respond really quickly." Another said, "Absolutely I have never been so well looked after as here. It is good at weekends and night time, they come when I need them and ring the buzzer."

Using medicines safely

- Medicines were managed safely and properly. We observed medicines administration and found staff followed best practice. Medicines were stored safely.
- Staff who administered medicines to people had their competency checked. However, we found the quality of competency checks varied. We shared this with the management team during our inspection, who arranged for staff from the provider's central team to visit the home and check staff competency. We received confirmation this had been completed shortly after our inspection visit. The provider reviewed their medicines audit, to include more detailed checks on staff competence to reduce the risk of this happening again.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider facilitated safe visiting, in line with government guidance.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we found systems to assess, monitor and improve the quality of the service were not operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made, and the provider was no longer in breach of regulation 17.

- The provider and manager used a range of systems to assess, monitor and improve the service. The use of systems had improved since our last inspection, and we could see action was taken where audits and checks highlighted issues. However, these had not always been operated effectively to identify and address the shortfalls we found during our inspection. For example, in the quality of records related to repositioning, fluid intake and the analysis of accidents and incidents.

We recommend the provider reviews their systems around quality assurance to further improve their effective operation.

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

At our last inspection we found the provider had not engaged with people who used the service and other acting on their behalf. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 17.

- The provider engaged with people who used the service and others acting on their behalf. Since our last inspection, the manager had held meetings with people and relatives, so they could share their views and experiences of the care provided.

- We received positive feedback from people and relatives about how their views were sought and responded to. One person told us, "Yes, we have residents' meetings, they ask if anyone has any problems. The entertainments lady asks if we have any suggestions, we had a singer in last week. They ask if we like the food, they are very obliging." A relative told us, "I have expressed my views; they took notice as when I said she prefers a female carer, and they make sure it is always it is a female that cares for her."
- We received feedback that relatives felt they would benefit from a regular newsletter or similar, to help keep them up to date with goings on in the home and planned events. The provider told us they were looking into how best to achieve this.

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

- The quality of person-centred care had improved. At our last inspection, we found care planning was not always person-centred and did not guide staff to achieve good outcomes for people. During this inspection, we saw this had improved, but still left room for improvement, for example with information around techniques staff should use to achieve positive outcomes for people in relation to their behaviour.
- We received positive feedback about the service and the staff team. One person told us, "I am happy and well cared for, I feel well looked after." Another said, "They treat me well here, they have all been lovely." A relative commented, "The best thing is that the majority of the staff are loving and caring, and my mum is very happy and that puts our minds at ease, they love her to bits and she loves them. Her face lights up when her carers come into the room, she is comfortable and happy."

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 provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.