

LVNH Limited

Lakeside View Nursing Home

Inspection report

68-69A Promenade
Southport
Merseyside
PR9 0JB

Tel: 01704545054

Date of inspection visit:
08 May 2019
09 May 2019

Date of publication:
10 June 2019

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Lakeside View is a registered care home. The home is registered to provide personal and nursing care for a maximum of 45 people. At the time of this inspection 29 people were receiving care at the home.

People's experience of using this service: People were placed at risk of avoidable harm because records relating to their care were not completed correctly. There was additional risk because the safety of the physical environment was not well-managed. The procedure for ordering medicines was not robust. This demonstrated a breach of regulation.

There was an over-reliance on the presence of senior staff to ensure that important tasks were completed as required. The registered manager and provider completed regular safety and quality audits, but these processes had not always been effective in identifying risks and errors. We made a recommendation about this.

Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care. Relatives were involved in discussions about people's care and their outcomes were good. One relative told us, "(I'm) very involved. They always tell me what's going on."

Safe recruitment practices were used and staff were deployed in sufficient numbers to provide safe care.

Staff told us that they felt well supported. Records indicated that staff received regular group and individual supervision. However, some nursing staff had not received a formal supervision recently.

We received positive feedback regarding the quality of the food available. The home employed a hostess who served the meals and drinks. Care staff provided support for people to eat their meals as required.

Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care and support.

The original design and configuration of the building made it difficult to navigate and adapt to meet the needs of people living with dementia. People's bedrooms were spacious and individually decorated. Communal areas were free from unnecessary clutter and made effective use of signage.

The service operated in accordance with best-practice and the principles of the Mental Capacity Act (2005).

The people that we spoke with were very complimentary regarding the caring nature and approach of staff. We saw a number of examples where staff spoke to people with kindness and respect throughout the inspection.

People living at Lakeside View were supported to practice their faith. Staff were clear about their responsibilities in relation to equality and diversity.

We saw clear evidence that people's individual needs and preferences were consistently considered as part of the care planning process. We also saw that needs and preferences were reflected in the way care was provided.

People were involved in planning individual and small group activities. Important information was made available in a range of accessible formats to help people understand and to promote their involvement.

There were a small number of complaints received in the previous 12 months. Each complaint had been addressed in accordance with good practice and the provider's policy.

The managers and the staff that we spoke with demonstrated their commitment to providing high-quality, person-centred care. This commitment was reflected in records and in their interactions with people. They demonstrated an understanding of their responsibilities in relation to the people living at Lakeside View and the need to act with honesty and integrity.

Rating at last inspection: Lakeside View was rated Good at our last inspection.

Why we inspected: This comprehensive inspection was brought forward after we received information of concern in relation to people's safety.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC 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 Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Lakeside View Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by the notification of incidents following which people living at the home sustained a serious injury. The information shared with CQC about the incidents indicated potential concerns about the management of risk of falls from beds, wound care and allocation of staff. At the time of the production of this report the findings from the investigation into these incidents by the local authority had not been shared with CQC.

Inspection team: The inspection was conducted by two adult social care inspectors. The first day of the inspection was completed jointly with representatives of the local authority safeguarding team.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home had a manager registered with CQC. This means that they, and the provider, are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was unannounced.

What we did: We reviewed information we had received about the home since it was registered. We assessed the information we require providers to send us at least once annually to give some key information about the home, what it does well and improvements they plan to make. We used all this information to plan our inspection.

People living at the home were unable to engage in conversations with us because of their health conditions. However, during the inspection we spoke with three relatives of people who lived in the home. We spoke with the registered manager, two nurses, a night care manager, three care staff and a visiting GP. We also completed observations of the care provided using our structured observational framework for inspections (SOFI).

We reviewed a range of records. This included six people's care records, three staff files and other records relating to the management of the home.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk was appropriately assessed and recorded in care files. However, risk was not effectively monitored because essential records relating to the provision of care were not always completed by staff. Some care records contained conflicting, or confusing information which increased the risk of people receiving unsafe, or inappropriate care.
- Risk in relation to the physical environment was not safely managed. We found a number of doors providing access to high-risk products were not locked as required. We also found that a fire door was not fitted with an automatic closure device and the smoke seals on other fire doors had been painted over.
- Medicines were not always well managed.

Medicines were stored safely, records were completed correctly and subject to regular audit. However, one person did not receive a medicine suggested by a healthcare specialist because the system to monitor whether medicines had been requested and delivered was not robust.

The service failed to protect people from the risk of receiving unsafe care and treatment because records and systems were not sufficiently robust. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we spoke with the registered manager and the provider and were provided with assurances that immediate action would be taken to improve people's safety.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in adult safeguarding and understood their role in relation to keeping people safe.
- The relatives that we spoke with told us that their family members were safe.

Staffing and recruitment

- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.
- Staff were deployed in sufficient numbers to provide safe care. Regular agency staff were used to ensure consistency when cover was required. One relative commented, "It feels like the staff are consistent. We see the same faces."

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of

infection.

Learning lessons when things go wrong

- Staff understood the importance of reporting incidents and accidents. The documentation that we saw included sufficient detail to aid analysis and to identify patterns or trends.
- Significant incidents and accidents were subject to further review by senior managers.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care. Recognised guidance and information were available to help staff support people to manage their anxiety.
- Relatives were involved in discussions about people's care and their outcomes were good. One relative told us, "(I'm) very involved. They always tell me what's going on."

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge.
- Staff told us that they felt well supported. Records indicated that staff received regular group and individual supervision. However, some nursing staff had not received a formal supervision recently. We discussed this with the registered manager.
- Staff were given opportunities to complete accredited training to support their career development.

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

- We received positive feedback regarding the quality of the food available.
- People were encouraged to eat together in the main dining room, but could choose to eat somewhere else if they wished.
- The home employed a hostess who served the meals and drinks. Care staff provided support for people to eat their meals as required.

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

- Staff and managers worked with healthcare professionals to ensure that people received the care they needed. We saw evidence in care records that GP's and other healthcare professionals completed regular check-ups. A visiting GP said, "(There is) lots of support from the trained nurses. They follow advice and make suggestions." They make appropriate referrals.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care and support.

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

- Lakeside View is based in a large Victorian property close to the sea-front. The original design and configuration of the building made it difficult to navigate and adapt to meet the needs of people living with dementia.

- People's bedrooms were spacious and individually decorated. Communal areas were free from unnecessary clutter and made effective use of signage.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, staff completed mental capacity assessments and the best interest decision making process was followed and documented.
- DoLS applications had been made when required.

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

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

- People were supported to maintain their independence.
- Staff supported people with their personal care needs in a discrete and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to privacy at all times.
- The people that we spoke with were very complimentary regarding the caring nature and approach of staff. One relative said, "Amazing staff, very, very happy here can't fault them at all. Really lovely people." While another commented, "They're Amazing. Absolutely amazing. They care for the family."

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

- We saw that people were treated well by staff and were involved in decisions about their care.
- We saw a number of examples where staff spoke to people with kindness and respect throughout the inspection.
- People living at Lakeside View were supported to practice their faith. Staff were clear about their responsibilities in relation to equality and diversity.

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

- People and their relatives were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings.
- Throughout the inspection we observed staff discuss decisions with people and offer choices.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- We saw clear evidence that people's individual needs and preferences were consistently considered as part of the care planning process. We also saw that needs and preferences were reflected in the way care was provided. For example, one person was supported to make use of a quiet lounge to be close to staff and reduce their anxiety.
- Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to engage people in activities. Where people were reluctant to participate in activities, they were encouraged, but their decision was respected.
- People were involved in planning individual and small group activities.
- Important information was made available in a range of accessible formats to help people understand and to promote their involvement.

Improving care quality in response to complaints or concerns

- There were a small number of complaints received in the previous 12 months.
- Each complaint had been addressed in accordance with good practice and the provider's policy.
- None of the people that we spoke with said that they had made a complaint recently. They each said that they would feel comfortable raising any issues with any member of staff.

End of life care and support

- Where people had expressed a preference, care records contained information about their end of life wishes.
- The service followed a recognised process for the delivery of end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- A registered manager was in place.
- Notifications regarding important events had been submitted as required.
- Each of the people that we spoke with had a clearly defined role within the service and understood their role and responsibilities. However, there was an over-reliance on the presence of senior staff to ensure that important tasks were completed as required.
- The registered manager and provider completed regular safety and quality audits, but these processes had not always been effective in identifying risks, errors and omissions.

We recommend the service reviews its approach to monitoring and audits to improve safety.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The managers and the staff that we spoke with demonstrated their commitment to providing high-quality, person-centred care. This commitment was reflected in records and in their interactions with people.
- Staff demonstrated an understanding of their responsibilities in relation to the people living at Lakeside View and the need to act with honesty and integrity.

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

- People living at the home were involved in discussions about concerns and improvements in different ways. They were invited to attend regular meetings, or they could choose to engage less formally by speaking to staff. They also had the option to have their views communicated by a relative if they wished.
- Staff were supported to express their views and contribute to the development of the home at team meetings and handovers. The staff that we spoke with said that they could approach the registered manager, or the provider at any time.

Continuous learning and improving care; Working in partnership with others

- The provider placed continuous learning and improvement at the heart of their practice.
- Lessons learnt from incidents and accidents were shared with staff to improve practice.
- Additional partnerships had been developed with other services to enhance the experience of people living at the Lakeside View.

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 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | <p>Risk was not effectively monitored because essential records relating to the provision of care were not always completed by staff. Some care records contained conflicting, or confusing information.</p> <p>A number of doors providing access to high-risk products were not locked as required. We also found that a fire door was not fitted with an automatic closure device and the smoke seals on other fire doors had been painted over.</p> <p>People were at risk of not receiving their prescribed medicines because the system to monitor whether medicines had been delivered was not robust.</p> |