Alpha Health Care Limited

Lakeview Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 4 October 2016. This was an unannounced inspection visit.

Our last inspection visit took place in June 2015 and we found some improvements were needed. We found people were not always supported in line with the Mental Capacity Act 2005. We also found there were not always enough staff to meet people's needs and people's dignity was not always promoted. There were not always activities and entertainment available for people to participate in and the quality monitoring systems that were in place did not always pick up areas for improvement. The provider sent us an action plan in October 2015 stating what action they were taking to address the concerns identified.

At this inspection we found improvements had been made, however some further improvements were needed.

Lakeview has six units which are situated across the two storey building or in a separate unit. . The home offers a wide range of support on the different units, care, nursing, dementia care and care for behaviours that may challenge. The home can accommodate 151 people. On the day of inspection 120 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Mental capacity assessments and best interest decisions had been completed where people were unable to consent; however these had not been reviewed and updated when changes had occurred. When people had cultural needs this had not been fully considered by the provider. When people needed specialist diets, we found this was not always provided as recommended by health professionals. There were systems in place to manage the quality of the service; however this information was not always effective or actioned to make improvements.

Staff knew how to recognise and report potential abuse and when needed safeguarding procedures had been followed. Risks to people were identified and managed in a safe way. There were enough staff available for people and they did not have to wait for support. The provider ensured staff that work in the service had checks to determine their suitability to work with people. Staff received training and an induction that helped them to support people. People received their medicines as prescribed.

People and relatives were happy with the care they received and were treated in a kind and caring way. People's privacy and dignity was promoted. They were encouraged to remain independence and make choices about their day. People felt involved with their care.

We found people enjoyed the food and choices were available to them. When needed people had support from health professionals. There were a range of activities and pastimes for people to participate in if they chose to. Relatives felt welcomed and were free to visit at any time.

The provider sought the opinions of people who used the service and used this information to make changes. Staff felt supported and listened to and had the opportunity to raise concerns. People knew who the management team were and the registered manager understood their responsibility around registration with us and notified us about significant events that occurred within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People felt safe and were happy with the way they were treated. The provider ensured staff suitability to work within the home. There were enough staff available for people and they did not have to wait for support. People received their medicines as required. Risks to people were identified and managed in a safe way

Is the service effective?

Requires Improvement

The service was not consistently effective.
People's capacity assessments were not always reviewed and updated when needed. People's cultural needs in relation to meals were not always considered. When people needed specialist drinks they were not always offered in line with recommendations. Staff received training and an induction that helped them to support people. People enjoyed the food available to them. People received support from health professionals when needed.

Is the service caring?

Good

The service was caring.
People and relatives were complimentary about the staff and were treated in a kind and caring way. People's privacy and dignity was promoted and they were encouraged to make choices and remain independent. Visitors felt welcome and could visit anytime.

Is the service responsive?

Good

The service was responsive.
People were offered the opportunity to participate in activities and past times they enjoyed. Staff knew about people's needs and preferences and information about people was shared effectively. People were involved with reviewing their care. There was a complaints procedure in place and when needed this was followed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to monitor the quality of the service were not always effective in ensuring improvements were made. The provider sought the opinions of people who used the service and used this information to bring about changes. Staff felt supported and listened to and had the opportunity to raise concerns. The registered manager understood their responsibilities in relation to their registration with us.

Lakeview Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on the 4 October 2016 and was unannounced. The inspection visit was carried out by four inspectors 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with 15 people who used the service, eight relatives, nine members of care staff, the cook, a domestic staff member, an activity coordinator, three nurses and the trainer. We also spoke to the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for 14 people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

At our last comprehensive inspection we found there were not always enough staff available to meet people's needs. At this inspection we found the provider had made the necessary improvements.

There were enough staff available for people and we saw that people did not have to wait for their support needs to be met. One person said, "That's one of the things we like; there's always plenty of staff. There are always members of staff in the lounge". A relative told us, "There are enough staff now". Another relative commented, "Some patients can be noisy and disruptive but there are always enough staff around". We saw that people did not have to wait for support and when needed staff were available for them. For example, when people asked for assistance with personal care. We spoke with the registered manager about the changes that had been made since the last inspection. They told us this included restructuring of the different units and a recruitment drive to fill staff vacancies within the home. The provider had now introduced an additional staff member who was not allocated to any specific unit, so they could be used to support any shortfalls. For example, due to sickness, this staff member would be available to fill this position. This demonstrated the provider had implemented a system to maintain the staffing levels to support people's needs.

People felt safe and were happy with the way they were treated. One person said, "I feel safe here and that's the main thing". Another person told us, "I'm not worried about being here". A relative commented about their relation, "They are very safe here and well looked after". Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "If I saw someone being rough, I would absolutely report it and take it further". We saw there were safeguarding procedures in place and displayed around the home. We saw that when needed, concerns had been raised appropriately by the provider and safeguarding referrals had been made. This was in line with the providers procedures.

There were recruitment procedures in place. One member of staff told us, "I had to have a DBS and wait for references before I could start working here". The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at five recruitment files and we saw pre-employment checks were completed before staff were able to start working in the home. Checks were also completed by the provider to ensure nurses had the relevant registration qualification to work within the home. This demonstrated there were recruitment checks in place to ensure staffs suitability to work within the home.

We saw and people told us they received their medicines as required. One person said, "The nurses always give us our tablets at the times they should. I have mine the same time each morning". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them. One person said, "They always ask about painkillers". Staff were able to tell us when people would need these medicines however; there were no written guidance in place known as PRN protocols available for staff to follow. We spoke to the registered manager about this who told us they would implement these.

Risks to people were identified and managed to ensure people were protected from avoidable harm. For example, one member of staff told us about a person who was at risk of falling. They said, "They have alarms on their doors so they alert us when they move". We saw that some people wore shoes rather than slippers to reduce the risk of falls. We checked the care plans for these people and saw there were risks assessments in place and people were supported in line with these. This demonstrated staff had the information needed to ensure they managed risks to people. We saw that when people needed specialist equipment this was provided for them. For example, when people needed pressure relieving equipment due to the risks of developing sore skin. We saw this equipment was used in line with people's care plans. Records confirmed this equipment had been maintained and tested to ensure it was safe to use. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home. The information recorded in the plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need in these situations.

Requires Improvement

Is the service effective?

Our findings

At our comprehensive inspection visit on 17 June 2015, the provider was not working within the principles of The Mental Capacity Act 2005. When people were unable to consent, capacity assessments and best interest decisions were not always completed. This was a breach of Regulation 11 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection the provider had made some improvements however further progress is required to meet the legal requirements.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Since our last inspection, we saw when needed mental capacity assessments had now been completed and best interest decisions were in place. However these had not been reviewed and updated when changes occurred. For example, for one person a capacity assessment had been completed and a DoLS referral had been made. This was in relation to the door at the home being locked. An assessment had not been considered now the person was using bed rails and were potentially being restricted, we did not see a capacity assessment in relation to this. For other people we found relatives were consenting to treatment. For example, when flu jabs were needed. This meant we could not be sure the provider was fully working within the principles of MCA.

People were not always supported with their cultural needs in relation to meals. For example, we saw a care plan for one person. This stated that this person should be offered 'cultural foods on a Tuesday and Thursday'. It was also documented there were specific foods this person should not eat. During the inspection we observed that this person was not offered cultural foods. We saw they were offered a meal with the foods that had been identified in the care plan that they should not eat. The person refused this meal. We spoke with staff who told us, "There is no specific cultural meal offered, [Person] is very happy to eat what's on offer". The staff member was not clear about what foods the person should or should not eat. We spoke with the unit lead who told us they would revisit this with the person and consider how they can support the person with their dietary and cultural needs.

When people needed specialist diets it was not always provided for them as it should be. For example, one person required their drinks to be prepared to a specified consistency as detailed in their care plan. We observed this person was offered a drink that was not of the correct consistency. We heard the person say, "I cannot drink this". An alternate drink was then provided which was correct.

Other people told us they enjoyed the food and were offered a choice every day. One person said, "The food is very nice. There's plenty, too much sometimes". Another person told us, "There's plenty of food, good

variety, you certainly won't starve". There were cold drinks available in the communal areas for people to access and hot drinks were offered to people at various times throughout the day, along with snacks.

Staff received training and an induction that helped them to support people. One staff member said, "Training is really good, the best I have had in any care home". Another staff member told us about the recent training they had completed. They said it had helped them to bring, "Good ideas". Back to their workplace. Staff, including agency staff received an induction before working within the home. The registered manager showed us the agency induction checklist that was completed. They said that all agency nurses also had to complete the computerised medicines system training before they could work within the home. One agency nurse confirmed they had completed this. The care certificate had been implemented for all new starters as part of their induction. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People had access to health professionals. One person said, "If I am unwell they get the doctor in to see me quickly" A relative told us they were happy with the prompt responses from staff when their relation was unwell. We saw when needed people had been referred to health professionals. For example, one person has been identified as having swallowing difficulties we saw this person was receiving support from other professionals with this. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

At our last comprehensive inspection we found people were not always treated with dignity. At this inspection we found the provider had made the necessary improvements.

People's privacy and dignity was promoted. One person said, "The staff are very kind to me and I have no concerns about my privacy and dignity". A relative told us, "They do seem to genuinely care and will always make sure they are properly covered and kept private". Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "I am responsible for the care I give. It is about treating people with dignity and respect". We saw displayed around the home information about how to promote people's privacy and dignity, this included a dignity tree that was displayed on one of the units. It was decorated with leaves each leaf had a suggestion on how individual's privacy and dignity could be promoted. People had signs on their doors identifying when care was being provided and we saw staff implemented this at the relevant times. During the inspection we observed when care was being carried out doors were closed and so were curtains.

People and relatives were complimentary about the staff and the care they received. One person said, "I don't know what we would do without them. They are all very supportive and always try to make sure I am ok". Another person told us, "They're quite a nice crowd and the staff are wonderful. I don't know what we'd do without them". A relative commented, "The staff are really approachable". We saw staff were chatting and laughing with people and the atmosphere was calm and relaxed. When staff entered the room we heard that they greeted people. We saw that people were supported in a kind and caring way. For example, one person told a staff member they were cold. We saw the staff member offered the person a blanket and fetched this for them. They also offered them a drink before leaving. We saw that people were dressed in their own styles. For example, some people were wearing shirt and ties where as others were more casual.

People were offered choices and encouraged to be independent. One person told us, "The staff are never forceful they ask what I want to do and where I want to go. They encourage me to make my own decisions". Another person said, "I walked a few steps the other day with the staff cheering me on". We saw that people were offered choices throughout the inspection. For example, if they would like a drink, where they would like to sit and if they would like to wear clothes protectors at mealtimes. Staff responded accordingly to people's wishes.

Relatives we spoke with told us the staff were welcoming and they could visit anytime. One relative said, "They are a friendly bunch and offer me a drink". One person said, "I have lots of relatives visit me when I like". We saw and staff confirmed that relatives and friends visited throughout the day.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection we found people were not always offered the opportunity to participate in activities and entertainment they enjoyed. At this inspection we found the provider had made the necessary improvements.

People were offered the opportunity to participate in activities and pastimes they enjoyed. One person said, "We have our own library in the home. I often pick up a book. I still like to read". A relative commented, "I have seen people playing bingo and if there is a singer downstairs people go down and watch". There was varying levels of interaction taking place on the units. We spoke with staff who recognised that some areas could still improve. One staff member said, "We gain information from people and their families but we need to get better at using this information to create activities around people's interests". On one unit we saw there was an activity worker in post. They were supporting people to receive one to one activities of their choice in their rooms. This included nail care for one person. The activity worker told us about some of the things they did with people. They said, "Everyone likes different things so we recognise that. I am putting together a scrap book for people with photographs. This will be so people can recognise things that were important to them, like their previous jobs". On another unit the registered manager told us about a personalisation programme that had been introduced. This included developing life histories and a personalised box for people. We saw on some units outside people's rooms boxes which contained items that were significant to them. For example, some people had photographs or poems and others had greetings cards from significant others.

Staff knew about people's needs and preferences and care was provided in a way people wanted. One person told us, "Some of the staff are very interesting; there's a bond that forms. [Staff member] is very good to me; they took me to the eye hospital the other week". Since our last inspection we had been notified about a number of incidents had occurred within the home, the provider told us they had introduced a more effective handover. The handover now included more information that was important for people. For example, when people were nil by mouth or had a health requirement this was clearly documented. We spoke with a staff member about this. They told us, "It's much better, especially for agency staff as they have the information all in one place". The registered manager also showed us a daily handover that had been introduced for managers and unit leads. The records showed us this looked at accidents and incidents and safeguarding as well as other areas. We saw this handover was used to share information on the different units.

People told us they were involved with planning and reviewing their care. One person said, "They give you a big thing to fill in about your life. It goes back years and I couldn't remember some of it so my daughter is filling it in". Another person explained they had a file with information in about themselves. A relative confirmed they were kept up to do date with any changes to their relatives care. They confirmed their relative had agreed to this.

People knew how to complain and felt happy to do so. One person said, "If I'm not happy about something I have a quiet word with the staff, there are more formal processes to follow if needed". A relative told us, "I

did have a concern when we first came, so I spoke out and told them. They did listen to me and we sorted it out with the manager. It all seems a lot better now so I am much happier". We saw the provider had a complaints policy in place. When complaints had been made the provider had responded to these in line with their policy.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection we found the quality monitoring systems that were in place did not always pick up areas for improvement. At this inspection we found further improvements were needed.

There were systems in place to monitor the quality of the service however; this information was not always used to bring about improvements. For example, we observed that on one of the units medicines were being stored at the incorrect temperature as identified by the manufacture. This had been identified as a concern through a medicines audit. We spoke with the registered manager who confirmed the provider had a long term solution for this, however, no action had been taken in the interim and medicines were still being stored incorrectly. This meant when changes were needed no action was taken to ensure the required improvements were made. During the inspection, the provider took immediate action and contacted the pharmacy for advice; the medicines were then moved to be stored at the correct temperature.

We saw that some people's records were not completed correctly. For example, records for one person showed they received a prescribed medicine in the form of a patch. The records showed this patch was not been applied as prescribed. We spoke with the registered manager, they told us there was a procedure in place for this. The procedure specifies a body map stating where the patch had been administered and a daily check to ensure it was still in place. For this person this had not been completed. This had not been identified by the audits completed by the provider and therefore we could not be sure the system in place was effective in identifying errors.

The registered manager told us about the new systems they had implemented. This included a walk around of the service, which was completed at various times throughout the day. We saw where concerns had been identified action was taken. For example, when there were shortfalls with staff, the registered manager had used the additional staff member and arranged the skill mix of the team to ensure the service was safe.

People and relatives had the opportunity to complete surveys relating to the service. We saw that a variety of surveys had been completed in the past year. We looked at the food and drink survey. The results showed that some people felt that 'drinks were not freely available' We spoke with the registered manager. They told us following this; juice dispensers had been purchased and were available for people to access in each unit. We saw these dispensers were in place and people accessed them freely. This demonstrated the provider sought the opinions of people who used the service and used this information to make changes.

Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.

Due to the nature of the home, most people and relatives would refer to the unit leads as the manager. One person said, "There is someone overall who runs the home and we see her about, however its best if we talk to [Staff name] as they are in charge of us". A relative commented that the unit manager was, "Lovely, I have

also met the deputy and registered manager, I think they are all good caring people". Another relative confirmed they knew who the registered manager was. They said, "[Registered manager] is very good and we tend to ask her if we need anything. Staff confirmed they felt supported and listened too. They confirmed they received supervision from their line manager. We saw that the rating from the last inspection was displayed around the home. The registered manager understood their responsibilities around registration with us and had notified us of significant events that had occurred at the service. This meant we could check the provider had taken appropriate action.