

Eldercare (Lancs) Limited

Lakeside Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This was an unannounced inspection, which took place on the 16 and 22 November 2016. The service was last inspected in August 2015 and rated requires improvement. We found action required following a fire risk assessment had not been addressed helping to ensure people were kept safe. The provider was asked to provide further information to show what action they had taken to address the improvements needed. This was not provided. We reviewed what progress had been made during this inspection.

Lakeside is a purpose built care home located on Smithybridge Road, leading to Hollingworth Lake. Accommodation is provided over two floors. The first floor is accessible by passenger lift. There is parking available to the rear of the building and level access. The home provides accommodation and support for up to 40 people. At the time of the inspection there were 32 people living at the home.

It is a condition of the provider's registration to ensure that a manager carrying on the regulated activity at Lakeside Residential Care Home is registered with the Care Quality Commission (CQC). The provider has failed to comply with this condition since the last inspection in August 2016. A registered manager is a person who has registered with the CQC 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.

During this inspection we spoke with the new manager who had been in post approximately eight weeks. They told us they would be making an application to register. However following our inspection visit we were told a further manager had been appointed. So that the service is offered clear leadership and support the provider must ensure that the manager makes application to register with the CQC without further delay.

We have identified four breaches in regulation. You can see what action we told the provider to take at the back of the full version of the report.

Records did not clearly demonstrate if a person had the capacity to consent to their care and support or that people had been appropriately assessed as lacking capacity before decisions had been made in the person's best interest. This meant people's rights were not respected or protected.

People were potentially being unlawfully deprived of their liberty as authorisations had not been sought from the supervisory body (local authority) in a timely manner.

Effective systems to demonstrate the service was regularly monitored and reviewed needed to be embedded so that, where necessary, improvements were made and people received a good quality service.

The management and administration of people's medicines needed improving to ensure people received their prescribed medicines safely.

People and their relatives were complimentary about the care and support offered by staff. Interactions were seen to be polite and respectful. Social and recreational opportunities were provided to enable people to maintain their independence and encourage their involvement.

Care records provided staff with sufficient information about the care and support people wanted and needed. Senior care staff were reviewing information to ensure records reflected the current and changing needs of people.

A programme of redecoration and refurbishment was in place to enhance the standard of accommodation and facilities provided for people. Checks were made to the premises and servicing of equipment and improvements had been made to help keep people safe in the event of a fire. Hygiene standards had been improved minimising the risks of cross infection.

We found that safe systems were in place with regards to the recruitment of staff. Staff received a programme of induction and training to help ensure they were able to deliver safe and effective care. Staff spoken with confirmed they were supported in carrying out their role.

Staff had completed training in how to safeguard people from abuse. Those staff spoken with knew what action they should take if they had any concerns.

People were encouraged to have a balanced and nutritional diet. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention. People's visitors told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

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.

People's medicines were not always managed and administered safely ensuring people received their prescribed medicines safely. Potential risks to people's health and wellbeing had been assessed to help protect them from harm or injury.

Relevant information and checks were completed when recruiting new staff. Adequate numbers of staff were available.

Staff had received training in how to protect people who used the service from the risk of abuse and understood what action to take if they had any concerns. Suitable arrangements were in place to ensure hygiene standards were maintained. The premises and equipment were adequately maintained so that people were kept safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were potentially being unlawfully deprived of their liberty as authorisation had not been sought in a timely manner. Records did not clearly evidence how people consented to their care and support or how decisions had been made in the person's best interest so that their rights were protected.

Opportunities for staff training and development were in place. Staff said they felt supported in their role.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they were happy living at the home. Their relatives spoke positively about the support offered by staff. We were told

Good ●

staff were kind, caring and respectful towards them and their family member.

Staff spoken with were able to demonstrate their knowledge about the individual needs and wishes of people. Opportunities were provided to enable people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good 

The service was responsive.

People's care records provided sufficient information about their individual needs, wishes and preferences. Records were being reviewed to ensure information was accurate and up to date.

Daily activities were available to help promote people's health and mental wellbeing. A new activity worker had been appointed to enhance the opportunities made available to people.

Suitable arrangements were in place for reporting and responding to any complaints or concerns. People's relatives were confident any issues brought to the manager and staffs attention would be dealt with.

Is the service well-led?

Inadequate 

The service was not always well-led.

The provider had failed to comply with a condition of their registration as they did not have a manager who was registered with the Care Quality Commission (CQC).

The provider had failed to ensure that robust systems were in place to monitor and review the service provided. The new manager had carried out recent checks and developed action plans of the improvements needed to enhance the service.

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

Lakeside Residential 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.

Prior to the inspection we contacted the Local Authority Commissioners to seek their views about the service. No concerns were raised with us. We also considered information we held about the service, such as notifications received from the provider and information of concern received from members of the public.

We asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was not requested at the time of this inspection as the provider had submitted a PIR within the last 12 months as required.

This inspection took place on the 16 and 22 November 2016 and was unannounced. The inspection team comprised of two adult social care inspectors.

As some of the people living at Lakeside Residential Care Home were not able to clearly tell us about their experiences, we spent some time observing interactions and support from staff to help us understand the experience of people who could not talk with us. We also spoke with six people who used the service, three relatives, two senior care workers, two care workers, the registered manager and area manager.

We looked at the environment and the standard of accommodation offered to people as well as eight care files, three staff recruitment files and training records and medication administration records (MARs) as well as information about the management and conduct of the service.

Is the service safe?

Our findings

During the inspection we asked people and their visitors if they felt they received safe and effective care and support. People told us, "Staff look after me", "Always reliable" and "They [staff] are always very helpful." The relative of one person said, "We know she is happy and safe."

We looked to see how people's prescribed medicines were managed. We found the management and administration of people's medicines was not safe. There was a policy and procedure in place to guide staff. We were told that people's medicines were administered by senior care staff. On the first day of our inspection we saw that medicines were being dispensed into pots by one senior care worker and then given out by a second senior carer. This practice is called secondary dispensing and could potential place people at risk of harm. We also saw that the key to the treatment room was given to another member of staff so they could have access to something in the room. To ensure the safety and security of people's medicines, keys to the medication room should only be held by the person responsible for medicines on that shift.

We looked at the medication administration records (MARs). Sample signatures of the staff responsible for administering medication was held on file so that it was possible to tell who had administered the medicines. MAR's were completed on administration of medication. However handwritten entries were not double signed to check that information recorded was accurate and correctly reflected the item prescribed.

We saw some people were prescribed a 'thickener'. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing. This helps to prevent a person from choking. We were told the MAR sheet would be signed to show thickener had been provided. However this did not reflect all occasions it was used, therefore a full and accurate record was not maintained. It is important this information is recorded accurately to reflect when people receive their prescribed medicines.

We also looked at the records completed when topical creams were applied. We were told that care staff would apply creams when assisting people to rise or retire or following personal care. However there were no topical cream charts for them to complete when this was done. We were told and saw records to show that senior care staff completed the MAR sheets to show that creams had been applied. This was not an accurate record as creams were applied by care staff.

We saw a lockable cupboard was provided for the safe storage of controlled drugs (very strong medicines that may be misused) which were also kept in the medication room. We found the controlled drug register, which recorded the administration of controlled drugs was not easy to follow. This was discussed with the manager who said that this would be addressed.

On the first day of the inspection we saw that one person required the use of oxygen. We saw the person had a concentrator in their bedroom and a spare cylinder was stored in the sluice. Signs advising people that oxygen was in use were not displayed. The manager told us and we saw on the second day of inspection that the spare cylinder had been removed and placed in the medication room and signs had been displayed to show oxygen was in use.

We were told and saw information to show that medicines no longer required were disposed of. These items were stored in the medication room however they were not kept in a tamper proof container and could potentially be misused.

The management and administration of people's medicines did not demonstrate people received their prescribed medicines safely and by staff competent to do so. This was a breach of Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that policies and procedures were available to guide staff in safeguarding people from abuse. This was supported by a programme of training. Those staff we spoke with told us they had received training in safeguarding and were able to tell us what they would do if an allegation was made to them or they witnessed an incident taking place. Staff were confident the manager would listen and act on any issues they raised. A review of training records confirmed what we had been told. Information showed that of the 33 staff, 27 had completed training and further training was planned for the remaining members of the team. Two staff member spoke about the whistleblowing procedure (reporting poor practice), and knew they could contact outside agencies if they felt their concerns were not listened to.

We looked at what checks were carried out when recruiting new staff to the service. We found a safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained an application form including a full employment history, interview questions and answers, health declaration, at least two professional references and proof of identity which included a photograph of the person. We saw that checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

During the inspection we looked at the staffing arrangements in place. We spoke with people, their visitors and staff, looked at rotas and spent time observing the support provided. We were told that a senior care worker was available throughout the day and night, in addition morning shifts were covered with four care staff, three care staff in the afternoon and two care staff at night. An examination of staff rotas confirmed what we had been told. In addition to the care team there were designated kitchen, domestic and laundry staff. The manager told us that recent recruitment had taken place to fill vacancies with the appointment of further care and ancillary staff and an activity worker. All the people we spoke with said that sufficient numbers of staff were available. One person said; "There always seems to be enough staff."

Staff were provided with a handbook which included policies and procedures such as confidentiality, capability and disciplinary and grievance. This information informed staff what was expected of them in their roles. The area manager told us that this document was currently under review.

During this inspection we looked at people's care records to see how potential risks to their health and well-being were assessed and planned for. Records showed that risk assessments were completed along with a management plan to help minimise the risks to people. Assessments were completed in areas such as poor nutrition, pressure care prevention or falls. We discussed with staff issues in relation to one person due to recent falls. We were told that due to increased risks a referral had been made to the falls co-ordinator and a sensor mat had been put in place to closely monitor their movement. This alerted staff enabling them to provide a quicker response and reduce any falls.

We looked at records to show that regular checks to the mains and equipment were appropriately serviced and maintained in accordance with the manufacturers' instructions were seen. We saw valid certificates in place for portable electrical appliances, gas safety, mains electric circuit certificate and fire equipment.

Internal checks were also carried out by maintenance staff to the fire alarms, emergency lighting, fire extinguishers and water temperatures. Periodic fire drills were also undertaken to ensure staff knew what to do in the event of a fire.

We saw individual Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. These described the support people would need in the event of having to evacuate the building. The manager told us and we saw a 'grab bag' containing relevant information and equipment was easily accessible in the event of an emergency. This would enable staff to respond quickly and provide emergency services with relevant information they may need.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan in place. This informed managers and staff what to do in the event of such an emergency or incident and included circumstances such as loss of electric or water supply, a flood or fire. This meant that systems were in place to protect the health and safety of people and staff in the event of an emergency situation.

At our last inspection we identified a breach in regulation with regards to work required following the completion of a fire risk assessments so that people were not placed at risk of harm. The provider was asked to send us evidence to show that action had been taken to minimise the risks to people. This was not provided. We explored the issues during this inspection. The area manager acknowledged this had been an oversight on behalf of the provider. However a new risk assessment had been completed in September 2016. We discussed with the manager and area manager the 'matters of concern' identified on the assessment. We were provided with a copy of the action plan drawn to address the shortfall. Outstanding concerns regarding compartmentalisation were being address; this was seen during the inspection. The area manager stated this would be completed within a week. We received confirmation this had been done.

Prior to the inspection we had been contacted by a number of people raising concerns about hygiene standards within the home. We were aware that the local authority health protection team had visited the home and carried out an inspection of infection control procedures. The service was rated 57% compliant. We raised this with the manager and area manager who said they were unaware of the inspection as they had not seen the report. The manager told us and we saw that an internal audit had been completed and action identified with regards to improving the environment, refurbishment of rooms and increase in domestic and laundry staff.

During the inspection we saw that the internal corridors had been redecorated and new flooring was to be fitted to the ground floor corridor. In addition four bedrooms had been refurbished and work was being completed to those rooms unoccupied. The manager told us that additional staff had also been appointed to provide additional domestic and laundry cover. Looking around the home we found areas to be clean, tidy and free from odour.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us they had received training in infection control and that sufficient supplies of PPE were always available. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection control.

We looked at the laundry facilities. The laundry was small and fitted with two washers and two dryers. Staff used red alginate bags to safely wash soiled linen. Soiled linen can be placed in these bags which then

dissolve when put in the washing machine. We saw protective clothing and hand sanitising facilities were available throughout the building for staff to use. This helped prevent cross contamination and the spread of infection.

Is the service effective?

Our findings

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 so that they can 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). We checked whether the service was working within the principles of the MCA.

We found that records did not demonstrate that authorisation had been sought from the supervisory body (local authority) where the provider considered people were being deprived of their liberty. The manager told us that an audit of DoLS had taken place and it had been identified that six people had an authorisation in place. However a review of the care records for these people showed there were only two up to date authorisations in place. On two other files a note had been made stating an application had been completed for renewal however these could not be evidenced. The manager had submitted further applications for people where it was considered the person was being deprived of their liberty.

People were potentially being unlawfully deprived of their liberty as authorisation had not been sought in a timely manner. This meant there was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We examined the care records for six people to see how they were involved and consulted with about their care and support. We saw that a standard assessment of capacity had been completed for each person and reviewed on a monthly basis. These assessments were not decision specific and did not evidence how people had been involved and enabled to make a decision. We were told and records seen showed that a new, more detailed capacity form was being introduced as part of the care plan reviews. On one file we examined we saw a partially completed form. There was no detail about the decision to be made or who had been involved. We saw the assessment determined the person did not have the mental capacity and therefore a decision needed to be made in their 'best interest'. This section was also incomplete.

Whilst some people may need help to make important decisions about their care and support, they may be able make day to day decisions for themselves, for example; what to eat or wear or what routine to follow. Any assessments completed in relation to a person capacity should be decision specific so that where possible the person is the decision maker. Where any decisions need to be made in the persons 'best interests', records should clearly demonstrate the decision made, by whom and be the least restrictive.

Records did not clearly evidence how people consented to their care and support or where decisions were made in a person's best interest so that their rights were protected. This meant there was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were supported to develop their knowledge and skills. We saw there was a programme of induction, training and planned supervision. We spoke with four care staff, two staff had been appointed since the last inspection. They told us they had received a comprehensive induction on commencing work, which had included six days training at head office as well an introduction into the home and an opportunity to shadow experienced members of the team. New staff told us they were supported to settle into the role. One staff member said, "You are not thrown in at the deep end."

We were told that on-going training was provided. Records showed that training was provided in all mandatory areas including moving and handling, health and safety, fire safety, food hygiene and infection control. Other areas of training were provided in safeguarding, MCA and DoLS, management of falls, dignity and dementia awareness. Medication training was available for senior care staff. Staff also had the opportunity to complete vocational training in health and social care.

One senior care worker said they were currently completing training in end of life with the local hospice and training in tissue viability had also been planned. Staff we spoke with told us there were 'lots' of training opportunities provided.

The manager told us that since being appointed there had been two team meetings with staff. Staff spoken with confirmed this and, minutes were seen to evidence this. We were also told that individual supervision sessions were to be planned so that staff had an opportunity to talk privately about their work and any areas of development. Two staff we spoke with said supervision meetings had not been held for some time. However they had recently met with the manager.

We also saw that handover meetings were held at each shift change to help ensure that any change in people's care and support was properly communicated and understood by all members of the team. Staff spoken with said they were kept fully informed and were supported in their role. One staff member said, "Team works well together" and "staff are very caring."

During the last inspection we made a recommendation that the service consider current guidance on how to provide a more positive mealtime experience, promoting people's choice, independence and well-being. At this inspection we spent time observing the lunch time service. We found that improvements had been made. Daily and weekly menus were clearly displayed in the dining room for people to refer to. Menus had also been displayed for the Christmas period. In addition to meals, refreshments were provided mid-morning and afternoon including drinks and homemade cakes.

We saw that people were encouraged to eat their meal in the dining room. The atmosphere was more relaxed and better organised. Tables were nicely set with cloths, flowers and condiments. People were asked their meal choice prior to service and offered both hot and cold drinks with their meal. Those people who needed help with their meal were supported by staff. Staff were seen to be patient, offering encouragement and support. People we spoke to said they enjoyed the meals provided. Their comments included; "I'm full up", "Yes, I enjoyed it", "You get a lovely dinner", "The kitchen staff are good" and "Lovely food, you get plenty."

We looked at the kitchen and food storage areas and saw sufficient stocks of fresh, frozen and dry foods were available. Following a food hygiene inspection in August 2015, the home had been rated a '5', the highest rating.

Staff told us they received training in nutrition and food hygiene procedures. This was confirmed on the training records we looked at. Kitchen staff understood about fortifying foods for those people at risk of weight loss. Records showed that where people had been assessed at nutritional risk, advice and support

was also sought from the dieticians or speech and languages therapists.

Care records also showed that people had access to external health and social care professionals. At the time of the inspection we saw a GP visit someone at the home. People's records also showed they had access to dietician's, optician's and community nurses. We spoke with one person who had recently injured themselves following a fall. They told us that staff had sought medical help straight away and had "looked after me." There had also been a follow up appointment with their GP.

Lakeside is able to accommodate up to 40 people. Bedrooms are provided on the ground and first floor and accessible by a small passenger lift. People have access to a large lounge and an open plan lounge/ dining room. Those bedrooms we looked had been personalised with belongings from home. Plans were in place to refurbish all areas of the home. At the time of the inspection four bedrooms had been refurbished and were nicely decorated, corridors to ground and first floor had also been redecorated and new flooring was to be fitted. We were told one member of staff had been identified as the 'environment champion'. Their role was to look at the décor when rooms had been redecorated. One visitor told us; "Mum has a lovely room, it's very comfortable."

Is the service caring?

Our findings

During the inspection we spent some time speaking with people about their experiences and observing the care and support provided by staff. People we spoke with told us, "The girls are very nice", "Staff are so helpful and caring" and "It's nice here, no problems." One person who had only recently moved in to the home described the home as "Fabulous."

We saw good interactions between staff and people's visitors, who were clearly at home when visiting their relatives. People were able to meet their visitors in private as well as the lounge areas. This was seen during the inspection. Visitors we spoke with spoke positively about the care and support their relative received. One visitor commented, "They make sure she [family member] is clean and nicely dressed", adding, the "laundry service is really good." Other visitors told us, "They look after us too", "It's really good" and "[Relatives name] seems happy and always looks clean and tidy."

We looked at how staff cared for people in a respectful and dignified manner. We found staff knew people's individual preferences and personalities and treated people with kindness. Interactions between people and staff were pleasant and friendly. We saw people ask for support when needed and staff responded appropriately. Those staff we spoke with were able to tell us how they would promote people's privacy and dignity when offering care and support.

From our observations we saw people were clean and presentable and appropriately dressed. We were told that people were assisted to wash daily, either a body wash or bed bath, bath or shower. Whilst looking at rooms we found people did not have access to equipment in their bedrooms to enable a bed bath to be given. Whilst people had access to hand wash basin, these were situated away from the bed. Apart from one bedroom we looked at we found there were no wash bowls in place to enable staff to wash people at the bedside. We also found some people did not have access to sufficient toiletries, particularly for oral care. We raised this with the manager. On the second day of the inspection we saw information to show this had been discussed at a staff meeting and action had been taken. This demonstrated the manager had acted upon the feedback received helping to provide good standards of care for people.

Where people were visited by healthcare professionals, consideration was given to maintaining people's privacy. During the inspection we saw someone being visited by their GP. Staff assisted them to their room so that the consultation took place in private.

We were told and saw people's routines were flexible and they were able to rise and retire when they wished. On the first day of inspection we saw the morning routine was relaxed with people coming down for breakfast when they wished. People chose where they spent their time, either with others in the communal lounges or the privacy of the own rooms.

Staff told us they encouraged people to maintain their independence, such as, encouragement to walk independently with the use of walking aids where necessary or addressing their own personal hygiene. We saw that suitable aids and adaptations were fitted throughout including handrails, assisted bathing, raised

toilet seats and grab rails. This helped to promote people's independence and keep them safe.

Staff told us they were kept informed of people's current and changing needs during the handover completed at each shift change. Handovers involved all staff on duty and a job allocation list was provided so that staff were aware of their responsibilities during the shift. This helped to ensure any changes in people's health care needs were addressed in a timely manner so their well-being was maintained.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would always provide an escort unless the person was to be supported by a family member. One person's visitor told us they had been contacted following an incident involving their relative and met the ambulance at the hospital. They said that if they were not able to attend staff would have escorted their relative to hospital.

Whilst looking around the home we saw some people had personalised their bedrooms with belongings from home.

We were told and saw people's records were stored securely in the office so that confidentiality was maintained.

Is the service responsive?

Our findings

We asked the manager to tell us about the assessment process when people were considering moving into the service. We were told that arrangements would be made to visit the person so that relevant information could be gathered about the care and support they required. Where possible information from the funding authority would also be requested. Information from the assessment would then be used to develop the person's care plan. Completing assessments of people's needs helps the home when deciding if the placement is suitable and if they are able to meet the person's needs.

We were told the manager would generally complete all assessments. However a recent assessment had been carried out by the administrator. We questioned why a member of the non-care team would take on this role. The manager said that she had determined the administrator was competent and she was confident in their ability to carry out the assessment and determine if the placement would be suitable.

We were made aware that several people were staying at the home for a period of respite. The relative of one person said as their family member had enjoyed their stay and settled well, they had made a decision to move into the home on a permanent basis. The person's relative confirmed that an assessment had been carried out prior to admission and that they and their family member had been able to visit and look round the home. The person told us the staff had been "Really welcoming" and "They [staff] have made sure I have got everything I need." Their relative said, "We're all much happier", "Staff are great, really helpful" and "We're so relieved she has this home."

We looked at people's care records. Information included a pre-admission assessment, care records covering all activities of daily living and risk assessments. Records were found to contain sufficient information about people's support needs and areas of risk in addition to their preferred routines, wishes and preferences. We saw that records had not been reviewed and updated since August or September and were not always signed and dated to show that information was accurate and up to date reflecting the current and changing needs of people. We discussed this with the manager who acknowledged that improvements were needed. We were told that senior care staff were currently reviewing all the care files and updating plans were necessary. This was confirmed by two of the senior care staff we spoke with.

At our last inspection we made a recommendation that the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being and involvement of people living at Lakeside.

During this inspection we were told that the recent appointment of an activities worker had not been unsuccessful. However a further appointment had been made. Whilst employment checks were being completed activities were being provided by staff and external providers.

We were told and saw a poster advertising an external activity group, which provided arm chair exercises and ball games on a weekly basis. People spoken with said they enjoyed these sessions. There was also a weekly entertainer and games and puzzles had been purchased, which staff helped people take part in. We

were told one person had recently been supported to attend the local Remembrance Parade. During the inspection we heard one person ask a staff member if they would paint their nails, we saw them do this later in the afternoon. Arrangements were also being made for Christmas. Staff were exploring transport for a local carol service and a visit to a pantomime was planned.

We saw a complaints procedure was available for people and their visitors to refer to. This was provided in the information people received about the service as well as being displayed within the home. People spoken with said if they had any issues or concerns they would speak with the manager or a member of staff. They felt any issues raised would be dealt with. One person said, "I feel able to speak out."

We asked the manager for the complaints log to see how they responded to people's complaints. We were aware of two concerns, which had previously been raised about people's experiences. We were told that records of issues raised with the previous manager could not be located. Since commencing post two months ago the manager had put in place a complaints record so that any issues could be logged. We were told there had been no recent complaints.

Is the service well-led?

Our findings

Lakeside Residential Care Home has been without a registered manager since August 2015. It is a condition of the provider's registration to ensure the service is carried on by a manager who is registered with the Care Quality Commission (CQC). Whilst management arrangements had been in place the provider had failed to ensure the condition of registration was met.

During this inspection we met with the new manager who had been in post approximately eight weeks. The manager told us they had worked for the organisation for a number of years with their current role as a peripatetic manager. The manager said they would be making application to register as the manager for the home and intended to stay for some time, offering stability to the team. The manager was supported in their role by a newly appointed area manager and administrator. However following the inspection visit we were informed there had been a further change in manager and the area manager had also left the organisation.

So that the service is offered consistent and effective management the provider must ensure the manager submits application to register with the CQC without further delay so that the condition of registration is met.

We looked at how the management team monitored the quality of the service provided. Since the last inspection we found effective systems were not in place to show how and what improvements had been made to the service. As the manager and area manager had only been in post two months systems were yet to be established. The area manager had completed a monthly visit report in September and October 2016, which involved discussions with people, their visitors and staff, accidents and incidents, complaints, care plans and the environment. Any action required was planned for and reviewed during the following visit.

We were told and saw information to show that weekly reports had been completed by the manager and shared with the area manager providing them with oversight of the service and any issues which needed to be addressed. More detailed audits were being introduced to review accidents and incidents, complaints and concerns, medication, infection control, care plans, weight loss and bedrails. We were also told and saw information to show that a full mattress check had also been completed with the district nurse team.

Effective systems to demonstrate the service is regularly monitored and reviewed needs to be embedded so that, where necessary, improvements are made and people receive a good quality service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

As part of the inspection we spoke with staff. They said they were happy with the recent management changes and spoke positively about the manager and area manager. We were told, "It's a million times better", "Don't think they would ask me to do something they wouldn't do", "Morale was low, feel we are on the way back up", "Working hard to improve things", "Very approachable", "100% different, so much better for residents and staff" and "People who get things done."

Records we looked at and staff we spoke with said that staff meetings were held. We saw notes were kept of

these meetings and that staff could raise any issues they wanted. We saw that issues identified on the first day of our inspection had been discussed at the team meeting the following day. This demonstrated the manager had taken prompt action to address matters with staff.

We looked at what opportunities were provided for people and their relatives to comments about their experiences. We were told that feedback surveys had recently been distributed. The manager told us that issues had been identified with regards to the laundry, locks on bedroom doors, choice of activities and condition of the environment. We saw the manager had drawn up an action plan in response to the feedback received and had taken action to address the issues raised. This included the appointment of an activity worker and additional laundry staff, new locks were being fitted to all the bedroom doors and redecoration was taking place. This demonstrated people's views were taken seriously and acted upon.

As part of this inspection we contacted the local authority commissioning team. We were not made aware of any issues.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Records did not clearly evidence how people consented to their care and support or where decisions were made in a person's best interest so that their rights were protected. This meant there was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management and administration of people's medicines did not demonstrate people received their prescribed medicines safely and by staff competent to do so. This was a breach of Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were potentially being unlawfully deprived of their liberty as authorisation had not been sought in a timely manner. This meant there was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Effective systems to demonstrate the service is regularly monitored and reviewed needs to be embedded so that, where necessary, improvements are made and people receive a good quality service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014