

# Minster Care Management Limited

# The Lakes

## Inspection report

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27 April 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Lakes is a residential care home providing personal and nursing care for up to 47 younger and older people, including people living with dementia. At the time of the inspection, 34 people were receiving care at the service.

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

Staff received training on safeguarding and understood how to recognise and report abuse. Staff were recruited safely.

Bruises and injuries had not always been investigated or recorded on an incident or accident form to identify how they occurred.

Not all people diagnosed with diabetes received support from staff to maintain a healthy and balanced diet.

Staff supported people who were at risk of developing pressures sores to regularly reposition to relieve pressure on their skin.

Checks were in place to ensure the environment was safe.

Medicines were administered and stored safely.

People were protected against infection. Staff wore appropriate personal protective equipment (PPE) and the home was clean.

People and relatives spoke positively about the care provided.

Auditing processes required further development as some of the shortfalls found during the inspection had not been identified.

Staff told us they received support from the manager and attended regular supervision meetings.

### Rating at last inspection

The last rating for this service was requires improvement (published 18 December 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

We received concerns in relation to pressure sore management and infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement.

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

#### Follow up

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

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Lakes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Lakes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, cook and care workers

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

### Assessing risk, safety monitoring and management

- Not all care plans and risk assessments contained the information required to keep people safe. For example, healthcare requirements or equipment used.
- Not all people diagnosed with diabetes received support from staff to maintain a healthy and balanced diet. One person's food chart showed that they were regularly consuming high sugar snacks and desserts. Staff told us that the service did not have low sugar snacks and desserts available for people with diabetes.
- Staff supported people who were at risk of developing pressures sores to regularly reposition to relieve pressure on their skin.
- Staff had access to people's care plans and risk assessments. One person told us "I know [my risks], staff have told me, and I know the reasons [why I am not able to do things]". Another person told us "Staff know my needs well".
- Checks were in place to ensure the environment was safe for people living at the service including regular fire safety and water temperature checks.

### Systems and processes to safeguard people from the risk of abuse

- Bruises and injuries had not always been investigated or recorded on an incident or accident form to identify how they occurred. There were limited records in place to evidence that bruises and injuries had been reviewed and monitored.
- Staff received training on safeguarding and understood how to recognise and report abuse.
- People and their relatives told us they or their loved ones felt safe. One person told us "I feel safe here". A relative told us "[Person] is very happy and well cared for at all times."

### Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There was enough staff on shift to meet people's needs. One person told us "If I press my bell, they (staff) come". One staff member told us "We (staff) speak to the manager and they (the manager) will get additional staff if needed."

### Using medicines safely

- Medicines were stored and administered safely by trained staff.

- Medicine administration record's (MAR) were completed accurately and medicines were administered as prescribed. Staff recorded where people had refused to take their medicines.
- Protocols were in place for 'as required' medicines and staff documented the rationale for administering these medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to identify trends or patterns and to ensure lessons were learnt.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This is the third consecutive rating below good in this domain. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes in place to audit the service to identify any improvements required development. The audits completed had not identified the shortfalls found during the inspection. Records showed that where improvements had been identified, action had been taken to address them.
- The provider had not made enough improvements on the oversight of the service since the last inspection.
- The service did not have a registered manager at the time of inspection. However, a manager was in post and in the process of registering with CQC. The manager was receiving support from the provider to ensure correct systems and processes are in place.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the quality of the service. The previous two ratings for the well led domain were inadequate and requires improvement respectively. These are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

- The manager conducted a daily walk round of the service to ensure that staff maintained daily records of care interventions including repositioning and food and fluid charts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care plans did not always contain person-centred information. For example; likes and dislikes, how to support the person with emotional distress. However, the manager was changing these care plans to ensure they were more person centred.
- People, their relatives and staff were asked to provide feedback on the care provided. Where improvements had been identified, actions had been taken to address these. One relative told us "They send out questionnaires from time to time." Another relative told us "[The manager] communicates with me weekly on emails."
- People and their relatives provided positive feedback regarding the care and support received at the service. One relative told us "[Person] has never looked so well cared for."
- Staff told us they received support from the manager and attended regular supervision meetings. One

staff member told us "I have had several supervisions with the manager, we also have group ones with the whole team." Another staff member said, "We have supervisions and appraisals they are with the manager; she is really good you can talk to her about anything".

- Staff were complimentary about the service. One staff member said "I am very proud to work here; everyone cares about the residents. I would speak to the manager if I did have concerns"
- Another staff member said "I love working there. I love the residents and the people I work with"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Complaints received had been appropriately recorded and managed.

Working in partnership with others

- We saw evidence of referrals being made to external professionals where required such as district nurses, speech and language therapist and occupational therapists. Staff recorded and followed the advice given.
- Staff worked closely with the GP and held regular health reviews with people.
- The manager was open and transparent throughout the inspection. The manager had made improvements since the previous inspection and was dedicated to making all the necessary improvements as identified during the inspection.

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 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems and processes were in place to assess, monitor and improve the quality of the service. The previous two ratings for the well led domain were inadequate and requires improvement respectively.