

Sanctuary Care Limited

# Lake View Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Lakeview is a residential care home that was providing personal care for up to 60 people with a range of needs. At the time of the inspection there were 57 people living in the home.

### People's experience of using this service:

People who lived at the home continued to receive good care. Staff knew people well and provided support that met people's needs and enabled them to take part in activities within the home and community in line with their preferences. People were supported with kindness and consideration. Staff knew how to keep people safe and had received training in how to reduce the risks of harm from occurring.

People received medications safely and risks to people had been assessed and managed to identify and reduce the impact of any known risks. People were supported to access healthcare services as needed and staff responded promptly to changes in people's health. Routine checks and audits were carried out to ensure that all aspects of the service were being delivered safely.

People's rights were upheld and protected, and people received kind support and assistance to have choice and control over their day to day lives. People's preferences were known by staff and enabled people to do as much as possible for themselves.

Effective monitoring systems were in place that checked if the home was well managed and enabling people to have a good quality of life. People and staff were encouraged to provide feedback about the home and the management team were keen to identify other improvements that could be made to support people to further improve their lives .

The registered manager was aware of their responsibility to report events that occurred within the home to the CQC and other external agencies, complying with the regulations.

### Rating at last inspection:

The service was rated Good at the last inspection (report published 12 May 2016).

### Why we inspected:

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Lake View Residential Care 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

Two inspectors carried out this inspection along with an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this visit the expert's area of expertise was as a family carer of an older person who uses this type of care service.

Service and service type:

Lake view is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. 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.

Notice of inspection

The inspection was unannounced.

What we did:

Before the inspection:

We reviewed information we had received about the home since the last inspection in February 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the home does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:

We looked at the information we had gathered. We met and spoke with 15 people living at Lake view, we spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with four relatives. We spoke with eight care staff, which included carers, senior carers, the activity co-ordinator the deputy manager and the registered manager.

We reviewed a range of records in paper form and computer held records. This included seven people's care records and medication records. We also looked at the training records of all staff and staff rotas and one staff file. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.

# 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 now improved to good.

Good: People were safe and protected from avoidable harm. Legal requirements were met. At our last inspection we saw some unsafe manual handling techniques, at this inspection we saw staff correctly moving and repositioning people according to their personal risk assessments.

### Assessing risk, safety monitoring and management

- People's care and support needs were known to staff who were clear about actions they would take to keep people safe. During the inspection we saw staff supporting people to move from chairs to wheelchairs using the correct manual handling techniques as stated in their manual handling risk assessments.
- People's care and support needs had been used to create risk assessments that were comprehensive and up to date.
- When people's needs change or when any additional risks had been identified, records were updated so that staff had access to the most up to date information. Staff were informed of changes in care needs or risk at handovers between shift.
- One relative spoke about support provided, they told us "They always keep me informed and tell me what is going on."

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

- People told us they were safe in the home; one person said, "It feels safe here. The staff come around and ask me if I am ok, I never have to worry." Another person said, "Yes, I have no reason to feel unsafe."
- Staff were clear about the signs of potential abuse and told us they would report any concerns and keep people safe.
- Staff had received training about safeguarding and supporting people. We saw records that stated when staff had received training and they were provided with refresher training regularly.

### Staffing and recruitment

- People expressed different views about staffing levels in the home. Comments included, "They are either, not organised well enough, or there are not enough staff." And, "I have to wait 15 minutes or more for help." But other people told us, "I never have to wait long for staff to come to help me." Another person said, "No, I never have to wait long at all, it's fine."
- We found that there were enough staff rostered to be on duty to meet people's needs. In addition to care staff there were support staff undertaking cleaning and laundry duties as well as an activity co-ordinator ensuring people were involved in activities they enjoyed throughout the day. A visiting professional advised that there were always appeared to be enough staff around when they called to the home.
- Each shift was led by a senior carer who allocated duties for all staff. The deputy manager and registered manager also provided support to the home.

- The provider followed safe recruitment practices for staff with references and criminal record checks carried out before staff commenced working in the home. These helped to ensure that staff were of good character and suitable to work with the people living at the service.

#### Using medicines safely

- People received their medicines on time and in a safe way. Staff had been trained to administer medication and followed the provider's processes. Audits were undertaken regularly of all medication held in the home and the administration records were also checked by a named senior staff member. Any issues identified were then reported and acted on, which included additional training for staff if this was appropriate.
- Medication was administered in a safe manner. The storage of medication was safely and securely managed by staff who were confident about what they were doing. Records were maintained appropriately and signed for when people had received their medication.
- People told us they were happy with the support they received for medication. One person said, "The staff give me my pills and stay with me whilst I take them." And another person said, "No problems at all with my medication, always on time and give me my pills the way I like them."
- Some people had been prescribed medication to be taken 'as required' and there were protocols in place so that staff would be consistent about when people would receive such medication.

#### Preventing and controlling infection

- The home was clean and tidy in communal areas and bathrooms. One visitor said, "The home is always clean and tidy." Another visitor said, "It's always clean."
- Staff told us that they had received training in how to reduce the risk of the spread of infection.
- The kitchen was very clean and organised and maintained good standards of food hygiene. The last inspection by the food standards agency had taken place in June 2019 and the rating awarded was Level 5-very good, which is the highest.

#### Learning lessons when things go wrong

- The registered manager had a detailed system in place to record and reflect on issues or events in the home. Analysis took place after any incident, accident or near miss to identify if there was any improvement or change that needed to be made to reduce the risk of the incident happening again.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: ☐ 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

- People's needs had been fully assessed prior to admission into the home and was ongoing after admission.
- People were involved and consulted when reviewing care plans if able. Some relatives were involved in agreeing and reviewing care plans when people using the service were unable to be involved. The plans had been reviewed regularly and updated to ensure that people received consistent care from all staff.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. Staff told us about the training they received to help them to deliver good care. One staff member said, "The training is good, we get some on the computer and some face to face with a trainer."
- The registered manager had a system in place to monitor and check that no training was missed by staff. Staff received regular supervision sessions and had opportunities to attend regular staff meetings.

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

- We received differing views about the meals people were served. One person said, "The food is always lovely, I have no issues whatsoever." And another person said, "The food is bland and cold and not very nice." We spoke to the registered manager regarding the comments about food. They told us they were aware of some people having issues with the food and told us that they have been working to try to improve food for those people. We saw that recent changes included using a different butcher for meat, working with chefs and staff in order to get specific meals correct for people. There had also been positive comments about the food from a recent residents meeting.
- During the inspection we observed breakfast and the lunch time meal being served. During both mealtimes we saw different meals were being offered; the food looked appetising and portions were good sized and varied according to the wishes of people receiving their meals.
- Some people chose to have their meal at the dining tables and other people chose to have their meals served to them in chairs in the lounge. Staff knew people's dietary likes and preferences about where they ate their meals.
- Some people were supported to eat their meal and that this was well managed so that people ate their full meal.
- Referrals were made by staff to appropriate healthcare professionals when any risks were suspected or



known regarding eating and drinking. Some people were provided with aids such as plate guards to help them maintain independence when eating.

- People were supported to drink often throughout the day. Hot and cold drinks were regularly offered and in addition there were always cold drinks available.
- People who were at risk from not eating enough to maintain good health were provided with support from staff who checked their weight and made referrals to health professionals if needed.

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

- People said they saw their doctors when they needed to. Staff advised that they had a good working relationship with people's GPs. One person said, "I see the doctor when I need to, and have seen the dentist as well."
- People's healthcare needs were considered and responded to, with plans in place for regular check-ups. One relative advised, "They have got the dentist in and [relative] has also seen the chiroprapist."

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

- People's rooms had been personalised with their own belongings, some people had items which reflected their personal interests or hobbies. One person said, "I've got my own things here and like having my pictures on show."
- The communal areas were bright, and consideration had been given to those people living with dementia. Each person had a photo frame with their own photograph in or things that were important to them next to their bedroom doors to help identify their rooms.
- A lift provided access to bedrooms on the other floors. People used the lift on their own if they wished to maintain their independence although staff assistance was available and offered for those less sure of moving around without support.

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 home was working within the principles of the MCA and with any specific conditions in place. We found that the staff were working in line with principles and with what had been agreed.
- Staff had received training in MCA and DoLS. Staff supported people when needed by talking through decisions they had made. Staff told us about how they supported people to make choices and have as much control as possible over their lives. Staff told us they worked with others involved in people's care including relatives to provide supporting information around making a best interests decision.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The staff were caring and kind and understood what was important to people. People were treated with respect and offered kind a caring support when needed. One person told us, "The staff are all lovely and helpful." And another said, "They couldn't be any more helpful, they look after me well."
- We observed people engaging in conversations, and partaking in activities throughout the inspection with staff encouraging and supporting people to take part.

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

- People were treated with kindness and care by the staff. Staff spoke respectfully to people and engaged in friendly conversation with them. Care plan reviews were written up after the meetings and any changes were made to care plans in line with what had been agreed.
- People were supported by staff who knew them and knew how people wanted to be supported. No agency or temporary staff were used in the home.
- People made decisions about their routines and lifestyles. For example, choosing the times when they wanted to go to bed and to get up and we saw that this was respected. One person said, "They help me get up in the morning and they help me go to bed." Another person said, "I choose when I go to bed and wake up, and I can always have breakfast. The carers help me choose my clothes for the day."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's privacy and dignity. Support with personal care was managed by staff who discreetly prompted people to accompany them when it was clear that they needed some assistance.
- Visitors spoke about the support and kindness provided to them by staff when their relative was ill. One visitor said, "The staff always make sure I know if [relative] isn't well, and I know they'll look after them and get medical help if needed."
- Staff encouraged people to be as independent as possible and supported people who only needed minimal assistance.
- Staff were aware of people's diverse needs. The registered manager told us that documentation was available in other formats for people should it be needed.

# Is the service responsive?

## Our findings

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

Good: This meant 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

- Each person has an individual care plan that covered all aspects of their care and daily routines. Reviews of the care and support needs were undertaken regularly. The care plans were thorough and had been agreed with the person where able.
- The home provided organised activities within the home. One person spoke about the variety of things they liked to do. They said, "I like when we have singers come, and today we've got the little ones coming [school children from local nursery]." People were supported to make use of the hairdressing room in the home when the visiting hairdresser attended.
- We spoke with the activity co-ordinator who told us about the range a programme of activities planned for the year which included external entertainers booked and included various trips out of the home. We saw activities were planned in advance and timetables were posted around the home for people to see. We also saw a folder of activities that people had recently participated in, both within and outside the home, was maintained for people to look through and reflect on. These included parties for fathers' day and Easter, monthly music therapy sessions and the use of a sensory light table for those people living with dementia.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. People were clear about who they would talk to if they had any concerns and told us they would speak with the senior staff, the deputy manager or registered manager if they had any concerns. Both the registered manager and the deputy were known by all people in the home. One person said, "I would go to her [registered manager] if I had any complaints, she knows us all very well as she was a carer once." Another person said, "If I wasn't happy I would speak to [registered manager] and she'd sort it, but I've never had to."
- The registered manager had a system in place to review any concerns or complaints and we saw when issues had been raised these had been dealt with. Once the issue had been resolved the registered manager reviewed and analysed the issue to determine if there was anything that should have been or could be done to address it or prevent it happening again.

End of life care and support

- At the time of admission and at reviews the registered manager and deputy gave people the opportunity to discuss their end-of-life wishes and these were recorded in their care plans.
- At the time of the inspection there was one person receiving end of life care and we saw a plan was in place and changes had been made to their care since the change in health needs.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they were happy with the home.
- Staff understood their duty to provide person centred care based on their training.
- The registered manager and deputy manager promoted transparency. Relatives knew who the registered manager and deputy manager were and said they would be comfortable to approach either with any issues and they would be listened to.
- People and staff spoke highly of the registered manager and deputy and commented that they could always approach them to raise any issues or queries. A member of staff told us, "I can always go to the manager or deputy with anything."

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

- Staff had regular supervisions and staff meetings and we saw that these were planned in advance and minutes of these meetings were taken.
- Staff felt they were well trained and supported which in turn helped them to support the people they cared for.
- The staff understood their roles and responsibilities and knew when to escalate things to the next level. They said that when they had issues they could raise them and be listened to. All staff said if they had any concerns they would raise them and were aware of the safeguarding and whistleblowing procedures.
- Regular checks and audits were undertaken of the systems and records in the home to ensure that people using the service were safe and well cared for in all aspects of their lives. We saw evidence of checks for all aspects of the day to day running of the home. Thorough analysis of falls, accidents and incidents and pressure sores took place to identify any trends to limit further reoccurrence.
- Notifications were shared with us so that we could see how any issues had been dealt with. We found that the previous inspection rating was displayed within the home as required. The website for the home displayed information about the rating as required and had a direct link to the CQC website to access the report.

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

- Relatives made positive comments about the staff and said they were always welcomed into the home. One relative told us, "The staff are always lovely and welcoming, nothing is too much trouble for them when we visit."

- The registered manager sent out questionnaires to people, relatives and staff to gather their feedback on the service. Records showed the results of these questionnaires were analysed and action taken, where necessary, to make improvements. The analysis of findings was shared within the service with details of any action that was being taken.

#### Continuous learning and improving care

- The registered manager told us care plans were in the process of being transferred onto a computerised system and staff would receive full training in the use of the system prior to this being rolled out. The registered manager told us, "We're really excited about this project and will mean staff time is freed up from writing on paper documents to enable them to spend more time with the people we support."
- Staff told us they were supported by the range of training that was organised and were encouraged to enrol on extra training where needed.
- Staff were supported to increase their skills and knowledge through completing National Vocational Qualifications and other nationally recognised training.
- To maintain their knowledge on issues and developments in the field of care the registered manager and deputy advised that they maintained links with organisations such as Dementia Friends.

#### Working in partnership with others

- The home worked in partnership with health and social care professionals from other agencies to ensure people's needs were met and they had the care, support and services they were entitled to.
- The home also worked well in partnership with a local care agency providing their staff with training. This involves staff receiving 50 hours of shadow training with an experienced staff member from Lakeview to enable them to learn about hands on care. We spoke with a manager for the care agency who told us "We are really pleased with the standard of training our staff receive here, they not only come back to us equipped with the practical skills needed to support people, but also with a positivity about working in care."