

## Lakeview Health Care Limited

# Lakeview

### Inspection report

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Date of inspection visit:  
24 June 2022  
07 July 2022

Date of publication:  
15 July 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Lakeview is a residential care home providing personal and nursing care to up to 30 people. The service provides support to people with complex needs, people living with dementia and people living with a brain injury. At the time of our inspection there were 29 people living at the service.

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

People and their relatives felt care was provided safely. Staff and management had a good understanding of safeguarding and how safeguarding incidents should be managed. Risks relating to the provision of people's care were assessed and well managed. Staffing levels were sufficient to meet the needs of people safely and recruitment processes included appropriate checks to ensure staff had the right skills and suitability to work with vulnerable people. Medicines were administered safely; however, some improvement was needed in relation to medication records. We raised this with the registered manager who responded immediately and evidenced this in an up to date medication audit and weekly record checks.

Auditing and governance systems were robust. Audits identified areas for improvement and action was taken to implement the improvements in a timely manner. Staff were supported in various ways with a robust programme of supervision and sessions which empowered staff to share their thoughts, feelings and ideas about the service. This information was then used to create agendas for staff team meetings. The provider worked well with colleagues from partners across health and social care and worked holistically to meet all of people's needs. The registered manager understood their responsibilities in relation to duty of candour and informed relatives, professionals and relevant bodies when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 23 June 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakeview 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, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Lakeview

## 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 Health and Social Care Act 2008.

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 one inspector.

#### Service and service type

Lakeview is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Lakeview is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service a short period of notice. This was because we needed to be sure the provider or registered manager would be on site to support the inspection.

Inspection activity started on 24 June 2022 and ended on 7 July 2022. We visited the service on 24 June

2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work closely with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people, four relatives about their experiences of the care and support provided. We also spoke with eight staff members, including the registered manager, clinical nurse managers, team leaders and unit managers, nursing and support staff and health care assistants.

We reviewed a range of records. This included seven people's care records and medicine administration records and associated documentation. We also looked at other records relating to the management of the home, care provided to people and risk management. We looked at safety information and certificates, staff rotas, accident and incident monitoring, meeting minutes and audit and governance information.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding systems in place and people and their relatives felt care was provided safely. When safeguarding incidents occurred the provider was proactive, open and transparent in working with relevant professionals and bodies.
- One relative said, "Yes, it's safe, it's just a really nice place. There has been one incident and that wasn't Lakeview's fault it was because the hospital hadn't shared information. Since then we've had no concerns."
- The provider had a robust on-call procedure in place and staff were given clear guidance on how to contact managers in the event of an emergency. Management and clinical nurse managers were scheduled on rota's so staff could access support at all times.
- Staff had a good understanding of when they should raise a safeguarding and who with. One staff said, "I'd report it to the manager, one of the nurses or the unit manager. I could also go to head office. I also could come to CQC if I didn't feel comfortable raising it internally."

Assessing risk, safety monitoring and management

- Risks associated with the provision of people's care were clearly identified; risk assessments provided staff with clear guidance on how to support people and manage risk in a way which was tailored to their specific needs.
- Risk assessments were reviewed regularly and updates were recorded in people care plans. The registered manager recognised the importance of sharing information and updates relating to risk with staff. They said, "We communicate the information immediately, so we'll update staff and they need to read the update and any related policies. Then we'll ask staff to sign so we can monitor who's up to date and who isn't."
- People had personal emergency evacuation plans which identified support they would require to safely leave the building in the event of a fire. These were reviewed regularly, and levels of risk were identified.
- Risks relating to the environment had been assessed and health and safety checks were carried out within appropriate timescales. These included gas, electrical items, legionella and equipment checks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Staff were recruited safely with appropriate recruitment checks carried out including, references, proof of identity, eligibility to work and checks to assess staff's suitability to work with vulnerable people. Gaps in employment had been reviewed and explanations provided.
- The provider acknowledged they had experienced difficulties in recruiting and retaining staff. However, where shortages had been identified the provider covered shifts to ensure safe staffing levels. The provider had introduced incentives for staff who remained working with the service.
- The provider regularly assessed the needs of people to identify how many staff were needed. They also identified a minimum amount of staff needed to provide care safely and a targeted amount of staff which would enable staff having more time to carry out social support.
- Staff felt staffing levels were sufficient to meet people's needs safely. However, some staff identified they worked to the minimum amount of staff required regularly. One staff said, "On one of our units, we have a few people having one to one care. On top of that there are two carers and it can be really hard when staff take breaks. Every time someone's on a break, it can be a bit difficult. People are still safe, but I think it would make a big difference in how people are responded to."

#### Using medicines safely

- The provider managed the administration of people's medication safely. People received their medicines as prescribed and the provider stored medicines as prescriptions directed. However, information in some people's records was not always consistent.
- Stock of some people's medicines did not always tally with the stock recorded in medication administration records (MAR). We discussed this with the registered manager who advised this had been addressed and improved systems had been implemented to improve the checking in of medicines and the recording of stock levels. Following the inspection, the registered manager provided evidence of improvements noted through weekly medication and MAR audits.
- Staff administering medicines had a good understanding of when and why 'as required' (PRN) medicines should be administered. One staff said, "Before administering an (as required) medication we will assess whether there are other alternatives through support first. We will carry out observations and make sure it's absolutely necessary in line with our PRN protocols."
- Staff administering medication had received medication training and competency checks were carried out by the management team.

#### 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.



### Visiting in care homes

- Visitors to the service were required to show a negative lateral flow test result and although not mandatory the provider continued to monitor visitor's vaccination status. PPE was available for visitors and guidance on reducing the risk of transmitting COVID-19 was provided.
- Relatives reported the provider promoted and welcomed visitors. One relative said, "No there's been no problems, I've always been able to visit, by just following their guidance and doing the LFT's."

### Learning lessons when things go wrong

- When things had gone wrong the provider had analysed incidents, identified areas to enhance practice and shared this with staff. Lessons learnt were used to inform improvements in people's overall experience of care.
- On one occasion an admission to the home had gone wrong. The provider analysed the incident and identified improved measures could have prevented this from occurring. The provider's 'Head of Quality' implemented measures involving the registered manager, clinical nurse managers and staff and shared this openly across the whole team.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Evidence gathered from observations of people's care, a review of records and feedback from people, relatives and staff evidenced a person centred culture throughout the home. We found the home considered people's likes, wishes and dislikes and empowered people to be in control of their care.
- When describing their experience of care and support one person said, "This is the best home I've been in it really is. The staff are brilliant. I'm able to decorate my room, I can do any activities I want. They've given me my independence back."
- The provider had worked with people living at the service to identify a 'service user representative' to advocate on their behalf. They gathered any concerns people had, any positive feedback and shared this in meetings with the registered manager.

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 provider and registered manager understood and were meeting the requirements of duty and candour.
- People's relatives commented positively about being kept up to date. One relative said, "The staff in general are just brilliant, it gives us a nice warm feeling. It never feels like we're imposing and the (registered) manager and staff keep me up to date."

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

- Audits and governance systems were robust. The provider used an electronic recording system which enabled immediate oversight and quality assurance to be carried out both within the home and at provider level. Audits were carried out regularly and when they identified areas for improvement, they were used to inform and improve practice.
- Checks on practice were carried out regularly by the management team and findings were clearly recorded. When issues were identified, the culture within the home was to analyse what had occurred and identify ways to address errors in a way which promoted positive outcomes.
- The registered manager said, "Since I've arrived we've tried to promote a culture within the home which allows us all to reflect on accidents, incidents and things that have gone wrong and then offer support and training. We've listened to staff about what works and what doesn't and we work as a team to improve things and we've only just started really, we want to aim for an outstanding rating."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had developed support systems for staff. In addition to the registered manager having an open-door policy the provider had implemented regular sessions for staff to speak confidentially with professionals employed by the provider but independent of the home. Feedback was used to inform improvements to people's care, provide staff with support and offer assistance in accessing further support should it be needed.
- The provider promoted the development of 'colleague groups' and shared details with staff on how these could be accessed. These were developed so staff from any specific minority group or staff who had specific experiences in their lives could discuss this in a safe place. 'Colleague groups' included, LGBTQ+, armed forces and veterans, parent and care givers support and health and abilities. The provider was promoting other groups they wished to develop, these included black and minority ethnic and reproductive health groups.
- The provider carried out 'listening sessions' to obtain feedback from staff on any challenges the service was going through and ways in which the service could improve.

Working in partnership with others

- The provider worked in collaboration with people, relatives, staff and external professionals such as dieticians, physiotherapists and GP's to provide a holistic experience of care for people and ensure all of their needs were met.
- People's care plans included information from partners across health and social care, which identified individual needs. Professionals advice and guidance was included to ensure care was provided safely and, in a person-centred way.