

Barbara (Aylesbury) Limited

Lakeside Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lakeside Care Centre is a nursing home registered to provide nursing care for up to 53 older people. At the time of the inspection 27 people were residing in the service. Lakeside Care Centre accommodates people in one adapted building over three floors.

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

During this inspection we found a continued breach of Regulation 12 of the Health and Social Care Act 2008. Although some improvements had been made we still had concerns. This was because the management of risks was not always documented clearly, and medicines were not always safely managed.

At the previous inspection records were not suitably maintained, up to date and accessible. At this inspection we found improvements had been made. However, this was work in progress and there were several areas where improvements were required to be made to records, in order to become compliant. The manager was aware of this shortfall and was working with the staff team to make further improvements. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvements had been made to the training of staff and how staff responded to concerns of abuse. This meant the service was no longer in breach of Regulation 13 and 18 of the Health and Social Care Act 2008.

During our previous inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the service was not following the Mental Capacity Act 2005 (MCA) code of practice. During this inspection we found this had improved. 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.

At the previous inspection in February 2019 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because person centred care was not promoted, and information was not accessible to people. During this inspection we found improvements had been made and the service was now compliant with the regulation.

During the previous inspection the registered provider had failed to comply with duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. During this inspection we found both areas had improved, and they were now compliant.

At the previous inspection in February 2019 we found the care provided to people was not personalised and people's needs were not always met. During this inspection we found improvements had been made. We

made a recommendation about care plans and risk assessments being individualised to people's needs.

At our previous inspection we found the environment was not always safe, due to corridors being blocked by equipment and fire doors being propped open. During this inspection improvements had been made.

Peoples' privacy and dignity was respected by staff. People and their relatives spoke positively about the staff and the care they received. Comments included "Couldn't ask for anything better. The [staff] are absolutely wonderful. Attitude of staff is brilliant." Where possible people were involved in the review of their care. People had access to other health professionals such as the GP, speech and language therapist, community mental health and palliative care teams. People were supported to participate in activities and maintain interests and hobbies. This went some way towards protecting them from social isolation.

Other improvements implemented by the manager included audits in areas such as care plans, meal audits and medicines audits amongst others. Where improvements were required these were actioned. Staff spoke positively about the manager and the support they were receiving and the changes they had made to the service. Comments included "The manager is present for all of the meetings. They talk through and explain everything", "Team meetings are more constructive, frequent and issues are addressed". Staff told us the manager was open to ideas.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 21 March 2019).

This service has been in Special Measures since 20 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakeside Care Centre on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

We have issued requirement notices.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lakeside Care Centre

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.

Inspection team

The inspection team comprised of two inspectors, one pharmacy inspector, one specialist nurse advisor and 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.

Service and service type

Lakeside Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The manager was going through the process of registration. The registered manager and the provider are 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with 13 people who used the service and nine relatives about their experience of the care provided. We spoke with 16 members of staff including the nominated individual, the manager, nurses, team leaders, care assistants, housekeeping staff, activities staff member, maintenance staff, and an agency chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 11 people's care records and 10 people's medicines records. We looked at four staff files in relation to recruitment and staff supervision records for 49 staff. 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 provider to validate evidence found. We looked at a wide range of information including training data and quality assurance records amongst others.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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

At the previous inspection we had concerns risks to people were not always managed effectively or documented clearly. During this inspection we could see improvements had been made, however there were still areas that needed improvements.

- For example, one person was at risk of choking and received one to one supervision at meal times. The Speech and Language Therapist (SALT) visited and gave guidance on how to manage the risk. The choking risk assessment was not updated to reflect their advice.
- Another person had behaviour that could sometimes be challenging. The risk assessment regarding their behaviour indicated staff were to recognise potential triggers and intervene appropriately. There was no indication what these triggers might be and what would be an appropriate response to the behaviour displayed.
- A risk assessment developed due to a person's epilepsy indicated the person suffered absence seizures. There was no indication how these presented or what action the staff member was to take in response to a seizure. Four out the seven staff involved in the person's care were not aware that the person had epilepsy.

We found some people's care plans lacked specific detail on how risks were to be managed. We found no evidence that people had been harmed however, records were not robust enough to demonstrate risks were effectively managed.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008.

- At the last inspection we had concerns about the lack of environmental risk assessments, during this inspection records showed these were now in place.

Systems and processes to safeguard people from the risk of abuse

During the previous inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008. This was because staff were not all trained in how to respond to concerns of abuse and safe practices were not always followed.

During this inspection we found improvements had been made and the service was now compliant with the regulation.

- Records showed 76% of staff had received training in safeguarding people. Safe care practices were now in place. Further safeguarding training was scheduled to take place between September and November 2019. Staff understood their responsibilities in protecting people from abuse. Staff told us "I have no worries about raising concerns, I have confidence action will be taken".
- At the previous inspection we had identified in team meeting minutes staff had raised concerns some colleagues were double padding people at night. This meant they were putting more than one incontinence pad on people, so they did not need to be changed as often. This is not acceptable practice. At this inspection staff confirmed this practice was now not taking place. They commented, "Double padding, we do not do that. We are not allowed to and if I found it was happening I would report it."
- People told us they felt safe living in the service, comments from one person included, "All round it feels very safe. I have good friends here. Nothing unkind or anything like that has ever happened. Quite happy now, like a family."

Staffing and recruitment

During our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008. This was due to concerns about the lack of suitably trained staff. During this inspection we found this had improved.

- All of the staff spoken with told us the staffing levels were sufficient. Staff commented, "The staffing levels are ok as we are currently low on the number of people living here." The manager confirmed new staff were appointed and ready to start work to enable the service to be able to respond to new admissions to the service.
- Throughout the inspection we observed call bells were answered in a timely manner. Staff were observed spending time chatting to people and care was not rushed.
- Systems were in place to ensure people were protected as far as possible from being cared for by unsuitable staff.
- Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. We found two gaps in candidates' employment histories. The manager told us they would investigate this.

Using medicines safely

At the previous inspection in February 2019 we found the provider had failed to ensure medicines were safely managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- There was a medicine policy in place to support medicines management. However, staff members did not always follow it. Staff members did not always give medicines as per the prescriber's instructions, for example, medicines to be given on an empty stomach before food. This meant there was a risk these medicines may not be effective.
- Staff members did not always record when they had applied prescribed emollient creams. This was also highlighted during the previous inspection carried out in February 2019.
- Some people were prescribed medicines to be given on a "when required" basis. However, protocols were not in place to give these medicines consistently as prescribed. For example, a person was prescribed an antihistamine due to an allergic reaction, however, there was no information provided to staff on allergies

and when to give the medicine.

- Medicine care plans did not have accurate and adequate information related to medicines. This meant there was a risk staff may not have been able to support people's medical and health needs effectively.
- There was no information in people's care plans to help the staff monitor or manage side effects of high-risk medicines. This meant there was a risk, staff members may not be able to respond appropriately and take necessary action regarding high risk medicines. This was also noted during the previous inspection carried out in February 2019.

This is a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a process in place to receive and act on medicine alerts. Staff members were competency assessed and received training to handle medicines. Medicines were stored securely and at appropriate temperatures including controlled drugs (CD's). (Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.)
- The staff were polite and gained permission when they gave medicine to people. They signed for each medicine on the medicine administration record (MAR) after giving it.

Preventing and controlling infection

At our last inspection we recommended the provider employs best practice in relation to infection control to ensure the risk of cross infection was mitigated. The provider had made improvements.

- There were systems in place to manage infection prevention and control. The infection control lead told us a meeting was to be held in November 2019 with the Clinical Commissioning Group (CCG) for an annual audit. There was evidence sessions on hand hygiene had been carried out with staff. There was also evidence of where issues had been identified action had been taken, for example, at least two mattresses per month were being replaced. There was a quick reference policy on infection control on all floors.
- On both days of the inspection staff were wearing appropriate protective personal equipment (PPE) when providing personal care and assisting people with meals. Alcohol gels were available in the nursing office, hallway and toilets. There were adequate hand washing facilities. An infection control risk assessment was in place.

Learning lessons when things go wrong

- Records demonstrated information was shared amongst the staff when things went wrong. For example, following the completion of an audit or following a complaint.
- The manger did a daily walk around the service, this enabled staff to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues. Staff said they found this a good way to communicate and enabled them to keep up to date with the day-to-day running of the service and people's changing needs.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the previous inspection we found staff were not receiving sufficient support through training and supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made.

- Staff told us they felt suitably trained and clear of their roles and responsibilities. Staff outlined for us recent trainings they had completed. The registered nurses confirmed they had completed recent training relevant to their role. For example, tissue viability, syringe drivers and medicine competency assessment training. A staff member commented, "Agency staff also have inductions and training now to ensure they are able to meet the needs of the people living here."
- Staff commented, "Our roles and responsibilities are reinforced through staff meetings and training. The manager has introduced morning meetings with heads of all departments, so we are all clear what is happening within the service. The manager tells us what they want done and helps us to understand how to do things."
- Staff told us they felt supported. All the staff spoken with confirmed that the manager had carried out an initial face to face supervision with them. A schedule was being put in place to delegate future supervisions to other senior staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plan records showed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the service, in consultation with the person, had produced a plan of care for staff to follow. Consent forms had been completed with people confirming they had agreed with the support provided.

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

- People told us they enjoyed the food and they had enough to eat and drink, comments included, "Food brilliant, new chef lovely, I have enough to eat. They (staff) come over and make sure you've got a drink and ask if you would like anything else." A relative told us, "Meals here are lovely. Same meals for him here that he liked at home."
- We observed lunch being served and the support people received. People were supported in a discreet but friendly way. Staff were aware of their needs and did not rush people but allowed them to eat at their

own pace.

- People's care plans outlined their nutritional needs and risks. People who were assessed as a risk of malnutrition were weighed regularly and food supplements were provided. People's care plans outlined the support and equipment people required with their meals.
- The service had identified people's food likes, dislikes, special diets, allergies or intolerances. The chef had a copy for their records and they referred to this daily to ensure people's dietary needs were met.
- People were given a choice of meals and people were able to have an alternative to what was on the menu when requested. The menus viewed showed the meals were varied, balanced and nutritional.

Staff working with other agencies to provide consistent, effective, timely care

- The home liaised with the GP surgery and the palliative care nurses to support people with their final wishes.
- People who had specialist health needs for example, diabetes, pressure ulceration or visual impairments, received support from external professionals. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs.
- One relative told us, "Podiatry every couple of months, physiotherapy, optician every year, has recently been. GP brilliant in once a week. Any issues speak to the nurse and GP in straight away."

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

In our previous inspection we observed moving and handling hoists were stored in the corridors. This posed a risk to people along with fire doors that had been propped open by the stairwell. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection improvements had been made.

- Fire doors were kept closed to protect people from the risk of fire spreading, and from people falling down the stairwell. In addition, hoists were stored in a room to ensure people's safety.
- At the previous inspection and during this inspection we observed improvements were being made to the building and the environment for people. Redecoration and renovation meant the building was being maintained.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals such as the GP, speech and language therapist, the community mental health team and palliative care teams. One GP practice carried out weekly visits to the service to review individuals registered with them. Records of visits were recorded in a multidisciplinary record in people's files.
- People's care plans referred to medical conditions however, health care plans were not in place to outline the health visits required and the frequency of those appointments. We saw some people had access to dentists, chiropodists, annual health checks but the records relating to those were not in order or in place in all of the care plans viewed. The manager agreed to address that as part of the review of care plans that was currently underway.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

During our previous inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because the service was not following the MCA code of practice. During this inspection we found this had improved.

- People's mental capacity was assessed when a specific decision was required to be made. If the person was unable to make the decision a best interest decision was made through consultation with significant people who were involved in the person's life. Where restrictions were put in place to keep the person safe, authorisation was applied for.
- Staff were trained in MCA and DoLS. Further training was scheduled to take place during September, October and November 2019. During discussion with staff they indicated a good understanding of the Act.
- Since the previous inspection the Mental Capacity Assessment documents had been updated. Some care plans viewed contained the revised MCA documents which showed decision specific mental capacity assessments were completed and best interest decisions were recorded. Other care plans contained the older format of MCA assessments which were not fully completed. The manager advised this would be addressed as part of the introduction of a new care plan format.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection in February 2019 we recommended that systems were put in place to monitor staff performance to ensure that staff worked in line with best practice to promote people's dignity.

We found in this inspection this area had improved.

- We observed people's privacy and dignity was respected by staff who knocked on people's doors and asked permission to enter. We heard staff talking kindly and respectfully to people. We observed staff were attentive and listened to what people wanted. One person told us "Carers (staff) show me a lot of respect and I'm the same with them."
- Other comments included "At first carers did too much. They needed to help me but not too much. Some [staff] really understand I need to do things for myself." A relative told us "I don't think the care could be any better. They (staff) know she is independent and let her do things for herself. If she needs help she gets it. Great relationship with staff, good communication. Staff great with [Named person]. She is well cared for."

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

- We observed a staff member supporting a person living with complex issues. The person was supported in a kind way with the staff member kneeling by them, talking quietly and sensitively and reading the person's body language. The person responded positively and had a beaming smile. The staff member adjusted the person's glasses, making sure that the sun protectors were clean and correctly attached.
- People told us they were well treated, comments included "Couldn't ask for anything better. The [staff] are absolutely wonderful. Attitude of staff is brilliant." Another person told us they received the help and support they needed, and staff were like members of their family.
- Another person gave us an example of staff going beyond the call of duty, when they came to the service on their time off, to support the person to go into town.

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

- Where people were able they were part of the review of their care, when appropriate, relatives were also involved. For those people who had had their care plan reviewed they spoke positively about the process, comments included "Have had a care plan review, people sat down with me and talked about my care." A relative told us "Yes care plan reviews, seems to be working, happy with the plan."
- Records showed people had consented or not to receiving flu vaccinations. Signatures also indicated

consent from people and their relatives regarding the sharing of information with safeguarding investigations. People told us they felt involved in their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; meeting people's communication needs

At the previous inspection in February 2019 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because person-centred care was not promoted, and information was not accessible to people.

During this inspection we found improvement had been made.

- At the previous inspection care plans were not always up to date, detailed or accurate. However, during this inspection we were shown a new simplified care plan format which was being introduced and had been used for new admissions to the service. The manager was aware of the need for the care plan format to be improved and had been working with staff to assist them to understand why this was needed.
- Following the inspection, we were sent a copy of the areas the new care plans were going to include. These were holistic, and person-centred. The manager was aware care plans needed to be improved to reflect the care to be provided and to keep people safe.
- Staff understood people's care needs. During the inspection there were many examples of staff being aware of what people needed and did not need, for example, staff were aware of people's nutritional needs and personal care needs.
- Keyworkers had been introduced. This is a named staff member allocated to support people to coordinate their care. Staff had clear understanding of the keyworker role. They told us how people had chosen individual staff to be their keyworkers.

We recommend the provider ensures care plans and risk assessments are individualised to people's needs.

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The service had guidance on how to meet the AIS. A copy was available in people's care plan files.
- People's care plans outlined their communication needs and the support required to enable the person to express themselves. Pictorial sheets had been developed to enable people with limited verbal communication to make choices in relation to their care.
- We observed people with a hearing loss using a pen and paper to communicate. We also saw staff using a

picture board and body language to communicate with a person. One person's first language was not English, we were told several staff spoke a language close to the person's native tongue and often acted as interpreters.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A full programme of activities was offered to people. Quizzes, crosswords, ball games, reminiscence sessions, hand and nail therapy, Bingo and board games and one to one activities were popular with people and relatives. Professional entertainers supported the programme of events.
- People were able to follow previous interests. People who had an interest in gardening were involved with spring bulb planting. People were also able to follow art and craft activities. People were able to contribute to the life of Lakeside Care Centre by helping run activities.
- One person told us, "The best thing is they let my dog in." It was clear from people's responses the dog was appreciated by the people living in the service.
- People's comments included, "I am not a joiner, I read in the mornings and watch TV in the afternoon. Spend time looking at the ducks and birds on the lake. My daughter fills up the bird feeders." "Recently spent time in my room. I go out and fetch the paper as a proper workout, but a bit tired when I get back." Other people told us how they had joined in activities and made friends with other people living in the service. This protected people from the risk of social isolation.

Improving care quality in response to complaints or concerns

- The complaints procedure was clearly displayed in the building and outlined how to make formal complaints and if necessary how to escalate them to the provider.
- Records showed the manager had proactively contacted people who had raised complaints in the recent past. This was to ensure they had been satisfied with the response they had received. Where complaints had been raised we could see from the records these had been investigated and resolved to the satisfaction of the complainant.

End of life care and support

- Nurses and nurse assistants had received training in end of life care. At the time of the inspection we were told no one was receiving end of life care. On day two of the inspection we were told a person had become unwell and was now receiving end of life care. Some people had "Do Not Attempt Resuscitation" forms (DNAR's) in place and reference was made to end of life care within care plans.
- Staff told us people were supported at the end of their life to have a comfortable, dignified and pain-free death and where possible people were able to remain at the home and not be admitted to hospital if they so wished.
- There were records of mouth care, food and fluid charts, comfort chart and repositioning charts and the service was in the process of introducing the Gold Standard Framework. The Gold Standard Framework is training and support that brings about organisational changes, enabling a 'gold standard' of care for all people nearing the end of life.
- The home liaised with the GP surgery and the Palliative care nurses to support people with their final wishes. End of life care plans were still work in progress and people's wishes around their death were still being explored and agreed with them.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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.

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

During the previous inspection the registered provider had failed to comply with duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found this had improved.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

- The provider had a duty of candour policy in place. The manager and registered nurses understood their responsibilities to be open and transparent when things went wrong.
- When appropriate people's next of kin were informed of incidents that resulted in an injury to a person.

During the previous inspection the registered provider had failed to comply with regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because they had failed to notify the necessary organisations when safeguarding concerns had been reported.

During this inspection we found this had improved.

- Safeguarding notifications had been sent to the Commission and the safeguarding team as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

During the previous inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because records were not suitably maintained, accurate or complete. Systems and processes were not established and operated effectively to promote good governance and effective management of the service.

During this inspection not enough improvement had been made and the provider was still in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the time of this inspection the manager had been in post for approximately five months. They had started the process of registering with the Commission.
- At the previous inspection records were not suitably maintained, up to date and accessible. At this inspection we found improvements had been made to some aspects of records such as accident and incident reporting, complaints and staff files. However, we found some information in people's care plans was not easily accessible.
- Some care plans contained irrelevant information for example, a person had a care plan for breathing when there were no concerns about their breathing.
- We also found assessments were not dated and signed by the person completing the initial assessment and subsequent care plans were not routinely dated and signed. People's fluid charts were not fully completed, and the amount taken over 24 hours was not totalled. This meant the service was unable to establish if the person was having the required input of fluids or not.
- Incident reports were not fully completed by the registered nurse to indicate action taken to mitigate the risk. Medicine records needed updating and refining to ensure they were fit for purpose. For example, having protocols in place to give medicines consistently as prescribed.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Continuous learning and improving care

During the last inspection in February 2019 we found several breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes were not established and operated effectively to promote good governance and effective management of the service.

At this inspection we found improvements had been made in these areas.

- Audits had been completed in areas such as care plans, meal audits and medicines audits amongst others. Where improvements were required these were actioned. For example, a mattress audit found mattresses needed replacing, this had taken place.
- Staff told us care assistant and nurses' meetings were scheduled and happening. Staff commented, "The manager is present for all of the meetings. They talk through and explain everything", "Team meetings are more constructive, frequent and issues are addressed". "Head of department morning meetings have commenced which informs us what is going on in relation to aspects of the service for example risks, admissions, staffing."
- Staff told us the manager regularly walks the floor and had a presence in the home. A staff member commented, "This helps the manager to see first-hand the issues within the service to enable them to be addressed."
- Staff told us the manager was open to ideas. A staff member told us some relatives had fed back that they

felt like a visitor as opposed to a family member. This was because they were unable to help with aspects of their family member's care which involved moving and handling. As a result, some family members had been trained in moving and handling to enable them to safely support their relative if they wished to during their visit.

- People spoke positively about the manager and the changes they had made to the service. One person told us, "I know the manager, she comes around, asks questions." Another person told us, "Nice manager only have to say and on it straight away. If there is something you want to query it is done. The manager speaks to everybody every day, it's nice to be spoken to."

Working in partnership with others

- Lakeside Care Centre was keen to build on existing community links. At present links have been established with a local playgroup who visit for play afternoons and shared paintings and drawings with people. Students from the local college had placements at Lakeside Care Centre as part of their health and social care studies. The service had established links with other care homes. Visits between homes offered people wider opportunities to socialise.

- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals.

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

- Care plans contained information about people's lives, spiritual needs, hobbies and interests. This helped staff to understand people's life history and what was most important to them. This encouraged meaningful interaction with people.

- People's religious preferences were acknowledged, for example links existed with a local church and the local Kingdom Hall. People could attend regular religious services held at Lakeside Care Centre. One person told us, "I go to church once a month and take communion."

- Staff received training in equality and diversity, this enabled them to be aware of discrimination, and attitudes that did not uphold people's dignity.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to provide care and treatment in a safe way for service users. Regulation 12 (1) (2) (a) (b) (c) (f) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not suitably maintained, accurate or complete. The provider had failed to assess, monitor and improve the quality and safety of some of the services provided in the carrying on of the regulated activity in some areas. Regulation 17 (1) (2) (a) (b) (c) (d) (i) (ii)