

Lakeview Rest Homes Limited

Lakeview Rest Homes

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

Lakeview Rest Home is a care home for 29 people. The building is on two floors and has lift access. Bedrooms have en suite facilities available. The home is situated close to Lytham promenade, near Lytham and St Annes town centres. Private car parking facilities are available.

At the last inspection in September 2016 the service was rated Requires Improvement. Ratings of requires improvement had been identified in the 'safe' and 'well led' domains with breaches in Regulation 15, 17 and 18 Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The home did not have effective systems or equipment for the management of clinical waste. Some areas of the building were not effectively maintained for their designated purpose. The laundry environment was not fit for purpose. Also systems and processes were not accurately reflected within the records kept. In addition there were not enough staff to meet the needs of people in the home in a timely manner.

At this inspection in July 2017 the issues had been addressed by the management team and regulations were met.

This inspection visit took place on 25 July 2017 and was unannounced.

From our observations, discussions with people who lived at the home and staff we found sufficient staff were deployed to ensure people had their needs met. One person who lived at the home wrote in a survey, 'They answer the call bell immediately when I call for help'. A staff member we spoke with said, "We do have enough staff around now if we need extra the manager will bring people in."

Systems and processes accurately reflected information within the records kept. Risk assessments were now up to date and implemented in care records of people who lived at the home.

We were shown improvements to the laundry and infection control systems. A new facility had been designated as a laundry room and building work was near completion. In addition new clinical waste systems were put in place to reduce the risk of infection.

We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

People who lived at Lakeview told us they were happy with the care they received and with staff who supported them. We sat with people who lived at the home in the lounge areas and dining room and observed staff providing support for people throughout our inspection visit. We found they were kind, respectful and patient towards people who lived at the home. One person who lived at the home said, "Yes they are all lovely. They treat me with kindness and respect which is what all you can ask for."

We found by looking at documentation and talking with staff they had been recruited safely, received ongoing training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at Lakeview and they were deployed appropriately to ensure the needs of people were met.

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

People told us they had choices of meals and there were always alternatives if they didn't want what was on offer. We observed at breakfast time cooked breakfasts were provided as a choice for people. One person who lived at the home said, "I love the bacon butties in the morning." Care records we looked at described people's food preferences and any allergies.

We looked at the activities at the home and spoke with people about what was provided. The service employed activity co-ordinators and we saw advertised on the notice board of up and coming events, entertainers and trips out.

The registered manager guided staff to support people in line with their requirements and wishes. Care records we looked at were personalised and contained detailed life histories of each person who lived at Lakeview. Documentation was reviewed and updated with people and their families where applicable. This ensured responsive care planning matched their ongoing needs.

Lakeview had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received. However people who lived at the home and relatives we spoke with were aware of the process to follow should they have any concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and surveys sent to relatives/residents. Also we looked at staff and 'resident' meetings minutes. These were held to seek their views about the service and improvements that were suggested to ensure the home continued to develop.

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.

The home had safe effective systems or equipment for the management of clinical waste and effective infection control measures in place.

We looked at staffing levels and looked at staffing rotas and found sufficient staff were deployed to meet people's requirements.

We observed medication was administered safely. The service had systems in place to protect people from unsafe management of their medicines.

Staff had received training to safeguard people from harm or abuse which was regularly updated and were aware of the process to follow.

The management team followed safe recruitment procedures.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff that were well trained.

The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Is the service caring?

Good ●

The service was caring.

We observed staff treated people with respect and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home. Also staff had a good understanding of people's needs.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were stimulated and occupied.

The management team and staff worked closely with people to act on any comments straight away before they became a concern or complaint.

Is the service well-led?

Good ●

The service was well-led.

The service had an open working culture and the management team had a visible presence within the home.

Quality assurance monitoring systems were in place and regular audits of the service had been completed.

The views of people who lived at the home and staff were sought on a regular basis.

Lakeview Rest Homes

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

This inspection visit took place on 25 July 2017 and was unannounced.

The inspection team consisted of an adult social care inspector 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. The expert-by-experience had a nursing care background.

We spoke with a range of people about the service. They included eight people who lived at the home, two relatives, the registered manager and five staff members. Prior to our inspection visit we contacted the commissioning department at the local council. We did not receive any information of concern about the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home, staff training and recruitment records and arrangements for meal provision. In addition we looked at staffing levels and records relating to the management of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

At the last inspection in September 2016 the registered person did not have effective systems or equipment for the management of clinical waste. Some areas of the building were not effectively maintained for their designated purpose. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. This has now been addressed.

The provider had converted extra space for an extended laundry facility and ongoing work was in hand to provide new washing facilities. New systems had been introduced for the management of clinical waste to ensure people were not at any risk of any infection. A staff member said, "The new laundry will be so much better." The building was clean and staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were now available around the building.

At the last inspection there were not enough staff to meet the needs of people in the home in a timely manner. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. At this inspection we found the regulation had now been met.

We looked at staffing rotas, talked with staff and people who lived at the home. In addition we observed staff caring for people during the day and how they were deployed to support people who lived at Lakeview. We found the service was now staffed appropriately with sufficient personnel to care for people who lived at the home. Staff we spoke with told us they felt there were sufficient staff to care for people. For example one staff member said, "If we are pushed the manager will always get extra people in." Also another staff member said, "Yes we have sufficient staff around to support people."

We observed the day was relaxed, call bells were answered in a timely manner and staff attended to people when they requested support. One person who lived at the home said, "They are nice girls and I don't usually have to wait". Another person who lived at the home said, "If I had course to press for help they seem to come straight away."

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required. Records kept at the home confirmed they monitored water temperatures to ensure people's safety. We had a walk around the building and found good signage around to help support people living with dementia. For example pictures of people on bedroom doors they occupied. This would help people to be more familiar and safe with the surroundings. People had access to outside paved areas at the front and side of the building, seating was provided.

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with knew what types of abuse and examples of poor care people might experience. They

understood their responsibility to report any concerns they may have. One staff member said, "We have training updated all the time. I would not hesitate to report any issues whether to the management or to use the whistleblowing process."

Two care plans of people who lived at the home contained risk assessments. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at Lakeview. Risk assessments provided instructions for staff members when delivering support for people. For example if people were at risk of falls, plans were put in place to reduce the risk such as pressure mats or walking aids. Care records contained instruction for staff to ensure risks were minimised, these had also been reviewed on a regular basis. For example risk assessments were completed for falls, mobility and fire safety.

We found the registered manager had safe systems in place to protect people from the employment of unsuitable staff. We checked two staff recruitment records. They contained references and criminal record checks obtained from the Disclosure and Barring Service. We also found personnel files contained documented evidence staff had completed induction training to support them in their new roles. Staff spoken with confirmed this. One recently new member of staff said, "It was very useful and the shadowing of staff helped me a lot."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for people following the breakfast and lunchtime medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed the medication trolley was locked securely whilst staff attended to people who lived at Lakeview with their medication.

Is the service effective?

Our findings

By looking at training records, also staff and people who lived at the home we spoke with staff were effective in their roles because they were experienced and well trained. We asked people if they felt staff were competent and one person said, "They're very good that way."

The registered manager had a range of training to assist staff development and provide skills which would support them to care for people who lived at the home. Training courses covered, for example, safeguarding adults, infection control, moving and handling and first aid. The registered manager had completed a training programme for staff to follow to make sure they were well trained. Staff also completed recognised professional care qualifications. This was confirmed by staff we spoke with. One staff member said, "We do have access and choice to lots of training courses to help us. The manager is always supportive to us accessing training."

Staff told us they had regular supervision to support them in their roles. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Records we looked at evidenced sessions were held on a regular basis. All staff we spoke with told us the registered manager was supportive and was available any time should they have any issues. Staff we spoke with said the one to one supervision sessions were helpful in their development. One staff member said, "They are good to see how we are doing and discuss any issues we have at the time."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff we spoke with demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We observed people were supported to come and go as they wished to. Staff did not restrict their liberty or movements. Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place. These included mental capacity assessments the registered manager completed to check each person's ability to make decisions. This showed the registered manager and staff followed the Code of Practice and legal processes associated with the MCA.

The 'Food Standards Agency' had awarded Lakeview their highest rating of five stars following their last visit. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Cleaning schedules we looked at were up to date and signed off as completed. Records we looked at demonstrated people were offered of variety meals and snacks. The cooks operated a four week rotating menu however they told us this was flexible dependent on the choices of people who lived at the home. We observed lunch was organised and promoted as a social occasion. Fridges and storage areas were well stocked with food supplies and fresh produce was available and being used for the dinner of the day. We saw the cook was making a homemade cake for the afternoon snack.

We arrived at breakfast time and observed people in the dining area having choices of cereals and cooked bacon and egg sandwiches were brought round and offered to everyone. One person who lived at the home said, "It's great we have bacon and sausage whenever we want in the mornings." Other comments about meals included, "It's gorgeous." Also, "I am satisfied with it. I have nothing to grumble about."

There were meal options on offer daily for people who changed their minds. People's food preferences were displayed in the kitchen and the cook had a good awareness of what people liked and disliked. Information was available about special diets, such as diabetic or blended foods.

Staff worked closely with other healthcare services in meeting people's changing healthcare needs. Care records held contact details of other professionals involved, such as GPs, social workers and opticians. Staff documented the visits and appointments in the person's daily records and kept their relatives informed.

Is the service caring?

Our findings

We observed during the inspection visit staff were caring towards people who lived at the home and consistently were patient and sensitive to their needs. Comments from people who lived at the home confirmed this they included, "They're very helpful and very kind." Also, "They treat me like a queen, I'm waited on hand and foot and they can't do enough for me." A visiting professional told us staff were really good with people who lived at the home. They were impressed by the standard of care at Lakeview.

We observed staff had a caring and respectful manner when they engaged with people who lived at the home and visitors. They demonstrated a kind approach when they engaged with those who lived at Lakeview. One person who lived at Lakeview said, "They like to listen to what you've got to say. They sit down and have a chat with you if you need it."

Staff respected people's privacy and dignity. For instance we noticed staff knocking on doors and waiting for a response before entering. They also called out their name to ensure people knew who was at the door. We heard people being addressed by name and they were asked discreetly if they wanted to go to the toilet. This demonstrated staff were sensitive and respectful of people who lived at the home. One person who lived at the home said, "They're lovely with me, they greet me when I come in."

Staff had a good understanding of protecting and respecting people's human rights. We were told training was provided in this area. Staff and the registered manager were able to describe the importance of promoting each individual's uniqueness. We found there was a sensitive and caring approach practiced by everyone at Lakeview during our inspection visit.

We looked at how staff and the registered manager developed relationships working with people and their families. The two care plans we looked at were developed with the person and their relatives. For example documentation of issues that were important to them and how best to provide their support. Other details, such as personal care support planning, helped staff to promote people's independence when they assisted them. This was confirmed by talking with people. They told us they were encouraged to be as independent as they could be by carrying out as much personal care as possible themselves, such as washing and dressing.

When we had a walk around the building and in bedrooms, we found people who lived at the home were supported to personalise their own rooms. For example family photographs and furniture. The registered manager and staff encouraged people to make Lakeview their home. This included having their personal belongings and ornaments.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information available for people and their relatives. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded if applicable so staff were aware of these. We were told people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us staff and the management team provided care that was responsive to their needs and treated them as an individual.

Two care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date and accurate. For example one person was hospitalised and had lost weight. They were referred to a dietician and following treatment and support had recently gained weight which was clearly documented and reviewed at timely stages.

We found care plans had been developed where possible with each person and their family. Care records included what support they required any treatment from other health professionals and input from family members. A staff member said, "It is important to get as much detail as possible about the person to develop relationships." Care plans and associated records were comprehensive. Staff were required to sign documentation to demonstrate they understood people's care, their histories and to identify who had completed record entries. Assessments and care records were developed with the person and relatives where applicable This was to ensure as much personal information could be obtained, which helped to develop relationships and knowledge of the person.

During the inspection visit there were activities taking place such as board games and reminiscence music. We had a mixed response from people who lived at the home in terms of activities and what was on offer at Lakeview to keep people occupied and entertained. For example we asked people how they spent their time during the day, comments included, "I go for a walk if I can sometimes we go out with a driver." Another person said, "Twiddling my thumbs, I read magazines and the daily paper. I don't know of an activity person but occasionally we play skittles." Another person said, "I don't do anything, but I'm quite happy as I am. I can hear the television and I know there's always someone there if I need anyone."

We spoke with the activity co-ordinator who told us about up and coming events, trips out and was in the process of advertising activity days on the notice board. People who lived at the home told us they could go out if they wanted to. Normally the minibus went out twice a week, however last week's trip had to be cancelled because there were problems with the minibus. One staff member said, "It was a shame but we do go out every week normally." The registered manager ensured us all people who lived at the home were made aware of activities provided and efforts were made to accommodate people's choices. Staff told us they had time to spend with people and the management team encouraged them to sit and chat with people if they wanted to.

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed around the home, in their literature given out to people who lived at the home and their relatives.

We spoke with people who lived at the home and relatives about the complaints process. People told us

they knew how to make a complaint and who to speak to if they had any issues. A relative said, "Never complained and not needed to yet. I would speak with [registered manager] if I had a problem or an issue."

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Is the service well-led?

Our findings

At the last inspection in June 2016 we found systems and processes identified to safely manage the home were not always an accurate reflection of the systems used or they were not implemented. This was the case within risk assessments, some procedures and within care plans.

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

This had now been addressed and the management team had updated care records to ensure all risks had been identified and what action was required. This information supported staff to be aware of potential risks to people and keep them safe. A staff member said, "We now have good recording systems in place that are easy to follow."

There was a registered manager employed at Lakeview. 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.

People we spoke with who lived at the home and relatives were positive in their comments about the management of the home. For example one relative wrote on a media website independently. 'I would like to express my family's appreciation and gratitude to [management team] and all the staff at Lakeview for the outstanding care given to my [relative]'.

We observed good visible leadership during the day of our inspection visit. The registered manager had a good knowledge of staff roles and responsibilities and staff told us they were 'hands on' when they required support. We discussed people's care with them and they demonstrated an understanding and an awareness of people's needs.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager and new manager worked with them. They also told us they supported them to provide quality care.

Staff and 'resident' meetings were held on a regular basis to discuss the service provided and care of people supported. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the home had been discussed. In addition surveys were requested from relatives/residents twice a year the most recent one in May 2017. There were 12 returned surveys that were mainly positive in comments about the home. However 3 returned questioned the amount of activities on offer. The registered manager analysed the surveys and acted by ensuring more trips and activities were arranged. Also the activity co-ordinator was brought to provide games and activities for people. One person who lived at the home said, "I like the trips out."

We found there were a range of audits and systems in place to monitor and improve the service. These were now taking place on a regular basis. Part of their quality assurance monitoring audits were in medication, care plan reviews, infection control and the environment. The management team told us audits were an important part of assessing and improving the service. This was to ensure they continued to develop and provide quality care for people. For example we found in one care plan audit they identified some care plans had not been signed off by the relative. This was documented when they had completed the action required. This demonstrated any issues found and action taken following audits undertaken by the management team.

The management team at Lakeview worked in unison with other health and social care organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. The management team also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This is a legal requirement from 1 April 2015.