

Lakeview Health Care Limited

Lakeview

Inspection report

121 Ena Crescent
Leigh
WN7 5ET

Tel: 01942294141
Website: www.exemplarhc.com

Date of inspection visit:
31 October 2022
08 November 2022
21 November 2022
25 November 2022

Date of publication:
24 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the Service

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 30 people living at the service.

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

People and their relatives generally felt care was provided safely. Risks relating to the provision of people's care were generally well managed in practice; however, some people's risk assessments contained inconsistencies. Medicines were administered safely; however, some improvement was needed in relation to medication records and the storage of people's topical creams. We raised this with the registered manager who responded immediately; however, we identified minor recording issues at our last inspection and found similar concerns again. Staff and management had a good understanding of safeguarding and how safeguarding incidents should be 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. We have made recommendations that good practice in reporting accidents and incidents is carried out by all staff and people's risk assessments and support plans are reviewed to ensure information is consistent. We have also recommended improvements made in relation to medication records and storage of medicines are maintained.

The volume of auditing and governance systems was substantial. However, when utilised, audits had not always identified the same areas for improvement as we did at this inspection. 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 team meeting agendas. The provider worked well with colleagues from partners across health and social care and worked holistically to meet all of people's needs. The provider and registered manager understood their responsibilities in relation to duty of candour and informed relatives, professionals and relevant bodies when things went wrong. However, some relatives felt a minority of staff could improve their communication when accidents and incidents occurred. We have made recommendations the provider utilises audits effectively.

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

Rating at last inspection and update

The last rating for this service was good (published 15 July 2022)

Why we inspected

This inspection was prompted in part due to concerns received about falls and risk management and the registered manager and providers timeliness in seeking support from external professionals. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

We found no evidence during this inspection that people were at risk of harm from this concern. However, we have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

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.

Recommendations

We made recommendations relating to safe care and treatment and good governance.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 3 inspectors.

Service and service type

Lakeview is a 'care home'. People in care homes receive accommodation and nursing and/or 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 3 people and 5 relatives about their experiences of the care and support provided. We also spoke with 9 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 6 people's care records and records relating to medicine administration 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. We spoke with professionals who worked closely with the service.

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. At this inspection the rating has changed 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; Learning lessons when things go wrong

- The provider had robust systems in place for monitoring and assessing risk. Records included significant amounts of detail. However, in some instances we found inconsistencies within people's support plans and risk assessments.
- One person's moving and handling risk assessment had been updated to reflect an increase in their needs. However, related risk assessments which involved moving and handling support had not been updated to reflect the additional support needed. We discussed this with the provider who acknowledged care plans and risk assessments contained too much information which was causing inconsistencies in their records.
- A minority of relatives we spoke with told us they had observed poor management of falls within the home. This included a delay in staff responding to people falling and subsequent safety measures not being implemented effectively.

We did not identify people were at risk of harm. However, we recommend the provider reviews risk assessments to ensure risks associated with the provision of people's care and support are consistently recorded. We also recommend the provider ensures good staff practice when reporting accidents and incidents is consistent across the entire staff team.

- The provider shared their plan to introduce new care plans and scale back the amount of detail within them; ensuring they would only contain relevant and up to date support plans and risk assessments for staff to follow.
- Logs for recording incidents were completed electronically. This enabled the provider and registered manager to have good oversight of risk associated with the provision of people's support and their interactions with other people living in the service.
- The provider had analysis tools in place to monitor incidents which occurred within the home.

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.

Using medicines safely

- The provider had systems in place for the management of medication. However, we identified topical creams were not always stored correctly. We also identified charts and body maps for the application of creams and transdermal patches were not always completed correctly.
- We discussed this with the registered manager who implemented daily checks to ensure charts were completed. They also re-organised storage within treatment rooms to ensure people's creams were stored in individually labelled drawers to identify which person they belonged to and their room numbers.

We recommend the provider continues to monitor the recording of creams and transdermal patches to ensure records are accurate and up to date.

- Staff had a good understanding of how people's medicines should be administered.
- People who wanted to manage their own medication were supported to do so. The provider completed assessments to ensure the safety of people wishing to administer their own medication and considered associated risks.

Systems and processes to safeguard people from the risk of abuse

- Generally, people and their relatives felt care was provided safely and people were protected from the risk of harm and abuse. The provider worked proactively with external safeguarding professionals when incidents occurred and the registered manager was praised for their openness and transparency.
- One relative said, "I do feel [person] is safe, I mean, I shouldn't compare, but I have to, they've been in two homes and it's safer there than the other places. I'd give them 12 out of 10, there's always two people to support and I visit unannounced, so I know it's not for show."
- The provider had a robust safeguarding policy in place and staff had a good understanding of what abuse to be aware of and how to raise a safeguarding alert if needed. One staff said, "I would go up through the ranks, team leader (seniors), unit managers and the registered manager. If I felt I couldn't raise it in the company I'd go to CQC and come outside of the company."

Staffing and recruitment

- The provider had a robust recruitment system in place to ensure the suitability of staff; including carrying out appropriate checks for all new staff. References were sought and DBS checks were completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Staffing levels were sufficient and staff received training enabling them to meet people's needs effectively. Compliance with training fluctuated; however, we identified this was due to the difficulties in recruiting and retaining staff which the provider had experienced along with services across the health and social care sector.
- The provider had a robust dependency tool which assessed the minimum requirement of staff to meet people's needs. We reviewed several months of evidence which showed only one occasion where staffing levels fell below this target and the difference was minimal.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider encouraged visiting wherever possible. For example, one relative told us they had been supported to spend as much time as possible with 1 person as they were receiving end of life care. They said, "I can go whenever I want; they work around me. [Person's] routine has changed coming out of hospital and the staff are really accommodating. They let me stay in the family room one night as [person] wasn't well at all. At 1 o'clock in the morning they came to knock for me because [person] was up, alert and able to talk so they didn't want me to miss the opportunity to speak with [person]."
- Relatives reported the provider had a clear system in place for visiting should the service have an outbreak of COVID-19 or other infectious diseases.

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. At this inspection the rating has changed 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.

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

- The provider had a significant number of audits and quality assurance systems in place. Additionally, daily meetings were built into the working day so any concerns could be raised and addressed in a timely manner. However, audits and checks had failed to identify inconsistencies within records including electronic body maps, transdermal patch charts and risk assessments.

While we found no evidence people were at risk, auditing systems had not identified the issues we found during this inspection. We recommend auditing is utilised more effectively to identify where improvement needs to be made within the service.

- The provider and registered manager acknowledged improvements were needed in relation to the volume of information currently being recorded within records; this in turn would reduce the amount of paperwork for the registered manager, clinical nurse managers and unit managers to check. Allowing for more concise and targeted auditing to be implemented.

- All levels of management within the home understood their responsibilities in relation to quality assurance. Staff reported managers at all levels carried out competency checks and we found evidence of competencies being carried out regularly.

- One staff said, "We do some training online, but then we have a competency assessment, it would be nurses or clinical nurse managers who do it. Or I've even known one of the company's trainers do them as well."

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

- People were encouraged to be in control and share their views on the care and support they received. Relatives felt involved in people's care and we found evidence of the provider providing support while considering people's protected characteristics.

- People's preferences, choices, likes and dislikes were evidenced within their care records and the registered manager promoted a culture which focussed on people as individuals and meeting their specific needs.

- One professional told us, "[The registered manager] has gone above and beyond, I think they are under pressure to serve notice but want to do the best by [person] and provide support until an appropriate placement is identified. Whenever I've been in, I've witnessed staff and managers dropping what they're

doing to support [person]."

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 their responsibilities to act with candour when things went wrong.
- Relatives generally reported feeling confident they were kept up to date when accidents and incidents occurred. However, a minority of relatives felt not all staff understood their responsibilities in reporting to families when people had falls or incidents had occurred.
- One relative said, "I feel like it's well-managed, [the registered manager] is very personable and isn't guarded at all. I can be a bit over the top, and I like to be involved in [persons] care; [the registered manager] is open to take things on board and will tell you if somethings happened, that's so refreshing."

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

- Staff demonstrated a good understanding of how to provide person centred care and provided feedback to state this approach was driven by the registered manager.
- We observed positive interactions between staff and people and found staff to have a good understanding of how to adjust their approach depending on who they were supporting. One staff said, "Here it's about doing things in the residents time, how they want it to be done, not how the staffs tasks need meeting."
- We observed an occasion where a person's person-centred support impacted other people. However, we discussed this with the registered manager who addressed this immediately by devising a way they could continue to receive support in the way they chose without it impacting on other people.

Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to continuous improvement. Since our last inspection staff support systems had been improved and areas of the home had been redecorated. Further plans had been made to continue developments to the environment, support of staff and the provision of people's care.
- Areas we identified which needed to be addressed were taken on board. For example, the issues we identified in people's care plans were fed back to the provider and they offered assurances of how feedback would be used to improve them. Timelines on when improvements would be made needed to be quicker in some cases, but the provider also took this on board and offered assurances minor issues would be addressed in a timely manner.

Working in partnership with others

- The provider worked proactively with external professionals. Evidence from professionals we spoke with and people's records demonstrated a holistic approach to people's care and support.
- Due to concerns raised before our inspection which indicated the provider did not always act in a timely manner, we tried to speak with several external professionals who worked closely with the service. We were limited to how many were available to speak with us; however, feedback was positive and we were assured the provider worked as part of a multi-disciplinary team to meet people's needs.
- One external professional said, "[The Registered Manager] is happy to put anything in that helps [person] and supports us to try and support [person]. They are working really well and they share any updates with us we need to be aware of and escalate concerns appropriately. I'm really happy with their approach."