

Lakeshore Care Ltd

# Lakeshore Care Ltd

## Inspection report

15A Grove Road  
2nd Floor  
Sutton  
SM1 1BB

Tel: 02086619960

Date of inspection visit:  
06 July 2023

Date of publication:  
25 July 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Lakeshore Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the present time it provides a service for 29 people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives told us they felt safe and were protected from the risk of abuse. The service had safeguarding procedures in place that staff received regular training about. Staff knew how to safeguard people from abuse and the processes that should be followed where concerns arose. Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

Staff files showed staff recruitment was undertaken appropriately. The provider had taken steps to protect people from staff who may not be fit and safe to support them.

There were sufficient staff levels to meet people's needs.

People received their medicines safely. Staff received appropriate training on the safe administration of medicines. This together with appropriate supervision and monitoring meant people received their medicines safely and staff had clear guidance to follow.

The provider ensured that all their staff received appropriate training and support to understand and to manage infection control and the use of PPE.

Accidents, incidents and risks were appropriately recorded and reviewed with strategies put in place by the service to reduce the likelihood of events occurring in the future.

Assessments were undertaken by the local authority that funded people's support to which the provider contributed. Clear outcomes were identified and people's support plans were revised and updated as people's needs changed. People were supported by staff to eat and drink according to their dietary requirements taking into consideration people's preferences.

Staff received training in all the necessary areas of their work. Staff had regular supervision with senior staff and support through team meetings.

People told us they were treated with dignity and respect. This was echoed by people's relatives. They told us staff had the right skills to deliver appropriate care and support. Staff were able to communicate with people well. Information was provided in various formats where required.

People and their relatives said any concerns they had were addressed appropriately and resolved by the registered manager. They told us the registered manager welcomed feedback and they said complaints were dealt with swiftly and professionally.

People told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. Technology was used effectively by the provider to ensure people were informed promptly about potentially missed or late calls. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

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

Rating at last inspection and update:

The last rating for this service was good [published 11 October 2017].

Why we inspected:

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

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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Lakeshore Care Ltd

## 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 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

The 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 and 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 announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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 this information to plan our inspection.

During the inspection

We visited the offices of this service. We spoke with the registered manager and the office manager. We inspected four care files and four staff files. We also reviewed a variety of records relating to the management of the service.

We spoke with three people who used the service and five relatives on the telephone about their experience of the care provided. We asked the local authority for feedback but we did not receive any. We continued to seek clarification from the provider to validate evidence found.

# 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 remains good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The provider had appropriate policies and procedures in place to help to safeguard people. Staff were knowledgeable about these policies and procedures. They received training on how to recognise and report abuse.
- The registered manager understood their responsibility to liaise with the relevant agencies if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- People received safe care and treatment.
- Assessments were undertaken to identify any risks to people's safety, and plans were in place to manage and mitigate those risks. Staff liaised with health and social care professionals if they had any concerns regarding risks to people's health and welfare.
- People's records contained information about identified risks to their safety and wellbeing and what staff should do to manage these risks, to keep people safe. For example, where people needed help to move and transfer there was guidance for staff on how to do this safely.

Staffing and recruitment

- Safe recruitment practices were in place to ensure appropriate staff were employed safely. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were safe staffing levels. The staff team was stable and this meant people were able to receive continuity in their care. People received visits at times that were convenient for them and staff stayed the required length of time to support people with their needs. Comments from people and their relatives included, "The service is very flexible and it works really well for us" and "I am very happy with the service I receive, staff are knowledgeable, kind and very helpful."

Using medicines safely

- Some people did not require assistance with the administration of their medicines, however for those people who did, they received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people consistently received the medicines prescribed to them.

- Senior staff undertook annual competency checks on staff and audits on people's records to make sure staff administered medicines safely.

#### Preventing and controlling infection

- The service carried out risk assessments associated with infection control and hygiene.
- Staff had received training in how to keep people safe from risks associated with poor infection control and hygiene.
- Staff used personal protective equipment (PPE) effectively and safely.
- Staff supported people to keep their homes clean and hygienic to prevent the spread of infection where this was an identified care need.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to make sure that infection outbreaks could be effectively prevented or managed.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents. The provider investigated accidents and incidents and took action when this was needed to reduce the risks of these reoccurring. Staff knew how to report and record any concerns.
- Learning from accidents and incidents was shared with staff to help them improve the quality and safety of the support provided.

# 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 our last inspection we rated this service as good. At this inspection it remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had arrangements in place to make sure people's care and support needs could be met. Prior to people receiving a service, senior staff met with the person and their relatives to assess their needs and identify the level of support they required.
- People and others involved in their care had been involved in these assessments and were asked for information about their needs and how and when they would like care and support to be provided.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to undertake their duties.
- Staff completed an induction programme that included mandatory training to ensure they were up to date with best practice guidance. The registered manager told us staff were also encouraged to undertake The Care Certificate training which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were well supported in their role and they received regular supervision either through monitoring visits [spot checks] in people's homes on their practices and with one to one supervision.

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

- Where required, staff supported people with their nutritional needs. People confirmed that they chose what they wanted to eat, and staff supported them to prepare it. Comments from people included, "I get just the right level of support I need. They don't do everything for me which is good because it means I keep able to do what I am able to do"; "They [staff] are really helpful for my [family member] as they encourage them to do what they can but offer excellent support where it is needed."

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

- Staff did not directly support people with their healthcare needs. However, if people needed support with their health staff liaised with people's relatives and their GP. Staff were aware of signs of possible infection and would liaise with community nursing teams if they had any concerns, for example, in relation to catheter care.

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People received support in line with the MCA. People's consent was obtained prior to support being provided and staff ensured they provided support that people were comfortable with.
- At the time of our inspection no-one was deprived of their liberty.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- People and their relatives said staff were committed to providing good quality compassionate care and support. They said staff were well informed, trained in the necessary work areas to support them effectively and went the extra mile to ensure people were well treated and supported to meet their needs.
- One person told us, "They are a great team. I have the same carers which really helps by providing continuity. I have no complaints only praise for what they do for me. Kind and caring and nothing's ever too much trouble". A relative said, "We are very happy indeed with the way they care for [family member]".
- Staff received training in equality and diversity and understood people's needs.

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

- People were supported to express their views and were fully involved in making decisions about their care.
- The registered manager told us they carried out monitoring visits [unannounced spot visits] to speak with people and their relatives to find out their views on the quality of their care and if any changes were required, they were made. People and the relatives we spoke with confirmed this.
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink. The registered manager told us staff follow the guidance set out in people's care plans. These can be accessed on staff's phones. This helps staff to know exactly what to do when they arrive. People confirmed this and told us staff asked them if they needed anything else to be done for them the day. Comments included, "They do everything I need and they often do more"; "We've been with this company now for several years and we both think they are very good indeed. They work with us and always consider our wishes and preferences for how we receive care and support."

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their independence as far as possible. They said staff provided personal care, supported them sensitively and always asked them how they would like to receive their support.
- A relative told us, "Staff respect my [family member]. They provide good care that meets our wishes. They certainly do respect our privacy and dignity in the way they support us".
- People told us staff showed they understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were personalised, detailing health needs, backgrounds and people who were important to them. Care plans were kept up to date so they remained reliable for staff to follow.
- People and their relatives told us they were involved in the initial assessment, care planning and in any care plan reviews when they took place.
- Staff knew people's individual needs and preferences well as they worked closely with them and understood their risk assessments and care plans.
- People and their relatives all complimented this provider in being very responsive to their needs. They said the service was reliable. Comments included, "Staff carry out every aspect of my care plan in the most sensitive and compassionate way possible"; "When our [health] circumstances changed, senior staff reviewed our care plan together with us and we get the care and support we now need. Very happy with the service we get."

Meeting people's communication 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 provider met the AIS and key information was provided to people in alternative formats if necessary.
- The registered manager regularly spoke to staff about AIS and implemented appropriate methods of communication with people where required.
- Care plans detailed people's individual communication needs.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy and procedure in place that people and staff were aware of. People said they knew how to raise any concerns or complaints they might have and they said they were confident issues were dealt with quickly and swiftly.
- Where there were complaints, the registered manager was able to demonstrate what action was taken, in a timely way and resolved for all involved.
- Relatives told us that they knew how to raise concerns and were confident that they would be dealt with appropriately.

# 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 this key question was rated good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led.

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

- People and their relatives were happy with the care and support they received. They told us the registered manager had a positive attitude and they felt able to communicate any concerns or changes they required in their care packages.
- People said the agency communicated well with them and made regular checks to monitor the quality of the care and support being provided. They said the provider worked well with the local authority and held regular reviews which helped to ensure their needs were met.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave people appropriate support and applied duty of candour where appropriate.

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

- The registered manager was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- There were systems in place to review and improve the quality of service provision. This included regular communication with people who used the services via telephone calls from the registered manager and senior staff.
- The quality assurance systems in place helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- Staff were well supported with good training and one to one supervision.
- Regular monitoring visits of staff practice were undertaken by the registered manager and senior staff. This enabled the registered manager to monitor how staff were working practically with the person as well as checking time keeping and monitoring their performance. In this way they were able to ensure improvements were made where necessary.

Continuous learning and improving care

- The registered manager and the office manager were committed to continuous learning and improvement. They attended the local authority's provider forum to stay up to date with best practice and share ideas with their peers.

### Working in partnership with others

- The provider worked mainly in partnership with the local authorities which funded some people's packages of care. Some people who also used the service were private clients. We saw examples of good joint working with social workers and district nurses as well as GPs. This meant people received the coordinated care they needed.
- People and their relatives spoke positively about the joint working between other services and this provider. Comments we received reflected this, "We are very happy with the joint care and support we receive," and "No problems at all, it's worked out really well."