

Colleycare Limited

Lakeside Residential Home

Inspection report

25 Whiteknights Road
Reading
Berkshire
RG6 7BY

Tel: 01189268369
Website: www.bmcare.co.uk

Date of inspection visit:
04 July 2023
05 July 2023

Date of publication:
11 August 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 Residential Home is a care home without nursing providing care and support to up to 72 older people. The service provides support to older people and people living with dementia, physical disabilities and sensory impairments. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 61 people using the service.

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

Staff training and appraisals were not up to date. The mealtime experience for people was poor. The provider had not ensured effective systems were in place to ensure compliance with the fundamental standards. This meant people were not always protected from the risk of harm.

We made a recommendation in relation to the storage of prescribed thickeners and staff deployment. Care plans reflected people's needs and preferences, and people felt involved in their care planning. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. People were supported to have access to a range of health and social care professionals.

People and relatives told us they felt staff were caring. The service supported people to be as independent as possible and people's confidential information was protected. People's communication needs were assessed, and staff supported people with their communication needs. The home supported people to maintain relationships to avoid social isolation and relatives told us they felt welcome in the home.

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 31 March 2020. At this inspection, we found the overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines management and governance. A decision was made for us to inspect and examine those risks. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staffing, person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

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 Residential Home

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 two inspectors, a medicines 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.

Service and service type

Lakeside Residential Home 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. Lakeside Residential Home is a care home without 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 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 (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 information gathered as part of monitoring activity that took place on 14 April 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

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 spoke with 7 people who use the service and 6 relatives about their experience of the care provided. We spoke with 10 members of staff, including the registered manager and deputy manager. We reviewed a range of records including 8 people's care records and 10 medicines records. We looked at 8 staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures.

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

- People's care documents did not always contain sufficient guidance to help staff protect people from harm.
- The provider's management of challenging behaviour policy stated, "Carry out a review of the Resident's Care Plan on the MCM System to see what additional support may be given to prevent recurrence." However, incident reports for 3 people on 3 occasions showed staff had not followed this guidance.
- In 1 incident report, in the post falls analysis section, staff had written, "How might the fall have been prevented? The fall might have been prevented if [Person] did not enter other resident's room or if she left the room when staff tried to guide her out of the room." This did not show staff had effectively analysed the incident to prevent a recurrence.
- Staff had also written the care plan and risk assessments should be reviewed following this incident. However, there was no evidence staff had reviewed the care plans or risk assessments relating to behaviours on the date specified.
- Another person's care plan contained guidance for staff to manage behaviours that challenge during mealtimes. However, in the lessons learned document for one mealtime incident, staff had repeated the existing guidance and did not address the reasons why this had not been effective. In the incident form staff had written the care plan and risk assessment had been updated following this incident, however, we found no evidence of this.
- In a further incident report for another person the care plan and risk assessment had not been updated in spite of staff writing this had been completed. Staff did not have sufficient guidance to manage risks related to behaviours which challenge. This put people at risk of harm.

Systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's care plans contained risk assessments for aspects of their care and support including nutrition, pressure ulcer prevention, falls prevention and emotional support. Staff used evidence-based assessment tools to identify the level of risk to people. Risk scores were generated for each assessment to enable staff to plan the necessary level of personalised support.

Staffing and recruitment

- We reviewed the call bell logs over a period of 2 weeks prior to our inspection visit. We noted some people had waited for longer periods until their call bells were answered. For example, on separate occasions people had waited 35, 43 and 59 minutes before their call bells were answered.

- The registered manager told us she identified this through her audits which showed at least half of the time it was due to staff not turning off the call bells while assisting people. The registered manager was not able to explain why people had waited for extended periods for their bells to be answered at other times. There was a risk people would not have their needs met promptly by staff.

We recommend the registered person ensures staff are appropriately deployed to meet people's needs promptly

- People received care from staff who had been through a thorough recruitment process.
- Staff files showed relevant pre-employment checks were completed as part of the recruitment process, including proof of identity, references, employment history with explanations for gaps in employment, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Medicines were stored securely and at appropriate temperatures. However, prescribed thickeners were not always stored securely.

We recommend the provider review the storage provision for thickeners to store them securely.

- There was a process in place to record and dispose of waste medicines.
- The staff members gave medicines as prescribed. We observed staff give medicines to people. The staff were polite, gained permission before giving medicines and signed for each medicine on the Medicine Administration Record (MAR) after giving it. The medicine rounds were completed in a timely manner. The MARs we reviewed provided assurance people were receiving their medicines as prescribed.
- Some people at the home were prescribed medicines to be given on a when required basis for pain and constipation among other conditions. Guidance in the form of PRN protocols or information in care plans was available to help staff give these medicines consistently.
- An electronic system was used for care plans. The care plans we reviewed related to medicines were person centred. They provided guidance for staff on how to monitor and manage side effects of high-risk medicines such as insulin and anti-coagulants.
- One person was given medicines covertly. Covert medicines are given in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. The decision to give medicines covertly is made on a person's behalf and in their best interests where the person does not have the capacity to understand why they need to take medicines. Staff had completed the necessary assessments to administer them safely.
- There was a policy in place for medicines management and a process in place to receive and act on medicines alerts.
- The staff received training and their competency to handle medicines safely was regularly assessed by the deputy manager or registered manager.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. Comments included, "Oh yes, definitely" and, "Yes, I've known the people here a very long time."
- Relatives told us they felt their family members were safe. One relative told us, "Yes, I do because I keep a track of everyone who goes to visit. I know she is happy, content and safe."
- Staff received training in safeguarding and demonstrated an understanding of how to recognise and report abuse.

- The registered manager understood her responsibilities in relation to safeguarding and reporting allegations of abuse or neglect to the local authority.

Preventing and controlling infection

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

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Incident and accident records were completed when people had sustained harm.
- All records included details and outcomes of investigations. However, people's care plans were not always updated to reflect lessons learned following behavioural related incidents.

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 key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's dining experience was poor.
- People's choices were not always met during mealtimes and there was little interaction with people by staff.
- We observed 2 lunchtime sessions on 2 different floors of the home. On one day people were offered a choice of different versions of 1 hot dish, either sweet and sour vegetables or sweet and sour chicken with rice. When one person requested a sandwich instead, a staff member stated they could not provide this.
- 2 people were sitting in the lounge area adjoining the dining room with plates of food in front of them. There was a smell of stale urine, and the TV was on loud. No one was watching it. The 2 people did not eat their meals until prompted by staff. Their meals had been out for around 30 minutes before they started to eat them.
- On the second day we observed another lunchtime session on a different floor of the home. Some staff did not interact with people when they served their meals. Most staff did not speak with people. One person had been seated at a table eating their meal from 12:30pm until 2:45pm. During this time there had been little interaction from staff.

The registered person had failed to have regard to people's wellbeing when meeting their nutrition and hydration needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Mandatory training and appraisals were not carried out in line with the provider's policy. For example, 39% of staff were not up to date with care certificate training, 37% of staff were not up to date with infection control training and 48% of staff were not up to date with fire training.

The provider had not ensured staff remained up to date with mandatory training to enable staff to carry out their roles safely and effectively, and staff were not suitably supported through annual appraisals. This was a breach of regulation 18(2)(a), (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs, choices and preferences were assessed and documented by staff and regularly reviewed. These assessments were used to formulate people's care plans to provide individualised support for people.

- Care plans included information about people's medical needs, social needs, support with washing and dressing and with eating and drinking.
- Care plans were personalised and contained important details about people's background and social histories.
- Care plans also included information about people's positive attributes and the support they needed to attain their identified goals. This helped convey an overall picture of the person and who they were as an individual to support staff to deliver personalised care.

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

- Care plans specified the support people needed to live healthier lives, which included goals and outcomes.
- People and their relatives told us they felt supported to access services. One relative told us, "The care home speaks with the hospital and if they say he needs a blood test they will arrange with the GP to come in, which is fantastic".
- The service had regular involvement with GP's, Speech and language therapists, district nurses, dieticians, chiropodists and pharmacists.

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

- People's bedrooms were individualised, with personal items such as ornaments, pictures and other memorabilia.
- The premises were fully wheelchair accessible and the corridors on each floor were wide and well lit with grab rails along each of the walls.
- There were passenger lifts which made it easy for people with mobility impairments and others to move between floors.
- The building had been adapted for the needs of those people living with dementia. Clear signage had been placed on toilet and bathroom doors and walls were decorated with different colours to support people to find their way around the home.

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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff made the appropriate DoLS applications where people needed to be deprived of their liberty for their safety.
- Systems were in place to monitor DoLS applications and authorisations and to ensure conditions were

met.

- Staff gained people's consent before providing care and support.
- People's care plans contained sufficiently detailed assessments of people's capacity to consent to living at the home and for aspects of their care and support.

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 told us staff were kind and caring.
- People's care plans were person-centred and contain information pertaining to their protected characteristics and any associated needs, abilities and goals. This information guided staff on how to support people in ways they chose to be supported.
- Staff were observed meeting people's needs in a respectful manner.

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

- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.
- People's views on the support they received was regularly sought in residents' meetings and annual care reviews.
- People we spoke to told us they felt listened to. People told us, "They listen to you, and you feel as if you are talking to someone and they are interested in you" and, "Yes, that's one thing I like about here you do what, when you want but what I like about here is they listen to you."
- Relatives told us they felt involved. One relative told us, "They make sure to keep the family up to speed, even the staff on reception knows everybody."

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were supported.
- People and their relatives told us staff treated them with respect and dignity. When asked if they felt staff treated their relative with dignity and respect, one relative said, "Yes, they definitely do."
- Staff we spoke with demonstrated an understanding of the importance of promoting independence. One staff member told us, "As care staff we are not there to take independence away from the residents. It is about encouraging the residents to be independent as much as possible, and for us as care staff to help and assist the residents when they need anything."
- People's right to confidentiality was protected. All personal records were kept locked away and not left in public areas of the home.

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 and risk assessments were in place to support the delivery of personalised care.
- Care plans were based on a full assessment, with information gathered from the people and their relatives.
- Care plans included information about people's medical needs, backgrounds, social needs, support with washing and dressing and with eating and drinking.
- Information about people's positive attributes and the support they required to attain their identified goals was included as part of initial assessments and care reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by staff who understood how to apply the requirements of the AIS.
- People's care plans contained specific information about people's communication needs. These were followed up with detailed instructions for staff to support people with sensory or cognitive impairments to express themselves.
- One person's care plan stated the person wore glasses and had a cognitive impairment. Actions for staff included, "Always allow [person] plenty of time for what have said to be understood. Use orientating names or labels, do not use patronizing words. Staff to ensure she has an annual eye test by the visiting optician".

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

- People were supported to take part in a range of activities in the home. The home employed 2 activities co-ordinators to ensure that there was an activity co-ordinator present seven days a week.
- People were encouraged to participate in activities. However, their wishes were respected when they chose not to participate and staff spent time with people on a one to one basis if they did not wish to join in with group activities. One relative told us, "They have some wonderful activities, but mum doesn't participate in them. She doesn't like too much noise, she prefers her 1-1."
- Visitors and relatives were welcome in the home and there were no restrictions on visiting.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people's complaints were investigated in accordance with the home's complaints policy.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- People and their relatives told us they knew how to raise a complaint. One relative told us, "Yes, I do. I would ring them straight away."

End of life care and support

- People's care plans stated if they had RESPECT forms in place, clearly indicating their preferences regarding resuscitation and specific instances in which they would and would not like to be treated. RESPECT is a summary plan for emergency care and treatment. The process is a new approach to encourage people to have an individual plan to try to ensure that they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.
- Not everyone who had a RESPECT form in place had their wishes regarding how they would like to receive end of life care recorded. When this was raised with the registered manager, she advised that she would rectify this.
- Staff received training in end-of-life care and the service was aware of the latest best practice guidance.
- People's care plans detailed specific guidance for staff to follow after a person had passed.

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

- At this inspection we found the provider was in breach of 4 regulations.
- The registered manager had failed to use governance systems effectively to address shortfalls in the service.
- For example, the provider's audits identified issues with people's mealtime experiences, stating, "Interaction with residents during mealtime overall is very very minimal and concentration appears to be on the task at hand only." While the registered manager's action plan was in place and still ongoing, observations made during inspection showed some peoples' mealtime experiences were still poor, as detailed in the effective section of this report.
- When we spoke to the registered manager she stated she was not aware of the concerns we found during our observation of people's dining experiences. She stated the operations manager had identified this during a 6 monthly audit, however, not enough action had been taken to address these concerns.
- Audits also identified staff were not up to date with mandatory training. The registered manager's action plan showed they had failed to address the outstanding staff training within their agreed time scales. Although the registered manager was aware of the uncompleted staff appraisals, there was a lack of evidence to demonstrate they had taken sufficient action to rectify this.
- In addition, insufficient action had been taken to address the issues we found in people's care and support documents, and call bell wait times as detailed in the safe section of this report.

The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and regulations. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Team meeting minutes showed staff had the opportunity to raise concerns.
- Staff knew people they supported well and worked collaboratively with healthcare professionals.

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 registered manager ensured required notifications had been submitted to CQC.
- The provider had a policy that set out the actions staff should take in situations where the duty of candour

would apply.

- The registered manager provided evidence of incidents where the duty of candour was followed.

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

- Minutes from resident's meetings showed people's involvement in planning activities within the home.
- Staff received training in equality, diversity and human rights.
- People's care plans identified people's cultural and religious background

Continuous learning and improving care

- Staff told us they had opportunities to learn and develop their skills, and the registered manager was supportive of development opportunities.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person had failed to have regard to people's wellbeing when meeting their nutrition and hydration needs.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and regulations.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff remained up to date with mandatory training to enable staff to carry out their roles safely and effectively, and staff were not suitably supported through annual appraisals.

