North West Care Limited

Lakeland View Care Centre

Inspection report

220-224 Heysham Road
Heysham
Morecambe
Lancashire
LA3 1NL

Tel: 01524410917

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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

Lakeland View Care Centre is situated on the outskirts of Morecambe. It is a building adapted for use as a nursing home, with a number of lounge areas and outside decking. Accommodation is provided on two floors. There are 32 single and one twin bedroom, with shared bathroom facilities.

Lakeland View Care Centre can accommodate up to 33 people who require nursing or personal care. There were 31 people living at Lakeland View Care Centre at the time of our inspection. People who lived in Lakeland View were older people who lived with dementia, mental health needs, a physical disability or a sensory impairment.

There was a registered manager in place. 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.

At the last inspection in December 2015, the service was rated 'Good'. At this inspection we found the service remained Good and met the all relevant fundamental standards.

We found the registered provider continued to provide a good standard of care to people who lived at the home.

We saw staff were responsive to each person's changing needs and adopted revised care planning to improve upon assistance. We found care planning enabled staff to work in a highly personalised and holistic approach.

People who lived at Lakeland View Care Centre had care plans that reflected their complex needs and these had been regularly reviewed to ensure they were up to date. The care plans had information related to all areas of a person's care needs. Staff were knowledgeable of people's needs and we observed them helping people as directed within their care plans.

Relatives told us staff treated their family members as individuals and delivered personalised care that was centred on them as an individual. Care plans seen and observations during our visit confirmed this.

We saw staff were responsive to each person's changing needs. They worked together to ensure people who became agitated were offered a selection of person centred interventions to meet their needs and soothe their agitation. One person told us, "They have time to sit down and talk to me."

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team provided excellent opportunities to optimise people's social and stimulation requirements. People received non-judgemental support with activities within the home and were supported to maintain lifestyle choices and hobbies outside of the home.

The service had systems to record safeguarding concerns, accidents and incidents and took action as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had consistently reported incidents to the commission when required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead meaningful lives.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not commence in post until the management team completed relevant checks. We checked staff records and noted employees received induction and ongoing training appropriate to their roles.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Lakeland View Care Centre.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

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

We only received positive comments about the quality of meals provided. One person told us about the meals, "Excellent. Get a choice of two at lunch and tea and will make you something else if you want." Staff told us they also supported people to go out for meals, mentioning one person who liked chip shop chips. We observed lunch time and noted people had their meal in the dining room where they sat or in their bedroom. People told us it was their choice where they sat.

We observed only positive interactions between staff and people who lived at Lakeland View Care Centre. There was a culture of promoting dignity and respect towards people. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided. In addition, annual surveys were carried out for people who lived at Lakeland View Care Centre, their relatives and staff.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lakeland View Care Centre

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.

Lakeland View Care Centre is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Lakeland View Care Centre accommodates 33 people in one adapted building. Accommodation is on two floors with a passenger lift for access between the floors.

Before our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The comprehensive inspection visit took place on 01 and 05 March 2018 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and an expert-by-experience. The 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 background in supporting older people.

During the visit we spoke with a range of people about the service. They included four people who lived at the home and five relatives. We also spoke with the registered manager, the two owners, the deputy manager, five care staff and the chef. We observed care practices and how staff helped and spoke with people in their care. We reviewed staffing levels, observed how staff were deployed throughout the home and monitored response times when call bells were activated. This helped us understand the experience of

people who could not talk with us.

We looked at care and medicine records of four people, a staff training matrix and recruitment records of four staff. We also looked at records related to the management of the home. We shadowed the nurse on duty as they administered medicines and looked at the storage and administration of medicines. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

Lakeland View Care Centre supports people who may have complex care needs and / or behaviours that challenge. Observations made during the inspection visit showed people were very relaxed in the company of staff who supported them. Where possible, we asked if people felt safe and what the registered provider did to safeguard people from abuse. One person told us, "I am very safe because all the carers and nurses are helpful." A second person commented, "Feel safe here because the carers are nice." A relative commented, "[Relative] is totally safe; good security. Staff are always watchful and respond to anything straightaway. Never see the staff sitting and chatting with each other, they're alert."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. We questioned staff on their knowledge should they witness bad or abusive practices. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with knew which organisations to contact if the service didn't respond to concerns they had raised with them. One staff member said, "You have to report it [abuse] if you see anything, it's our job to do this." The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equality Act 2010.

We spoke with the registered manager about safeguarding. They were able to show us best practice guidance from the local authority they used to guide the management of safeguarding incidents that occurred. The registered manager showed us they had changed their safeguarding documentation to reflect the new guidance. The registered provider had reported incidents to the commission and local authority when required. This showed the registered provider updated their knowledge and amended their practices in accordance with best practice guidance.

Care records we viewed identified risk and documented the support people required to maintain their safety. Staff we spoke with confirmed they were aware of people's individual needs and people and relatives we spoke with confirmed they had been involved in the development of the care records. This demonstrated staff had access to personalised information which met the needs of people who lived at Lakeland View Care Centre.

We viewed documentation which demonstrated staff were recruited safely. We noted any gaps in employment were documented as having been investigated and a full employment history was present within the application form. We spoke with staff who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work. A DBS check helped ensure only suitable staff were employed.

People told us they were happy with the staffing levels and staff deployment at Lakeland View Care Centre. They told us they received support when they needed this. One person told us, "They keep checking me regularly." Staff we spoke with told us they had sufficient time to spend with people and they had no concerns. We saw allocation sheets which instructed staff on their roles and responsibilities during their

shift. Relatives we spoke with also told us they were happy with how the home was staffed. For example one relative said, "The amount of staff here means there is always someone to speak to for both residents and visitors."

We discussed staffing with the registered manager. They told us they liaised with local authorities and specialist services to ensure staffing levels were appropriate to meet people's needs. On the days we visited we saw four people were provided with one-to-one staffing. The staff were swopped during the day if people being supported indicated they would benefit from a different person spending time with them. We pressed the call bell twice during our visit and noted staff responded appropriately to the alarms. This indicated there were sufficient numbers of staff to support people to stay safe and meet their complex needs.

We checked to see medicines were managed safely. We looked at how medicines were prepared and administered. Medicines had been given as prescribed and stored and disposed of correctly. We observed the nurse administering medicines during the lunch time round. We noted they spent time with each person as they administered their medicine. The nurse made eye contact with the person and never left until they had swallowed their medicine, offering gentle encouragement as they did so. People we spoke with told us there were no issues with their medicines. One person told us, "I'm diabetic, I get regular injections."

We observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and clean with restrictors on windows. These helped prevent falls from height and minimised the risk of harm. Staff told us, and we saw that protective clothing was provided if this was needed. A member of staff had been allocated the role of infection prevention lead within the home. We saw evidence that regular audits had taken place with the outcomes charted on a spreadsheet. This showed the registered provider had systems to control the spread of infection and minimise the risk to people being supported.

We looked at how the service recorded and analysed accidents and incidents. The registered manager showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of reoccurrence. All incidents and accidents were reviewed and analysed within clinical governance meetings. For example, where there had been an incident, we saw medicines had been reviewed to assess if this was a contributing factor. Daily charts were introduced to assess people's mood and look for patterns in behaviours or time of incidents. Where there had been an accident, assistive technology had been introduced to lessen the risk of the accident reoccurring. This showed the registered provider had systems to protect people from the risk of further incidents.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and provided good care. People told us they had regular staff who they knew well. One person commented, "Can't say a word wrong about them [staff] at all. Absolutely know what they're doing." A second person said, "Yes, I'm well looked after." While a third told us, "I have absolute confidence in them."

One relative commented on their relative's care saying, "They [staff and management] have been wonderful. They are a tremendous support and very effective." A second relative told us, "The staff are so skilled, they can diffuse any situation."

Each person had a pre-admission assessment, to identify their needs and establish that Lakeland View Care Centre was able to meet their needs. The registered provider told us they had to refuse people if they felt they would not be able to offer effective care.

All staff we spoke with told us they had received an induction before they started delivering care. They said they worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One staff member told us they were observed during their probation. A second staff member said they had two days of being extra on shift to watch and learn. Staff completed e learning and face to face training before being allowed to work independently.

Staff told us their ongoing training was provided throughout their employment. We saw the registered manager had a structured framework for staff training. For example, this included supporting staff to gain vocational qualification for their current role. One staff member told us as part of their moving and handling training they experienced what is was like to be moved using a hoist and sling. They commented, "It's scary, it makes you think it must be scary for them [People living at Lakeland View]. A second staff member told us they took part in being wheeled around the home in a wheelchair. They also commented that it gave them insight on what people being supported must experience. This showed the registered manager had introduced training to teach staff and update their knowledge in line with health and social care best practice.

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One person told us, "Of course they are knowledgeable and they go above and beyond." A second person said, "Yes, they [staff] seem to know what they are doing." We were able to establish through our observations people received care which was meeting their needs and protected their rights. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

We asked staff if they were supported and guided to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also

said all the management team were very supportive and they felt they could speak to either at any time should they need to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records we viewed showed evidence best interest discussions had taken place with people and their appropriate representatives to ensure all care and support delivered was in accordance with the MCA. People told us their consent was sought and choices offered related to their personal care. For example, one person told us, "I prefer a shower in the morning; every couple of days, which I have." A second person commented, "They [staff] ask if they can they do things [personal care]. And, "I choose different coloured clothes to wear each day." This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

We saw from records people's healthcare and / or behavioural needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed communication with specialist health and behaviour management teams. Visits to and from GP's and other healthcare professionals had been recorded with their instructions clearly noted. One person told us, "GP comes frequently, a nurse will come straightaway." A relative happily commented on the medical support people received stating, "He [relative] had [medical complaint] when first came in; within six months nothing, they were completely healthy." We spoke with two visiting health professionals who told us they had been requested to visit to assess a person's health. They expressed no concerns related to the care people received and commented staff were knowledgeable and organised. This showed the registered provider had fostered effective links to ensure people's ongoing healthcare needs were met.

We observed lunchtime at Lakeland View Care Centre. Before the meal started people were shown large jugs of orange and blackcurrant juice, were told what they were and asked for their choice. A trolley came around at the end of the meal with drinks, tea and coffee. One person told us about the meals, "Excellent. Get a choice of two at lunch and tea and will make you something else if you want." A second person commented, "Very good, had corned beef hash today, very nice. I'm diabetic, just have to watch what I eat, staff know, I get things like diabetic ice cream."

People could eat their meals in the lounge, dining room, conservatory or their rooms. Some people moved between rooms and staff were alert to this for example, one person having a dessert in the dining room then coming into the lounge for another dessert, (which they got). Staff talked to each other to update themselves on where they were up to with serving meals. People were offered soup in a bowl or a mug. A staff member saw a person struggling in the lounge with a bowl and spoon. She asked if they would prefer a beaker, which they did. We later saw this person being supported by a staff member to finish their soup. One relative told us, "He's put weight on since he's been here." A second relative commented, "No-one will be dehydrated here, and that includes staff and visitors." This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

We noted there was a 'smoking room' for people who smoked to sit in comfort while they chose to smoke. The large lounge had two televisions on the wall. These were synchronised to play films and programmes at the same time to allow people the opportunity to watch wherever they sat. There was dementia friendly signage throughout the home. For example we saw, signs on doors to identify their use. The home was clutter free which allowed people to walk safely round the home, often accompanied by staff. The walls and floors were different colours for clarity and the registered provider told us they had avoided shiny surfaces to prevent causing confusion to people living with dementia.

Good

Is the service caring?

Our findings

We asked people and their relatives if the staff were kind and caring. One person told us, "Very kind, unusually helpful. They seem happy at their work." A second person commented, "Staff listen, make you comfortable. Very comfortable here, it's like being at home." A third response was, "Staff sit down with me and hold my hand, I like it here." During our inspection we observed one person was seated at a table reading a newspaper. A member of staff came into the room having just arrived at work. They squatted down and said to them, "Hello [person's forename]." And went on to ask how she was; they turned to look at him, smiled and put her hand out into his hand to hold, which they did.

Relatives we spoke with were positive in their feedback on the care, kindness and compassion they and their relatives received. One relative commented, "I've got 100% trust that [relative] is happy and cared for. You can see the affection between [relative] and staff." We spoke with staff about the person and all staff responded with a big smile when discussing the person. One staff told us, "It doesn't matter what sort of day you are having. You see [person's] smile and it cheers you up." About staff a second relative said, "They've been wonderful, they are very caring."

We observed a caring culture throughout the home. For example, one person fell asleep in their chair. We observed a carer gently place a blanket around their shoulders. There was a relaxed and informal atmosphere at Lakeland View Care Centre. We saw people made jokes with staff and there was a natural rapport between them. When people's reality had returned to their past; we observed staff chat and engage with people in a respectful and friendly way. One relative told us, "Staff have one to one real life conversations with people. They are interested in people, it is superb."

We noted people were equal contributors and engaged positively with staff who also actively participated in the conversations. For example, we observed a staff member seated at a table holding the hand of a person and having a conversation. Another passing member of staff who accompanied a person stopped at the table and all four engaged in unrushed conversation.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We observed several people being helped to mobilise and saw this was carried out with compassion and appropriate humour. We asked if people were supported to remain as independent as possible. One person told us, "Staff help me to support myself, they encourage me." A second person commented, "I walk down and upstairs by myself." A staff member later said the person was always escorted by carers to do this. This demonstrated peoples individual strengths were recognised and their independence encouraged?

Care plans seen and discussion with family members confirmed care plans had been created alongside discussions with relevant people. The plans contained information about people's needs as well as their wishes and preferences. They also included information about people's life histories. One relative told us, "[Relative's] interaction with staff is good. They talk to him about his work life." A second relative said, "We have had regular reviews." This ensured staff had up to date information about people's needs.

We discussed advocacy services with the registered provider. They told us one person did have an advocate but now a friend supported the person to share their views. The registered provider had worked alongside court appointed advocates and friends and relatives to ensure people expressed their views and concerns and defend and promote their rights and responsibilities. The registered manager confirmed should further advocacy support be required they would support people to access this. 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.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and had a good understanding of people's individual needs, likes and wishes. For example, one relative told us, "The staff are very responsive. They are skilled at their jobs." A second relative told us, "Mentally and physically he is so much better than when he first came here. They reduced his medicines and sorted out his [ongoing health condition]. We couldn't be happier." A third relative commented, "They are so good managing [relative] I am scared he will have to move because he is doing so well."

People who lived at Lakeland View Care Centre had care plans that were reflective of their complex needs and had been regularly reviewed to ensure they were up to date. The care plans had information related to all areas of a person's care needs. These included medical history, mobility, nutrition, religion, communication and behaviour. People and their relatives told us they had been involved and were included in ensuring care plans fully reflected their physical, mental emotional and social needs. One relative told us, "They [management] listen to me, I have an opinion." A second relative said, "They have regular reviews with us. They even went through the covert medicines policy with us, to explain everything."

We found people required individual support and observations at different times. There was information available to all staff that documented the level of observation required and the reason why this was important. The level of observation people required was split into general observation, level one and level two. This meant the care and support people required to keep themselves and others safe was available and responsive.

We saw people received support that was person centred and individualised to their changing needs. When required we saw information had been collected to monitor people's mood throughout the day to adapt people's care to be more personalised. For example, one person received one to one support during the day. Based on information recorded the registered manager had changed the times of the one to one support to deliver care that was responsive to their needs. They told us the number of incidents had reduced by analysing the evidence and amending the rotas. They also said, "By looking at behaviour patterns across the day, we were able to have a clear medicines strategy to discuss with the psychiatrist." This gave the psychiatrist clear evidence to make clinical judgements on. They confirmed one person had their medicines reduced by meeting their needs through responsive staff deployment.

As part of our inspection process we looked at how the registered provider adapted people's care plans to their personalised care, respecting and implementing good standards around Equality, Diversity and Human Rights. We found people were placed at the centre of their care and their individuality was celebrated. For example, people were supported by staff to maintain their personal relationships. We noted one person had been supported on holiday to access activities that reflected their cultural background. The same person had had a magazine delivered that reflected their gender and lifestyle choices. This showed the registered provider had made sure their care reflected all their needs including those protected characteristics identified under the Equality Act. Protected characteristics are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. It also

enabled the person to maintain their identity and live their life as they wished.

The registered provider had used technology such as audio books to provide holistic person centred care which supported people's individualism and needs. The audio books had adult themes and sexual content to help one person manage how they expressed themselves sexually when living in a care home. This demonstrated the registered provider recognised the importance of supporting people to maintain a private life that met their needs and preferences.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans guided staff on how to read people's body language and when to communicate and interact and when to withdraw. We also read guidance that told staff how to behave. In one care plan we read, 'remain calm', and, 'Be gentle and calm in your approach.' This guided staff to share information in a way that would be received and understood.

We observed staff following strategies to ensure people were calm and able to communicate effectively. For example, we saw staff sing with people to soothe and distract them. We observed staff leave and re-enter a room and greet people as though they had just met. Both strategies were successful in calming the person, meeting their emotional needs and promoting positive conversations. One relative told us, "The staff are so skilled, they can diffuse any situation." A second relative commented, "If there is an incident about to happen, they [staff] are on it."

We spoke with the registered provider about specialist support to manage people's ongoing health and behavioural conditions. They told us, "If you are the expert, then I need your help. I don't have an ego; if I need help I am going to ask for it." We noted evidence of visits by several health professions, including occupational therapists, GP's and specialist behaviour management teams. The registered manager shared that they had strong links with the local hospital clinical engagement team, which had had positive outcomes for one person who had recently had a successful operation. They also stated that a dentist now visited the home to allow people to be examined in the comfort of their home. The registered manager commented, "Having these networks helps improve the service we deliver."

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. We spoke with one of the two activities co-ordinators about day to day activities. They told us they had activities scheduled but these were flexible depending upon people's mood. We commented on the dolls in the home and how one lady had been comforted by having a doll. The activities co-ordinator emphasised the dolls were enjoyed by men as well as women which indicated a non-discriminatory approach to care and activities. We saw staff identified and utilised naturally occurring opportunities to engage with people and enrich their lives through meaningful activities. For example, a staff member escorted a person into the lounge after his lunch. 'The Black Hills of Dakota' was playing on the TV. The person and staff member danced together, both enjoying the moment.

During our visit we met a visiting 'pat a dog'. Having a therapy dog visit increases people's social interactions and reduces anxiety. We observed people were happy to meet and pet the dog. Relatives told us, singers visited the home and people enjoyed this. One relative said, "[Registered provider] starts dancing and gets everyone up to dance along." One staff member supported this saying, "[Registered provider] is very jolly, and she likes to entertain." Two staff we spoke with also stated they liked to sing and dance as it relaxes people. As lunch had ended in the lounge and people were finishing their drinks we saw people and staff doing in impromptu singing together of 'Whatever Will Be, Will Be (Que Sera, Sera).' We saw people were smiling and engaging with each other and staff as they sang.

In the sensory room at one point the lights were lowered and coloured lights moved slowly across the ceiling. We found people's lives were enriched by the individualised activities which were made available to them. For example, we saw one person staring entranced at the large screen TV in the room which was slowly showing colourful images of flowers and playing gentle music.

About activities, a second relative explained, "[Family member] is not interested in doing anything (but was asked). He likes to go to the pub at lunchtime for a drink and a meal. The activity coordinator will send me a text sometimes when they're out for a meal." Their relative highly valued these texts and was very keen and happy to share some from their mobile. This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social and emotional health.

The activity co-ordinator informed us about a regular trip to a local 'neuro drop in.' We asked about the benefits for people and they said it was for people living with dementia to share experiences but also it was a social experience that included music, lunch, bingo and a raffle. The activities co-ordinator kept a monthly record of who had been supported on trips out and the level of support they required. They also documented if people had refused to go out or if their ill health or bad weather meant people were unable to go on a trip. This ensured people had regular opportunities to participate in activities.

We saw the service had a satisfactory complaints policy and we looked at the complaints folder. We saw the registered manager dealt with any recorded concerns or complaints promptly and outcomes and actions were recorded. The registered manager was knowledgeable about their role in complaints management. At the time of our inspection there were no ongoing complaints. This showed the registered provider considered the emotional wellbeing of people and others who used the service when complaints were made.

About complaints one relative told us, "If I had a concern I know I could speak with [named three members of the management team.]" A second relative said they had raised a concern once and this had been dealt with and not happened again. They went on to tell us, "Don't have any concerns, I can sleep at night without worrying." This showed the complaints policy had been put into practice and achieved its purpose.

We spoke with the registered provider about supporting people who needed end of life support. They showed us they had followed good practice guidance on end of life care for older people. The registered provider had a do not attempt coronary pulmonary resuscitation (DNACPR) policy and a register of people's wishes which included where people would like to be cared for at the end of their lives. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. The registered provider told us all care staff including nurses received end of life training. Nurses received additional specific medical training to allow the ongoing administration of medicines with the minimum discomfort syringe driver.

We asked staff about supporting people who required end of life support. One staff member told us, "It's upsetting and you can get emotional. It is about making people comfortable with hourly turns, offering oral mouth care if they can't drink and supporting their families." A second staff member said, "It's making sure you have end of life medicines and people are at peace with themselves. You sit next to the person, communicating, offering emotional support. You also support families, offer food and give them time to rest." This showed the registered provider had developed a culture were good quality end of life care involved a respectful individualised approach ensuring people experienced a dignified pain free death.

Good

Is the service well-led?

Our findings

People we spoke with said Lakeland View Care Centre was organised and managed to an extremely high standard. One person told us, "He's alright [Registered Manager]. He comes in my bedroom (where the person spends most of their time), I can talk to him about any concerns." A second person commented, "[Registered Manager's] a lovely fellow. Absolutely listens to me. He tells me to tell him if I need anything, I can see him anytime you want."

There was a registered manager in place. 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.

There was a clear line of management responsibility and a supportive culture throughout the home. One relative told us, "Just keep it [Lakeland View] the same, can't see it being improved. The staff are wonderful, the place is wonderful; recommend it to anyone." A second relative said, "Will sing its praises to anyone we know. It dots all the i's and crosses all the t's with care. Even the administrator comes out and hugs the residents. We can't praise it highly enough."

The feedback we received demonstrated good management and leadership. One staff member told us, "This is a family home, I can speak directly to the head of the company no matter whatever the problem and there is no waiting period for answers." A second staff member said, "[Registered providers] are brilliant with me very supportive. I feel part of a family here." A third staff member commented, "I love it, absolutely love it here. [Nurse] is absolutely brilliant; he comes and asks if we are alright and if we want help." They also spoke about the registered provider stating, "She is really good at giving praise, and a pat on the back goes a long way." They further mentioned, "If I have any problems, I speak with [member of the office team]. This showed the management team had fostered a positive open culture where people, their relatives and staff were proud to be a part of Lakeland View Care Centre.

We shared the positive feedback with the registered manager and asked how they supported the positive day to day culture and promoted equality within the workforce. They told us, "It is about being honest with people, people are not afraid to tell us things. We treat everyone fairly and squarely." The registered provider told us they had introduced an 'Extra Mile' award for staff. They explained it was for staff that had done something out of the ordinary, beyond their role." For example one staff member had (in their own time) made a framed collage of birthday cards for the person to keep and remember the day. The extra mile award showed the registered provider respected and valued staff, recognised and acknowledged their input in enhancing people's lives.

We observed the registered manager and provider were 'hands on' in their approach and extremely visible about the home. One staff member told us, "They are always walking about watching." A second staff member said, "They [management] walk round and check everything is alright, and will say if anything is wrong." Throughout the inspection process it was apparent the management team were knowledgeable of

the needs of the people they supported. This showed the registered provider had the skills knowledge and integrity to lead effectively.

We asked about the leadership and management of the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff said they had regular meetings to raise concerns or suggestions for improvement and felt they worked extremely well as a team. Staff we spoke with told us they valued the meetings. We saw minutes that showed discussions around safeguarding, training and any feedback received. We saw yearly surveys had positive responses including, "Very patient centred. Impressed by receptive and responsive staff." And, "Staff interact defusing any potential conflict with great skill."

We saw minutes from residents meetings that included the request for 60's music to be played and more bacon sandwiches to be offered. We noted bacon sandwiches were offered daily in the morning and music being played was discussed with people throughout the day we visited. One relative told us they enjoyed attending the 'relatives support group'. They said, "The management team are very supportive. It gives us [relatives] the opportunity to talk." A second relative commented, "[Registered Manager] is very nice, keeps us informed. He knows the residents. He's approachable. everybody is." This showed the registered provider gave people and staff the opportunity to be engaged and involved in the delivery of care and support at Lakeland View Care Centre.

Before our inspection visit we noted the management team had a consistent history of submitting notifications and other required information. They had been pro-active in sharing safeguarding information and any subsequent investigation reports. This showed they had knowledge of their statutory responsibilities and their accountability to disclose information with regulatory bodies that monitored the service being delivered.

The management team monitored the home as a high priority to ensure excellence in care. There was a calendar of essential checks. The calendar identified what checks were required, the frequency they needed to be completed and who was responsible. For example, Care plan , medicine and fire plan audits were required to be completed monthly. Review of policies and procedures and the review of legislation and regulations was identified as a yearly task. Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required.

The management team held a monthly clinical governance meeting to review all audits, safety checks and any notifications that had been submitted to the local authority or CQC. The meeting was used as a monitoring tool to ensure audits processes and procedures had been fulfilled. The registered manager told us they had worked with the local authority in reviewing the county safeguarding policy, and attended all local forums. They said, "We go to keep abreast of things and are not working in a black hole. It is about engaging in groups and pilot schemes." We noted they had changed their working practices to reflect changes in the Lancashire Safeguarding Adults Board policies and procedures.

The registered manager told us they had introduced champion roles whereby staff can become the lead person in a specific area and promote positive practice. We spoke with two champions while inspecting to see what impact their role had on people and the care they received. They were able to evidence new ways of working based on additional knowledge and implemented systems to monitor staff performance.

The registered manager told us they were working alongside Health Education England. They are a national leadership organisation for education, training and workforce development in the health sector. We learnt that Lakeland View Care Centre are going to have student nurses placed with them to learn and observe quality care. The service passed an assessment to ensure their practices met the quality standards expected within a nursing home. The registered manager told us, "I don't mind being under the microscope so we can offer a learning environment. Students bring energy and I pride myself on teaching what's important to people, what is good or bad care." They also stated, "Having students means we have to be 'on it' and be up to date with our knowledge and working practices." This showed the registered provider had taken on learning roles for staff and visiting students to train, share knowledge and drive improvements.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.