

Alpha Health Care Limited

Lakeview Care Home

Inspection report

Stafford Road
Great Wyrley
Nr Walsall
Staffordshire
WS6 6BA

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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

About the service: Lakeview is a large nursing home divided in to six separate units. The service can provide support for up to 151 people. At the time of the inspection there was 121 people using the service. People resided in the various units within the home, depending on the level and type of care required.

People's experience of using this service: People were safe at Lakeview and protected from harm. People's risks were assessed and there was sufficient numbers of staff to meet people's needs. People received their medicine by trained staff and the environment was managed to limit the possibility of infection. Lessons were learnt when things went wrong.

People's consent to their care was sought and best interest meetings were held when needed. People's care needs were continually assessed and staff training arranged to ensure staff could meet people's needs. People were supported to have a balanced diet and sufficient access to drinks. Staff worked with other agencies and people were supported to access healthcare outside of the service. The building was adapted to meet the needs of the people living there.

People were treated with kindness and encouraged to express their views about their care. People's privacy and dignity was maintained

People received personalised care and they knew how to raise a concern or complaint. People's end of life wishes had been considered.

The provider promoted person centred care and staff were aware of their individual roles. People, their relatives and staff were engaged in discussions about the service and action taken when needed. The service had a dedicated team that looked at continuous learning and the home worked in partnership with others.

More information is in the full report

Rating at last inspection: At the last inspection we rated the service as requires improvement (Report Published 3 October 2017)

Why we inspected: This inspection was a planned inspection in line with our methodology.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If concerning information is received we may inspect sooner.

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 in our Caring findings below

Good ●

Is the service responsive?

The responsiveness of the service was good

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 ●

Lakeview Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of three inspectors and a specialist mental health nurse, as well as two experts 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, in this instance the experience was older person's care.

Service and service type: Lakeview is registered to provide accommodation for persons who require nursing or personal care. The service can support older people, people with dementia, people with physical disabilities and people with mental health needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was carried out on 14 March 2019 and was unannounced.

What we did: Prior to the inspection we reviewed information we held on the service. We looked at the Provider Information Return (PIR) which providers are required to send us and includes key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Providers are also required to notify us of specific events which include, safeguarding concerns, events that stop a service and deaths. We reviewed all the notifications we had received since the last inspection.

During the inspection we spoke with 12 people living at the home and 10 visitors. We spoke with 10 staff members which included care assistants, nurses, reminiscence co-ordinators, the registered manager and governance team. We also spoke with a visiting health professional.

We looked at range of records held by the service We reviewed the care files for nine people. We looked at five staff files, medicine administration records, health and safety records, activity files, records of accident, incidents and complaints, audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from harm and the people we spoke with told us that they felt safe at Lakeview. One person explained to us, "I feel very safe here. No-one can get in, everyone has to sign in."
- The provider reported safeguarding concerns to the local authority and notified CQC as required.
- Staff at the home told us they had received training in safeguarding and that safeguarding policies were kept in an accessible place.
- The service had adopted the Newcastle Dementia model of care that supports people with dementia and challenging needs, to minimise the impact on them and others.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and plans were in place to mitigate any identified concerns. For example, one person had experienced an increased rate of falling so had been referred to the falls clinic.
- We saw risk assessments were in place to cover people's individual needs, equipment used in the service and the environment. People's risk assessments were reviewed monthly or earlier if needed.
- Fire risk assessments were in date and a fire drill had recently been held to ensure staff were able to put in to practice the training they had received.

Staffing and recruitment

- People were supported by sufficient staff who were recruited following safe recruitment procedures. The manager told us that they were continually recruiting and were almost at their full complement of staff.
- On the day of inspection, we saw that there were sufficient numbers of staff in the building to ensure people were engaged in activities and they did not have to wait for support.
- We reviewed the staff rota's which were accessible to people and visitors and we could see that consideration had been given to the skill mix of the team.

Using medicines safely

- People received their medicine as prescribed by qualified nurses trained to administer. One person told us, "I take my tablets when necessary and know what they are for."
- The service had implemented an Electronic Medication Management system that tracked what medicine had been given and limited the opportunity for error. We saw that additional checks were made around medicine where previous issues had been identified.
- We observed that when people were given 'as required' medicine that produced a sedative effect that the team carefully monitored the person and the effects of the medicine.
- People with limited capacity to consent to their medicine had been assessed and the plans in place were in line with the correct procedures.

Preventing and controlling infection

- People were protected from infection by staff who had received training in infection control and had access to protective clothing.
- We saw that outbreaks had been managed effectively and relevant bodies informed.
- We observed that the home was clean and saw evidence that there were schedules in place to inform the staff of the cleaning routines required across the home.
- Kitchen staff followed safe food hygiene practices and relevant temperature checks were taken.

Learning lessons when things go wrong

- We found that the home had an efficient system in place that ensure accidents and incidents were reviewed in a timely manner
- A visitor to the home informed us of an incident where their relative had been injured following a fall in their room. We spoke to the manager about this incident and were shown that an investigation had been immediately launched. The cause of the injury had been identified and made safe. Photographic evidence was provided to support the investigation process.

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 the previous inspection we rated the effectiveness of the service as requires improvement. At this inspection we found that people's outcomes were consistently good, and people's feedback confirmed this.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- At the previous inspection we found that improvements were needed in this area. At this inspection we found that the necessary improvements had been made. The MCA principals were being met and applications under DoLS were completed in line with relevant guidance.
- People's care files contained evidence of assessments being carried out and best interest discussions being held. For example, in the use of covert medicine or lap belts.
- Staff told us that they had received training in MCA and felt confident that the team understood the need to ensure the care delivered was the least restrictive.

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

- People's care needs were assessed and subject to ongoing review in the service. We saw that when necessary, care packages were revised and people moved between the different units or received an amended amount of support. A visiting professional told us, "We work alongside the service to ensure things are working well for the person and reassess when needed."
- One relative told us, "My [relative] has moved upstairs now as their needs changed and it is much better for them."
- Care plans contained a range of different clinical assessments, plans and professional guidance to ensure staff knew what support people needed and how to deliver it. We found that some care plans were more person centred than others but that overall there was sufficient information to ensure the person's voice was heard.

Staff support: induction, training, skills and experience

- People told us they felt the staff team had received the right training and were well supported. One person told us, "The staff are well trained and if they don't know something they ask the management."

- We were informed by staff that they completed an extensive induction before being placed on shift. One of the nursing staff told us, "I completed all my mandatory training and then shadowed three shifts before being left in charge."
- We saw that training offered to staff varied depending on the area of the service the staff worked in and the needs of the people being supported. For example challenging behaviour training was not delivered to all areas, it was only delivered where the need had been identified.

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

- People were supported to maintain a balanced diet and access sufficient drinks throughout the day. Menus ran over a four-week period and the feedback we received on the food was positive. One person told us, "The dinners are very good."
- Several relatives told us they were pleased to see that people always had access to fluids. One relative told us, "I'm impressed, [relative] always has something to drink with them, it is fantastic." Another relative told us, "The drinks are on tap!"
- People's needs in relation to swallowing and digesting food had been shared with relevant persons. Staff in the kitchen had information sheets that ensured they knew of the specialist dietary requirements that people had. On the tea trolley which was used several times a day we saw that staff had a copy of people's needs in relation to the agreed thickness of the drink being given.

Staff working with other agencies to provide consistent, effective, timely care

- People resided at Lakeview on both long and short-term placements. The team worked closely with the local hospital and social work teams to ensure people were supported in and out of the service in as seamless a way as possible.
- The provider's governance team had quality checks in place to ensure there was an audit of a new admissions care file within 48 hours. This was to ensure the most relevant information had been documented. People were also asked their opinion after they left the service to ensure that their experience was captured.

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

- People lived in an environment that had been adapted to meet the needs of the group. Investment had been made to ensure the environment was truly dementia friendly and a calm space to be in.
- People had access to outside space and rooms were personalised to enable people to live amongst familiar possessions.
- Space was available for people to do activities as a group, meet with family or relax on their own.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care and a range of health professions worked with people living at Lakeview. In people's care files we saw evidence of people accessing mainstream services, such as the GP, opticians, and dentist as well as more specialist areas such as neurology or diabetic care.
- Staff at the home submitted referrals to professionals on people's behalf when required. For example, when there was an increase in the rate of falls or concerns about skin integrity.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed a strong person-centred culture. People were treated with kindness and respect and the atmosphere in the service remained positive throughout the day.
- People in the service appeared happy and we saw staff giving reassurance when needed. During one observation we saw a staff member taking additional steps to reassure someone who experienced paranoid thinking. The person had told us about the things that worried them and we saw that the staff member was aware of the person's worries and followed an approach that supported the person to feel confident and in control.
- People told us that they were well treated. One person said, "The staff don't rush me, they take their time." Another person's relative told us, "The staff are very caring, it shows in the way they talk to you."

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

- People told us that they were listened to and their views respected. One person said, "The staff listen and are very helpful." We saw that people and their families had contributed to the care planning process and people were aware of what had been documented. Three of the families spoken with told us they had seen their relative's care plan and had been involved in discussions with staff about the content.
- In people's care files we saw documentation evidencing that people had been asked if they wanted a male or female carer and their preferences were followed.
- People were consulted throughout the year on key areas such as the quality of food. Results were analysed by the providers own governance team who fed back the results to unit managers and actions given when required.

Respecting and promoting people's privacy, dignity and independence

- People in receipt of personal care were treated with dignity and their independence was promoted. During lunch time observations we observed staff gently encouraging people to feed themselves and using techniques such as hand over hand guidance.
- Signage was placed on doors around the service to help orientate people and identify the different spaces people could use. Additional signage was used on bedroom and bathroom doors to prevent any interruptions during the delivery of personal care.
- The service kept people's confidential information in secure locations.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service understood the needs of different people and delivered care in a way that met people's needs and promoted equality. People's protected characteristics, as defined in the Equality Act, were clearly recorded as well as how that characteristic was relevant to the person's day to day life. For example, one person's religious faith was recorded as well as how they liked to celebrate their faith i.e. singing hymns and reading the bible in the evening.
- People had access to meaningful activities and we saw evidence of people being supported with past interests as well as being encouraged to try new things. The service could evidence the activities people had engaged with using photographs. We saw that people with advanced dementia had been engaged in football tournaments, gardening groups, baking sessions and celebratory events.
- People were supported to maintain links with family members and a designated family space had been created for people who wanted to meet up away from their specific unit.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a concern or make a complaint. We saw accessible information about the complaints process around the home. One person's relative told us, "The homes response to all our requests is satisfactory."
- We saw that the registered manager had a tracking system and monitored and reviewed any complaints received. On the day of inspection, we spoke with a professional who told us they had raised an informal concern with the registered manager about not having some information ahead of a meeting. They told us the registered manager acknowledged the concern, apologised and put in place an immediate action to resolve.
- We found processes were introduced in response to previous complaints where lessons had been learnt such as, in the management of people's clothes and possessions.

End of life care and support

- People living at Lakeview were supported with end of life care. At the time of inspection no one needed of this level of care. However we saw that some people had end of life care plans drawn up to specify what their advance wishes would be.
- Some people had Do Not Attempt Resuscitation (DNAR) agreements in place. These were filed at the front of care plans to ensure the documentation could be located in an emergency situation.
- Staff working in the areas of the home that delivered end of life care told us they had received training to ensure they understood how they needed to support people during the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the previous inspection we found that improvements were required. At this inspection we found those improvements had been made.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us that Lakeview was a nice place to live and that there was great atmosphere in the home. One person said, "It's a great service and I cannot fault them."
- Staff told us, "We are a person-centred team and staff do know people and their individual needs."
- We observed that the home investigated and reported any incidents including providing the necessary recognition when things went wrong.
- Staff told us that the senior managers spent time in the service and got to know them as well as the people being supported.

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

- The provider had clear governance systems in place that were scrutinised by a dedicated governance team. Each unit in the service completed various audits throughout the year which were double checked and action plans were drawn up, with set completion dates. Where standards were not met these were followed up by the registered manager and the senior management team.
- Rota's indicated the management structure for each unit and the different grades of staff working alongside them.
- Daily handovers were completed to ensure the team knew what was happening during the day and any tasks which needed completing.

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

- People told us, that they knew meetings took place in the home and that they could attend if they wanted to. One person told us, "I know they meet and discuss the meals and what activities people want to do."
- Staff told us that they had regular team meetings and supervision. One nurse told us, "We have planned supervisions but we may have an extra one if there has been a change in legislation or there is something we really need to know."
- Staff also told us that they can approach management if they need extra support. One staff member told us, "The manager recently completed a risk assessment for me due to an ongoing health concern and this has helped me remain in work."

Continuous learning and improving care

- The provider's own governance team reviewed information gathered from the units and monitored the overall care being delivered alongside the registered manager.
- Audits completed included care plan information, call bell response times, food quality and level of activity. Learning from previous events that had directly affected Lakeview were also included.
- We saw evidence that best practice had been adopted from the wider health and social care field and integrated alongside the providers own policies and procedures. Such as, the Newcastle Dementia Model.

Working in partnership with others

- People told us that the staff at Lakeview worked with them and the care plans evidenced that people's care needs were managed in partnership with other relevant professionals.
- Information was shared with regulatory bodies as required.