Sanctuary Care Limited

Lake View Care Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We undertook this inspection on 18 November 2014. The inspection was unannounced. At our last inspection in March 2014, the service was meeting the regulations inspected.

Lake View Care Home provides care and accommodation for up to 60 older people with a range of needs. There were 58 people living in the home when we visited and there was a registered manager in post. 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.

Overall people were positive about the care they or their relative received at the home. Although people told us they felt safe they said more staff were needed.

We saw staff had received training to keep people safe and knew their responsibility to protect people from harm or potential abuse.

Summary of findings

We saw people received their medicines as prescribed and the service worked closely with healthcare professionals to make sure there was a joined up approach to meeting people's needs.

Most of the people we spoke with considered staff were knowledgeable about their individual needs and preferences. Staff told us they were supported in their work and had received an introduction to the service and completed essential training. Care records we saw did not show that people's ability to make decisions had been assessed. People we spoke with were happy overall with the food provided by the home and its presentation. Although some people commented on the lack of choice of food particularly at tea time.

Overall people described positive experiences about the care they or their relative received at the home. People were clean, appropriately dressed and well cared for. We saw people's privacy and dignity was respected and their independence was promoted.

People we spoke with felt they had contributed to the assessment and planning of their care but care records did not always evidence this. Some people considered the service was not always responsive to their individual needs due to staffing levels. People were encouraged and supported to maintain their own interests. We observed people in communal rooms engaged in a choice of group and one-to-one craft activity. However, people who remained in their own rooms at times lacked social interaction. We saw complaints received by the home had been responded to and dealt with in accordance with the policy.

The registered manager demonstrated an awareness of their role and responsibilities. They were aware of the improvements required to ensure people consistently received a high quality service. They were being supported by senior management to do this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Staff had received training in protecting people from harm and demonstrated some awareness of the types of abuse and were aware of reporting bad practice.

Risks to people were assessed and measures put into place to minimise those risks.

There were not always enough staff available to provide the support people needed. There was a lack of supervision and support for people who remained in their own rooms.

People received their medicines when they needed them in line with good practice.

Is the service effective?

Requires Improvement

The service was not effective.

People's ability to make decisions had not been assessed. Most staff had received training to meet the needs of the people living at the home and to keep them safe.

People enjoyed the choice of food they were given and had their nutritional needs assessed and monitored.

People had access to health care professionals and their on-going health was regularly monitored.

Is the service caring?

Good

The service was caring.

People were cared for and treated in a kind and compassionate way.

People were offered choices about their care and involved in decisions about their care routines.

People felt they were treated with respect and their independence, privacy and dignity was promoted.

Is the service responsive?

Requires Improvement

The service was not responsive.

People felt they were kept waiting for their care at times. We observed this during our inspection when there were delays in responding to the call bell when people required assistance and were kept waiting for their needs to be met.

Summary of findings

Although care records we looked at were personalised they lacked evidence of people's involvement of planning for their care.

The provider had a system in place to manage complaints and we saw this had been followed by the registered manager when complaints had been received.

Is the service well-led?

Requires Improvement

The service was not well led.

Since the home opened in 2012 there have been a number of management changes. There had been some temporary changes to the management structure recently due to short term absence of the registered manager. Not everyone knew who the manager was and people we spoke with told us there lacked continuity.

Staff felt the registered manager was good at their job.

Monitoring of the quality of the home meant the service had that care records had shortfalls. They had also identified other shortfalls within the service that they were working on to improve.

Lake View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection took place on 18 November 2014 and was unannounced.

The inspection team included three inspectors 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. Their area of expertise was in dementia care.

Before our inspection we reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with 12 people who were living at the home and five visiting relatives. We also spoke with the registered manager, care development manager, kitchen manager, one housekeeper, seven care staff and a visiting healthcare professional. We looked in detail at the care six people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records and records relating to the management of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who lived at the home. We used this because some people living at Lake View Care Home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with people.

Is the service safe?

Our findings

Four people living at the home told us there were not enough staff to meet their needs. This was reflected in discussions we held with staff on duty and our observations. One person said, “I don’t think there are enough staff here. There’s no one there to say, “Give me a hand”. Another person said, “There’s enough when they’re all here. Sometimes they can be sick and it disorganises it a bit but we get by. You could always do with more”. Two relatives told us there were “Not always” enough staff on duty. One person said, “There’s times when there’s only been one or none at all in the lounge area but It seems to have been better recently”. We had recently received concerns about the home being short staffed.

We observed people seated in communal areas were supervised but there was a lack of regular supervision for the people who remained in their own rooms. For example, we saw a person asleep in their room with their lunch left on the table in front of them. No one checked on them for nearly an hour as they were busy attending to the needs of other people. There were also delays in responding to call bells. People we spoke with felt that staff were not always available to support them when they needed assistance. Two staff told us on occasions they had to leave people unsupervised to attend to the needs of other people who required the assistance of two staff. We also observed this during our inspection. Housekeeping staff explained they were currently short staffed because one of the house keeping team had recently left and another one was leaving shortly. The registered manager acknowledged shortfalls in the deployment of staff.

We saw a copy of the staffing rota for the last four weeks. We were told staffing numbers were determined by occupancy levels, dependency and resident needs. The rota showed a number of changes and alterations to staff and total numbers of staff. Turnover of staff had been high. We saw that staffing absences were covered through the use of the home’s own bank staff and agency staff where possible. We were told that the agency staff used were familiar with the home and people’s needs. We spoke with staff about the staffing levels. One member of staff said, “It does put pressure on senior care staff if there are only two seniors on duty”. Another member of staff told us, “We are really pushed at times and we’ve had a high turnover of staff”. Staff commented that it took new staff and agency staff time to familiarise themselves with people's individual needs given the size of the home and the turnover of staff.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

All of the people we spoke with told us they felt safe living at Lake View. One person told us, “Yes. What’s not to be safe?” Visitors we spoke with considered their relatives were safe at the home and they had no concerns about the safety or welfare of their relatives.

Staff we spoke with confirmed they had received training in protecting people from harm and demonstrated some awareness of the types of abuse and were aware of whistleblowing procedures. They told us they would challenge any poor practice. A senior care assistant said, “If I had any issues or concerns I would report them straight away and if they were not acted on I would take it higher”. Records we hold showed the provider had notified us about safeguarding incidents and had worked with the local authority. The provider had taken action to make sure people living at the home were protected from risk of harm or abuse.

There were arrangements in place in the event of an emergency. We saw that people whose care we looked at in detail had personal evacuation plans in place in the event of a fire or evacuation. People who had fallen told us they were seen to by staff and paramedics where required. Staff were aware of the reporting process for any accidents or incidents that occurred in the home and these were regularly audited by the registered manager. We saw their care plans had been reviewed to reflect any changes needed. We found risk assessments had been completed for medication, nutrition, dependency, falls and moving and handling for all but one person whose care we looked at in detail. This person had been admitted to the home a week earlier. It was noted that this person’s medication risk assessment had been signed by the registered manager but it had not been completed with any information. This meant staff supporting this person might not have the information they needed to care for the person safely or meet their needs.

Is the service safe?

We looked at two staff recruitment files. They contained evidence that checks had been undertaken to ensure staff employed were suitable to work with people living at the home. We also saw that the provider had followed their disciplinary procedures where required.

We looked at medicine records and observed the morning medicine rounds. Records we saw showed people were getting their medicines as prescribed by their GP. Only senior staff who had been trained in medication administered medication and their competency was checked by managers and audits undertaken. We looked at the medicine trolley and saw that some liquid medicines had not been identified with an open by date. Therefore staff could not be sure when or if the medicine expiry date had expired.

We observed people being given their medicine. People were supported with instruction and encouragement. For example, one person asked what they had to have the medicine for. The senior carer told them what the tablets were for and explained the importance of the medicine. They showed the person the medication administration records to re-assure the person it was medicine they had been prescribed by their GP. Additional information was available for staff for medicine that was administered 'as and when required'. This was so staff could administer medicine at the right time and in the right quantity. We saw where people wished to administer their own medicine a risk assessment was in place to support their choice.

We had received concerns about the cleanliness of the home. All of the people we spoke with said they were happy with the cleanliness of their rooms. One person said, “It’s perfectly clean”.

We spoke with domestic staff. They showed us the cleaning schedules and checklists for daily and weekly cleanings. We saw that records were maintained of carpet cleaning and bed changing. Domestic staff told us they usually had the resources they needed to complete their work.

Is the service effective?

Our findings

Most of the people we spoke with considered staff were knowledgeable about their individual needs and preferences. This was also reflected in our observations and discussions held with care staff. One person told us, "The staff know me well". One relative told us, "Staff appear skilled and have the right mix of skills".

Care staff told us they had received an introduction to their work and shadowed an experienced member of staff until they felt confident and competent to carry out their work. They said they attended regular one to one meetings with their manager and team meetings. These processes gave them an opportunity to discuss their performance and identify their training needs. One care worker said, "I spent three days shadowing and I have done online training". The registered manager told us that staff completed a booklet during their induction and attended probationary meetings on completion to check on their progress. They told us that the skill mix of staff was balanced, for example new staff only worked with experienced staff across each floor. This was observed during our inspection. This meant that people living at the home were supported by staff who were familiar with their individual needs.

On the day of our inspection we saw a number of staff received first aid training delivered by an external training provider, who attended the home. Staff told us they completed on-line training and also received training with external providers and health care professionals such as the district nursing team. This included topics such as catheter care and diabetes. The registered manager told us that training in dementia care was due to be arranged for new staff. The manager also identified that further training in catheter care, continence and first aid needed to be completed.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty where there is no less restrictive way of achieving this.

We were told that no one who currently used the service was deprived of their liberty. New did not observe anyone was restricted of their liberty. The registered manager understood when applications were needed to be made to DoLS and knew about the changes in DOLS guidance. All staff we spoke with understood that they needed to respect people's choices and that they should be supported to make their own decisions. However, the provider was not following the MCA Code of Practice because assessments relating to people's capacity in relation to specific decisions had not been made. **We recommend that** the provider demonstrate in care records how they have supported people to make decisions for themselves. Where people are unable to do so, that the provider demonstrate they have followed the best interest process.

People we spoke with seemed happy overall with the food provided by the home and its presentation. One person said, "The food is very good. We get a choice and it's always nicely presented. It's like going into a restaurant. It's nice". Another person said, "I like it here the food is very good." Several other people told us they were unhappy about the lack of choice at tea time where sandwiches were offered every day. One person told us, "It's the same sandwiches every day", and another said, "I don't go for tea because it's always sandwiches."

The kitchen manager explained when new people were admitted they would meet with them and discuss their dietary needs and preferences. We saw menus were placed on the tables giving details of the food choices for the day. Staff gave people the choice of the main meals and supported people to sit where they wanted to sit at lunch. We saw people were encouraged to eat and drink and where people required support with eating this was offered sensitively and discreetly. We saw that care plans were in place for eating and drinking and that people's preferences were identified. Although there were no records about one person's dietary needs the member of staff we spoke with was aware of their specific dietary needs. We spoke with the registered manager and care development manager who acknowledged this shortfall.

We spoke with people about their health care. One person told us, "I have my own chiropodist and my own hairdresser. The doctor comes in twice a week if you've got a problem. If you're ill they do send for the doctor". Visiting relatives told us they were kept informed of changes in their relative's health needs. We saw the provider had worked with a GP when a person no longer required medication when they became agitated. We saw that the

Is the service effective?

appropriate health care professional had been involved and were impressed with how the person was doing without this medicine. We saw evidence that people had access to health care professionals including doctors and community mental health nurses. Records of professional's visits were recorded in the care records that we looked at. We spoke with a visiting healthcare professional. They told us, "Care workers are very willing and keen to learn. The palliative care provided has been absolutely fantastic". They told us that regular meetings had been held with the home to, "Iron out any issues". The main issues were communication and prescribing. They considered that people were well cared for and improvements had been made.

Is the service caring?

Our findings

People living in the home and visiting relatives told us the staff were kind, polite and friendly. One person told us, "This place is a really lovely place to live; it's like living in a hotel and the staff treat you as an individual and always with respect. I'm really happy living here". Another person said, "I'm very well looked after. The staff are very caring". However one person commented, "We get the care that is required but we could get a better share". Overall people described positive experiences about the care they or their relative received at the home. A member of staff told us, "Staff definitely care for people here".

We saw people were offered choices about their care and people told us they were involved in decisions about their care routines. For example, if they wanted a bath or shower and whether they wished to remain in their room or join others in the communal areas. People told us they got up and went to bed when they wanted. We saw this on the morning of our inspection. We saw information was displayed on the notice board about advocacy services. Advocates are independent of the service and support people to communicate their wishes. Information was also available about people's basic rights. This included a right for people to be treated with dignity and respect at all times.

We observed positive interactions and staff provided care and support sensitively and discreetly. Staff were knowledgeable about the individual care needs for the people we looked at in detail. They listened to people and most staff talked with people appropriately.

People we spoke with told us their privacy and dignity was respected. One person said, "They always knock the door and see if it's alright to come in". A visiting relative told us, "They take [name of relative] to her room if anything specific needs to be done". One person told us they had a key to their own room and preferred to keep it locked. On occasions we observed staff discuss people's care needs in front of other people. This meant people's confidentiality was at times compromised. However, In a recent satisfaction survey undertaken 95% of people said they were happy with the arrangements in place for promoting their privacy and dignity. We observed staff knock on people's rooms before entering and ensured doors were closed before providing personal care. Staff shared examples of how they encouraged and promoted privacy in dignity. For example, closing doors and ensuring people's dignity was maintained when providing personal care. This demonstrated a clear understanding of good practice.

We observed people being supported to be as independent as possible and do as much for themselves as they were able to. For example, people had the right equipment to promote their independence in mobilising safely around the home. We saw equipment such as walking frames, were left close to people so that they did not have to wait for assistance. One care worker told us, "We like to encourage people's independence and get them to do things for themselves, even if it's just washing their own face".

Is the service responsive?

Our findings

Most of the people we spoke with felt they had contributed to the assessment and planning of their care but some people considered the home was not always responsive to their individual needs. People told us they had to wait for help. We observed this during our inspection when there were delays in responding to the call bell when people required assistance and were kept waiting for their needs to be met. Some people said they planned for this and rang for help in advance. One person told us, "Obviously if they're helping someone else they've got to go on helping them".

People told us they made choices about their lives and the support they needed. One person told us, "I can wash and dress myself. If I need any help, I've only got to ask and the staff help me". Another person said, "If I want anything, they are there for me". People told us they got up and went to bed when they wanted. One person said, "I don't usually go until 11pm but you can go to bed when you like". We saw one person had requested to receive personal care from the same gender only and this had been recorded in their care records. They told us their request had always been respected. This showed the provider was sensitive to and respected issues relating to gender specific care.

We saw people were encouraged and supported to maintain their own interests. One person told us they enjoyed knitting, painting and playing bingo. We saw daily activities on offer were displayed on the notice board in addition to information about the day, date, season and weather. During the inspection we observed people in communal rooms engaged in a choice of group and one-to-one craft activity. People appeared to enjoy an armchair group exercise activity provided by an external provider. However, the people who remained in their own rooms at times lacked social interaction. For example we saw one person in their room sorting their knitting. They told us that they had been waiting all day for the activity co-ordinator to come back and help them sort their wool. A gardening enthusiast said they had been asked last year if they would like to partake in a gardening session and had not heard anything since. A couple of people told us they would like the opportunity to get out of the home and enjoy the community.

Most of the people we spoke with felt they had contributed to the assessment and planning of their care. A relative told us, "Staff asked me about [person's name] care needs and preferences when they were admitted to the home". Care records we looked at were personalised but lacked evidence of people's involvement of planning for their care and had not been signed on admission by the person or their relative. Some lacked information about people's likes, dislikes and social history. Elements of their care records had not been regularly updated and were not in place. We saw daily monitoring records for things such as fluid intake, bathing and showering but these had not been routinely completed. This meant that people may be at risk of receiving inconsistent care.

We saw the provider had a formal procedure for receiving and handling comments, complaints and compliments that was displayed on the notice board. People we spoke with were not aware of the formal complaints procedure but told us if they had any concerns they would speak with the staff or the registered manager. They were confident that concerns would be listened to and acted on. One person told us about a recent concern they had raised and said they were happy with the action taken to "Put things right". Staff we spoke with knew how to support people to complain. We saw the provider had received five complaints since our last inspection. These had been responded to and dealt with in accordance with the policy. Managers told us, "We do our upmost to sort things out when we receive a complaint".

We saw the provider held regular meetings with the people who used the service and their relatives. This provided an opportunity for people to share their views and raise any concerns. Minutes of a recent meeting held showed that people were complimentary about the care staff and of the meals provided. Not everyone we spoke with attended the meetings held. One person, who attended the meetings, told us, "They put concerns down but do not do anything". They did not wish to discuss this with us further. Another person said, "We are always asked in residents' meetings what we want. Anything you say is acted upon and not ignored". We saw the provider had responded to feedback from people who used the service, for example providing furniture and decorative fencing for the garden.

Is the service well-led?

Our findings

One person told us, “There’s been lots of changes in staffing and management here”. A relative said, “I don’t have a lot of direct contact but they seem to have had a lot of issues keeping a long term manager. I don’t think anyone’s made a mark on it”. People spoke about the constant change in staffing, management and leadership of the home since the home first opened in 2012. Not everyone we spoke with had a clear idea of the management team or who the registered manager was. People had experienced inconsistent leadership and direction which the provider had previously acknowledged. Since our last inspection, people had again experienced further change. The registered manager had to take a period of leave and interim management arrangements were put in place. At the time of this inspection the registered manager had recently returned to work.

Minutes of meetings held with people who used the service and relatives indicated that people were happy with the care they or their relative had received. Minutes also showed people had been kept informed of changes in relation to the management of the home and the challenges relating to staff recruitment and retention.

The atmosphere in the home was welcoming and we observed positive interactions between people using the service, staff, visiting relatives and health professionals. We saw the registered manager joined people on the ground floor for lunch and spoke with people in a friendly and professional manner. They gained people’s consent to sit and eat with them at the table and asked about their meals and how they were generally.

Staff we spoke with told us they enjoyed working at the home and supporting the people in their care. Two members of staff told us they were proud to work at the home and said, “Morale has lifted; the manager is good at her job”. Staff spoke with were positive overall about the registered manager and the how the service was led. One member of staff said, “I feel supported by the manager and the care development manager”. Another member of staff told us, “The manager knows the residents well, and she gets involved”. Discussions held with staff showed they were supported and encouraged to question practice. One member of staff told us, “I think the home has picked up and we can always approach the management with concerns and they act on any concerns”.

The registered manager told us they had given talks across the other providers care homes on activities for people living with dementia. We saw the home had also developed links with the local primary school. Children had attended the home dressed up for a recent Halloween party. Although these links were in place, a couple of people using the service told us they would like the opportunity to get out of the home and enjoy the community. The registered manager acknowledged this was an area for improvement. During our inspection we also identified a lack of social stimulation for the people who remained in their own room and that a review of staffing levels and deployment of staff to ensure the safety of people using the service.

The manager is registered with the Care Quality Commission and closely supported by the care development manager who had been supporting the home during the registered manager’s period of leave. Discussions with managers demonstrated they were aware of their role and responsibilities, including notifying us of significant events that occurred in the home. The registered manager showed an understanding of the current challenges the service faced and shared these with us. This included improving care records, providing more personalised care for people deemed at a higher risk from falls and improving staff training and retention. They also told us the action they had taken to improve communication so that all care staff received the same information about people’s changing needs. We saw records of training that had been booked in advance for staff.

We saw that frequent stock audits of medicines including controlled drugs were undertaken in addition to auditing accidents and incidents to monitor and identify any patterns or trends. There were regular environmental checks in place to ensure the safety of the people living and working at the home. However, we found omissions in the monitoring and auditing of care records and the overall management of staff deployment across the home. This meant there was a risk that shortfalls in the service would not be identified promptly to manage risks. Following our inspection we received information from the local authority that although improvements at the home had taken place these had not been sustained long term.

Is the service well-led?

Feedback from surveys sent out to people who used the service was positive. 90% of people said they were happy overall with the quality of the service provided. Not everyone we spoke with were able to recall if they had completed a survey.

We saw information from investigations such as complaints was available and had been acted on. The registered manager explained their learning from an investigation and how they had implemented this to reduce risk to people who lived at the home. For example, there had been a number of falls reported into the safeguarding of adults process. The provider was able to show us what action they had taken to minimise the risk of this happening again. They had introduced an approach that looked at the person in a more holistic way and would take into consideration factors that may affect them falling and addressed any issues that could be improved.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People's health, safety and welfare was not safeguarded because the provider had not taken appropriate steps to ensure that at all times there are sufficient numbers of suitably qualified, skilled and experienced persons employed to meet people's needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.