

South West Care Homes Limited

Lake View

Inspection report

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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

This inspection took place on the 5 February 2018 and was unannounced.

Lake View is a 'care home', operated by South West Care Homes Limited. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People living at Lake View were older people, some living with physical health conditions, early dementia or mild learning disability. The service accommodates up to 29 people. There were 19 people living at the service at the time of the inspection. Included in the service's registration is a three bedded bungalow in the grounds, for people who are able to live semi-independently without the requirement for 24 hour support.

At our last inspection we rated the service as good, with the key question of responsive being requires improvement. At this inspection we found the evidence continued to support the rating of good, but have rated the key question of safe as requiring improvement. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We identified some potential risks on this inspection that had not been identified in the provider's own risk assessments of the environment. The service took immediate action to include the assessments on their programme, and we did not find anyone had suffered harm as a result. We found the laundry area contained an open sluice sink. The registered manager told us this room was used to clean soiled commode and bed pans, as well as to store clean linen and clothing. We have made a recommendation for the registered persons to seek guidance on the effective management and organisation of laundry facilities to reduce the risks of cross infection. Other risks were being managed well, and the service learned from incidents and accidents to prevent a re-occurrence.

People or their relatives told us they had been involved in drawing up their care plans and reviews, and felt the care they received had improved considerably since the current registered manager had been in post. People's long term health conditions were monitored and supported well. People received their medicines safely, and were supported to have access to community medical, nursing and therapy services to meet their healthcare needs. People were supported to eat and drink well and the service met any special dietary needs people had.

People received effective care from trained and competent staff. Safe systems were in place to recruit and employ staff including the taking of disclosure and barring service checks and evidence of people's identity. People were protected from abuse because there were systems in place to ensure any concerns were identified and reported to the appropriate safeguarding authority.

Records were well maintained, including computerised systems for care planning. Information was made accessible to better support people's understanding, where the person would benefit from this.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and had received training in its implementation or this was planned for newly appointed staff. Staff acted in people's best interests, and treated people with dignity and respect.

Lake View had clear systems for governance and quality assurance in place which helped ensure people received a safe and high quality service. These included audits and regular assessments, policies and procedures. People were encouraged to give their views of the service through regular resident and relatives meetings and via questionnaires or a suggestions box.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service was good.

People received the care they needed in accordance with their wishes and plans.

People had opportunities to take part in a range of activities.

Systems were in place for the management of complaints and concerns.

Information could be provided to people in ways that met their needs.

Is the service well-led?

Good ●

The service remained good

Lake View

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 checked whether the provider was 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.

This inspection took place on 5 February 2018 and was unannounced.

The inspection team comprised one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Prior to the inspection we reviewed the information we held about the service, and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had completed a PIR or provider information return in the week of the inspection. This form asked the registered manager to give some key information about the service, what the service did well and improvements they planned to make. We also contacted the visiting district nurse lead and the Devon County Council Quality team for any information they held about the service.

During the inspection we spoke with or spent time with ten people who lived at the service, the registered manager, three visiting relatives and five members of staff. We sat in on a staff handover to see how staff duties were assigned and how information was transferred between shifts. Many of the people living at the service were able to share their experience with us about living at Lake View. For those people not able to do so verbally, because of living with dementia, we spent several short periods of time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

We looked at the care records for three people with a range of needs and sampled other people's records, including support plans, risk assessments, health records and daily notes. We looked at records relating to the running of the service. These records included policies and procedures as well as records relating to the

management of medicines, falls, moving and positioning, nutrition and fluid support, food and health and safety checks on the building. We looked at two staff files, which included information about their recruitment and other training records. We also viewed a number of audits undertaken by the service.

Is the service safe?

Our findings

On our last inspection we rated this key question was rated as good. On this inspection we found this had been sustained.

People told us they felt safe at Lake View. A person living at the service told us "Oh yes, I am quite safe here" and relatives told us "I have no concerns whatsoever about my relative safety here" and "they have ensured my relative is safe, both at night and by day."

Lake View comprises a large detached villa, and separate bungalow within the grounds, providing support for people who wished to live semi independently. Risk assessments were undertaken of the building to include areas such as fire safety and protection from risks from windows. However, we identified some areas of the service that had not been subject to risk assessment. The registered manager took immediate action following the inspection to include these in the service's risk assessment documents.

We found the laundry area contained an open sluice sink. The registered manager told us this room was used to clean soiled commode and bed pans, as well as to store clean linen and clothing. We discussed with the registered manager ways of ensuring that this area could be kept clean and reduce the risks of cross contamination. This was important because we identified one person had been diagnosed with a particular bacterial infection in their urine, which could present a risk to others. The service did not have a risk assessment in their care plan to manage risks associated with this infection. This was immediately addressed by the registered manager who provided a copy of the care plan and risk assessment immediately after the inspection. We saw evidence the registered manager had previously identified concerns over the operation of the laundry, and had raised issues with staff during recent meetings to help increase people's safety.

We recommend the registered persons seek guidance on the effective management and organisation of laundry facilities to reduce the risks of cross contamination and cross infection.

Other areas of infection control practice were being managed well. The home was clean and substantially odour free. The registered manager had put in place effective systems for infection prevention and control.

Plans to manage risks guided staff on how to mitigate and reduce these to keep them safe. For example, some people had specific needs in relation to living with long term conditions such as diabetes, which we saw being carried out in practice. Community nurses supported this person with the regular testing of their blood sugar levels.

People were assessed for risks from poor nutrition and hydration and effective support given where a person was at risk. A relative told us "(name of manager) has made some really simple but very important changes for the better. One is the morning tea and cake trolley. My relative often used to miss out on breakfast under the previous manager. My relative didn't realise of course – because of their dementia – and so there were

days when their first meal of the day was lunch. This is no longer the case."

People were being safeguarded from abuse because the service had effective systems in place to identify abuse and raise concerns about people's welfare. Staff told us they would not hesitate to report concerns and had access to information to support them to do so. Staff were asked during each supervision session if they had any concerns about safeguarding issues in relation to any of the people they were supporting, and had access to telephone numbers to support them to do so outside of the service.

The service continued to follow safe recruitment practices, and there were sufficient staff on duty with the skills to support people and meet their needs. The registered manager was in day to day charge of both this service and another home in Torquay. They told us they or another senior member of staff were always available for additional support and guidance. On the day of the inspection there were three care staff, the deputy manager, a team leader and the registered manager on duty in the morning, supported by a cook and two cleaners. The service used a staffing tool to assess the number of staff required based on people's dependency level, and we saw this was being met.

Safe systems were in place to ensure people received their medicines as prescribed. Staff told us their competency was regularly reviewed and updated and they had received training to administer medicines. Practice was regularly audited. No-one at the service managed their own medicines, or was receiving their medicines 'covertly', for example disguised in food.

People's care needs were recorded accurately and records were well managed. The service used information from accidents and incidents to learn from them and prevent a re-occurrence. Since the last inspection the provider had implemented a system of computerised records. Staff had an individual device they carried with them, the size of a mobile phone, on which they inputted the care and support they gave to each person throughout the day. This meant they also had immediate access to information about the person's needs, for example for dietary intake and medical conditions. The registered manager told us they had oversight of the system and received alerts when care was not delivered in accordance with people's plans. Some policies and procedures needed review as they had not been updated since 2015, although we did not find any out of date information on those we reviewed.

Is the service effective?

Our findings

At the last comprehensive inspection in 2015 we had rated this key question as good. We found this had been sustained.

People's needs were being assessed both prior to admission and whilst living at the service, and we found care was delivered to meet the assessed needs. People told us "The care here is first class, no doubt about that" and "Overall I am happy with the care I am provided."

Staff had the skills and experience they needed to support people. Lake View had a training programme for staff, and training targets set by the provider organisation. The registered manager told us there was a meeting planned for the week of the inspection with the operations team to plan an eight week programme to ensure all staff were up to date with their essential training. Although many staff were new to Lake View, they had worked in providing care elsewhere and had skills and experience from previous working. Staff told us they felt well supported, worked well as a team and received regular supervision.

We saw staff putting training they had received into practice, when using equipment and supporting people with dementia in line with good practice. However we also saw an example of poor care, when a new member of staff was supporting a person to eat a meal. The staff member was blowing on the person's food to cool it down, rather than waiting for the food to cool. We discussed this with the registered manager and deputy manager who took immediate action to address the concerns.

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.

Staff had received training in the MCA, and we saw good practice in place in relation to its implementation, for example with staff supporting people to make daily choices such as what they wanted to eat. People's capacity was assessed and decisions made in their best interests were recorded where they did not have capacity to make the decision themselves. This included the involvement of relatives or other people supporting their care.

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). We checked whether the service was working within the principles of the MCA. The service had made applications for authorisations to deprive people of their liberty to maintain their safety. Authorisations had been applied for but had not yet been granted due to delays with the local authority systems.

Meals served reflected a balanced diet with choices available at each mealtime. Some meals at the service

were provided in specific textures to meet the needs of people with swallowing difficulties, and this was detailed in the kitchen. One person told us "Most of the time the food here is fine. Sometimes it's not what I like, but there's not much I can do about that". We discussed this with the registered manager and saw evidence that people were asked to give their views about the meals served to them and had opportunities to make suggestions and changes as well as any preferences they would enjoy.

People received support to access medical and community services to maintain their health, including from local GPs and community nurses, podiatry, optical services and dentists. Lake View provided accommodation to some people living with dementia, alongside people with physical needs, or older age. The registered manager had undertaken an assessment of the environmental suitability for people with dementia. This led to them having plans for how the environment could be improved. These included the use of colours, provision of a safe enclosed garden area and adaptation to provide smaller and more domestic style lounges and dining areas. They hoped they would be able to make these changes in the coming year.

The service had some technology in use to support people's care with a keypad operated lock to the front door. People who were able to leave the service independently were given the code to let themselves in and out. Where there were people who would be at risk leaving the building unaccompanied best interest decisions had been made for the keypad to be in place.

Is the service caring?

Our findings

At the last comprehensive inspection in 2015 we had rated this key question as good. We found this had been sustained

We saw staff treated people with respect and in a kind and compassionate way. However we also heard an instance where one person's privacy was compromised, as a staff member discussed one person's needs in front of other people. This was raised with the registered manager who told us they would address this with the member of staff concerned. We also read a comment in one person's file which did not demonstrate understanding and a caring approach towards the person and their needs when distressed or anxious. This was also raised with the registered manager who told us this was a reflection of the person's own vocabulary at this time, but would address this. Other comments and interactions we saw were respectful and respected people's privacy and dignity.

The home had a calm and relaxed feel. People told us the service was caring. Staff spoke about people positively and took pride in their achievements and improvements to their wellbeing. We also saw them expressing sadness and concern when at the handover it was identified a person had received bad news about their health over the previous few days. They made sure they provided the person with additional support and understanding when the person became emotional or distressed.

Staff using positive communication to support people living with dementia understand their environment. For example the night staff wore pyjamas to help people use a visual clue that it was time to go to bed. Staff knelt down to make eye contact with people, and used their names frequently to help with positive communication. Day staff did not wear uniforms to help the home feel more 'homely' and less clinical.

We spoke with staff about their understanding of the people they were caring for. Staff knew people well. They could tell us information about the person and their life history, people who were important to them and the support they needed and liked. For example a staff member told us in detail about a person they had supported that morning. A staff member told us they worked at Lake View because they had 'fallen in love with the people' living there, and couldn't imagine wanting to work anywhere else they were so happy to be supporting and caring for them.

Staff were attentive to meeting people's needs. We saw a person being supported to walk to the dining room and the staff member walking with them ensured they were comfortably settled and were warm enough before leaving them to get their breakfast. Staff used appropriate touch to reassure and engage with people and we saw caring and affectionate relationships in place.

People were invited to be involved in regular "residents and relatives meetings" to share their views about changes they would like at the service. A meeting had been held the week prior to the inspection and had focussed on improvements to the service; upcoming changes including improvements to the driveway, any activities people wanted and the provision of transport for outings. The service had a suggestions box and notice boards were on display, with useful information about dementia and local support services. A

relative said "Now there are regular residents and relatives meetings, and they're worth taking the time to attend, as changes follow when problems are brought to (name of registered manager)'s attention."

People's dignity was respected. Care was delivered in private and staff made sure people's clothes were clean and they were well presented, where they could not do this themselves. A relative told us "I visit at a range of times, and I always find the staff welcoming, and my relative looking happy, clean and well dressed."

Is the service responsive?

Our findings

At the last inspection in 2015 we had rated this key question as requires improvement. This was because care plans were not comprehensively covering all aspects of the person's care needs. We found on this inspection improvements had been made and the key question was rated as good.

Since they were last inspected, Lake View had introduced an electronic care monitoring system. All care plans were held electronically and staff had individual hand held devices to record all aspects of care.

People's care needs were well understood because care plans, based on an updated assessment and drawn up wherever possible with the person and their relatives, were in place. Plans covered all areas of people's care, with a strong focus on positive attributes and qualities. People told us they were satisfied with the care they received. A relative said "The care plan in place for my relative is appropriate and given how poorly my relative is, I am satisfied with how the carers do their job." We saw people's care being delivered in accordance with their care plan and wishes. Throughout the day people's electronic records were updated by staff to demonstrate the care that had been provided, and these records were linked directly to the care plan.

We found people's care plans did not all include significant information about people's life histories as this was not always available, but where they did this information was being used to support and enhance people's care. Staff could tell us how for example a life working in agriculture meant one person liked to get up early each morning. The registered manager told us they placed a high priority on respecting and acknowledging equality and diversity through the assessment and care planning processes, and valuing people as a part of person centred care.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from November 2017. We looked at how the home shared information with people to support their rights and help them with decisions and choices.

Some people living at Lake View had communication difficulties or problems with accessing information, including living with dementia, hearing loss, a learning disability or poor vision. Care plans included information on how people's communication needs could be supported. The registered manager told us documentation such as care plans had been printed off in larger fonts, or could be explained directly to people. Signs and visual clues were available to support people to orientate themselves within the service, including pictures where appropriate. Care plans contained information about people's specific communication needs, any barriers to communication and how staff could help people communicate. For example by ensuring people had time to process information or had any aids they might need such as clean glasses or hearing aids.

The service had planned activities for people to participate in each day. Much of this was provided by

external agencies or entertainers. On the day of the inspection a person came to the home to encourage people to sing and reminisce. We sat in on this session and saw how each person was involved, with each song being linked to events in world or local events. The session was greatly enjoyed. People's art and craft work projects were on display. People and relatives told us "I have really been pleased with the range of activities on offer for the residents. My relative has become involved in things that I would never have imagined – It's been so good for them." One person told us they felt they would prefer more to do and another said "It would be good to have more trips out." The registered manager told us they were trying to organise transport to make this happen.

Some people's files contained information about their end of life care wishes where these were known. At the time of the inspection no-one was receiving end of life care, but files recorded any religious, social or cultural needs for the end of the person's life, and included their wishes in case of a sudden deterioration where this was known. The registered manager told us the staff were always very supportive of good practice in end of life care and they would access a night sitting service to be with the person if they wished. They said "I hate the thought someone here would die on their own."

The service had a complaints procedure that ensured complaints were listened to and acted upon. People and relatives told us they would feel able to raise any concerns or issues with the service's staff or management. However there were repeated concerns from people about the laundry service. People told us "I'd give Lake View full marks if the laundry could be improved" and "I had to raise a formal complaint. It was about the laundry service. (Name of registered manager) responded quickly – in writing – but I'm still not happy when I visit and see other resident's wearing my relations' clothes." We discussed this with the registered manager who told us about the efforts they had made to manage the laundry concerns which they were already aware of. They had recently supplied baskets for each person and were working on new systems to manage laundry more effectively.

Is the service well-led?

Our findings

At the last inspection of the service in October 2015 we had rated this key question as good.

We found the service was being well led. In early 2017 we had received information of concern over the service and a new registered manager was appointed to address concerns being identified at that time. On this inspection the registered manager was able to tell us about the improvements they had made and this was backed up by feedback from people, relatives and staff.

People and relatives spoke very highly of the registered manager. They told us "The care provided here is now very, very good. I say this because I know what it was like before (name of registered manager) took over the running of Lake View" and "Things have improved massively since (name of registered manager) took over". Relatives could relate the improvements to direct support their relatives received. For example one person's relatives said "My relative has put weight back on since (name of registered manager) took over, and best of all they smile again now." The registered manager had a strong visibility in the service, although they managed this and another care service operated by the same registered provider.

Staff were positive about working for the service. One told us "As soon as I heard there were vacancies here I handed in my notice where I used to work and came here. I really wanted to be involved with Lake View." Another said the registered manager "is a brilliant support- she knows how she wants it done. It's a lovely place to work, a proper homely home."

Lake View had clear systems for governance in place. The service had a clear statement of vision and values, re-enforced through team meetings. The registered manager told us their focus in the year since their appointment had been not to focus on filling vacancies, but on 'getting the service right' first, and although they felt not every area was yet as they would like it they were able to acknowledge the progress made. A relative told us "I think (name of registered manager) has worked hard to change the culture and attitude of the staff here." Regular staff meetings were being held to re-enforce the values of the service.

People could be assured of safe and high quality care because audits in place to assess the quality and safety of services were in place. Audits covered areas of practice such as management of medicines or positive dementia care. Audits were then reviewed by the operations team to ensure they were accurate. The service had learned from previous concerns and had ensured the auditing systems were more robust and frequent to ensure the service did not deteriorate again. Where any issues were identified during this inspection immediate action was taken to address any risks. The registered manager told us they service was well resourced.

People were encouraged to give their views about how well the service was working and what could be improved through a series of questionnaires or at regular meetings. Lines of accountability were clear within the management structure and action plans for the development of the service were on target. Questionnaires had just been returned for the 2018 cycle and we saw those returned contained positive feedback about the service. The registered manager told us these would be collated and an action plan

drawn up to address any issues raised.

The registered manager regularly updated their skills through training events, online information and attendance at local forums. They told us they felt the organisation supported their working and professional development needs and was a supportive and enabling environment in which to work. The registered manager and provider had a clear and realistic plan for the development of the service.

Providers of health and social care services are required to notify CQC of significant events that happen in their services such as serious injuries to people and allegations of abuse. The registered manager of the home had made prompt notifications to us of important events, as required. This meant we could check appropriate action had been taken.