

# Review of compliance

North West Care Limited Lakeland View Care Centre	
<b>Region:</b>	North West
<b>Location address:</b>	220-224 Heysham Road Heysham Morecambe Lancashire LA3 1NL
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	Lakeland View Care Centre is situated on the outskirts of Morecambe. It is an old building adapted for use as a nursing home and is registered for 33 people. Accommodation is provided on two floors. Most rooms are single, with shared bathroom facilities.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Lakeland View Care Centre was not meeting one or more essential standards. Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review to check whether Lakeland View Care Centre had taken action in relation to:

Outcome 07 - Safeguarding people who use services from abuse  
Outcome 10 - Safety and suitability of premises

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 29 August 2012.

### What people told us

As this was a follow up to review improvements, we did not talk with service users on this visit.

### What we found about the standards we reviewed and how well Lakeland View Care Centre was meeting them

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was compliant with this outcome. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

#### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider was compliant with this outcome. The provider had taken steps to provide care in an environment that is safe and adequately maintained.

### Other information

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

As this was a follow up inspection we did not talk with service users on this visit.

##### Other evidence

At our last inspection in July 2012 we found that the provider was not compliant with this standard. We asked them to submit an action plan explaining how they would become compliant.

On this inspection, we went through the action plan with the person in charge, and also talked to two other members of staff.

The action plan had stated that all staff had received Lancashire Safeguarding of Vulnerable Adults training, provided by the registered manager. Staff confirmed that they had received this training, and found it helpful. Additionally, key documents which had been hard to find in the provider's policy documents, were in the process of being copied into a smaller and more accessible staff handbook.

At the last inspection, we noted that not all notifiable incidents were being reported to CQC as required by the legislation. Since that inspection, the manager has been completing such notifications.

##### Our judgement

The provider was compliant with this outcome. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to

identify the possibility of abuse and prevent abuse from happening.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

As this was a follow up inspection we did not talk with service users on this visit.

##### Other evidence

At our last inspection in July 2012 we found that the provider was not compliant with this standard. We asked them to submit an action plan explaining how they would become compliant.

We received an action plan on 28th August, stating that all actions had been completed. We visited on 29th August to verify this. We did this by talking with the person in charge, and with the administrator. We also looked around the premises.

We saw that the furniture and equipment which had been inappropriately stored in a residents bedroom had now been removed.

We saw that a new refurbishment planning section had been added to the back of the existing maintenance book. This contained a number of improvements planned over the next 12 months, such as new laminate flooring in one corridor, and the conversion of a bathroom upstairs to a wet room.

We saw that a larger fan had been fitted into the internal smoking room. The refurbishment plan indicated that a new window was to be fitted in the smoking room in January 2013 and that the room would be redecorated.

We saw that the outside area had been improved and made safe so that residents

could make use of the grounds. This entailed a large decked area outside the dining room, stretching to the boundary wall. The perimeter had been made safe with a fence. Part of the fence was made of glass, meaning the residents had a view of the bay and Lakeland hills, even from a sitting position. A good selection of new garden furniture had been provided. The weather was poor at the time of the inspection, so no-one was out of doors. However we were told by staff that residents had already made use of the decked area when the weather had permitted.

We saw that a new fibre glass roof had been installed over the dining area in order to provide a long term solution to the flat roof problem. We understand from the owner that this work carried a 25 year guarantee, although guarantee documentation had yet to be received from the contractor. We saw that the ceiling in the dining area had not yet been replastered, but that this work was scheduled for November 2012 when the room was to be redecorated.

We were concerned that the repairs to the damp area on the staircase outside bedrooms 10 and 11 had apparently not yet been completed as the wall behind the stair lift was still damp. We understand from the owner that repairs had been effected to the outside of the wall although we saw no documentary evidence of this. Internal decoration was scheduled for November 2012.

#### **Our judgement**

The provider was compliant with this outcome. The provider had taken steps to provide care in an environment that is safe and adequately maintained.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA