Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lakeland View Care Centre

220-224 Heysham Road, Heysham, Morecambe, LA3 1NL

Tel: 01524410917

Date of Inspection: 23 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	North West Care Limited
Registered Manager	Mr. Michael Bowles
Overview of the service	Lakeland View Care Centre is situated on the outskirts of Morecambe. It is an old building adapted for use as a nursing home, with a number of lounge areas and outside decking. Accommodation is provided on two floors. Most rooms are single, with shared bathroom facilities
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We observed care in the home, talked with staff and visitors and examined records. We also met with the owner and his wife. We found that while a very busy home, Lakeland View was well staffed with people who were in tune with residents' needs. Maintaining a high ratio of staff to residents, and training staff were high priorities. There were two nurses on duty at the time we inspected, enabling one to manage care staff to support the residents during the busy early morning period, while the other could focus on the large medication round. Nursing and care staff were supported by domestic and activities staff.

Activities, both group and one to one, were very much part of the daily routine. A quiet room was set aside for relaxation, where we saw that hand massage was being given as part of a "pampering" programme.

A high proportion of people being looked after had mental health issues, in addition to dementia. This demanded high levels of vigilance. We saw that care plans were appropriate and up to date, supporting individual needs and wishes. We saw that the owners had invested in refurbishing the home, and it was clean and comfortable. Visitors we spoke with spoke highly of the care their relatives were receiving.

We found the manager and owner responsive to making improvements, and actions were taken immediately to address issues raised during the inspection.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

The provider was compliant with this outcome. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We reviewed the policy documents and personal records at Lakeland View, and discussed the issue of consent to treatment with the nurse in charge, the registered manager and the home owner.

We found that each member of staff we spoke with understood the need to obtain consent before delivering care or administering treatment. We found that this was often done verbally on a day to day basis, such as when helping people eat or giving out medication. It was noted that nursing staff obtained consent before taking blood samples, for example.

We saw a number of examples on files where the issue of informed consent had been managed for people lacking capacity to make particular decisions. People's medical practitioners and families had been involved as appropriate.

We noted that assessments of needs were reviewed monthly in meetings to which residents were invited, but could choose to attend or not. These meetings were properly recorded but were not always explicit about consent.

In one case, it was noted that a resident chose not to attend. The person lacked the support of family or friends and there was no independent advocate. The record noted that her care plan was reviewed, and that her key worker agreed with the plan. However, while implicit, it was not clear from this record whether the person had consented to the staff making decisions on her behalf.

We found that evidence of consent or the need to invoke mental capacity legislation was not readily accessible on people's individual records. We discussed this issue of managing and recording consent with the registered manager and owner at the time of the inspection. We were shown an example "pre admission consent record "and a "mental capacity act assessments" and also a "mental capacity assessment records". However, these proformas were not seen completed on individual case files. The provider might like

to note the need to make the evidence of consent to care and treatment more explicit.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

The provider was compliant with this outcome. People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke to people using the service during the visit. As people had complex needs and were unable to tell us their experiences directly we also used a number of different methods to understand their experiences. We examined a number of care plans, talked with visitors and staff and observed a meal being taken in the dining room, as well as briefly observing care in other communal areas. Lakeland View was fully occupied at the time of this inspection, with 33 residents.

Since our last inspection in July 2013, the provider had made a number of improvements to the facilities, which supported better care standards. These included refurbishment in a number of communal areas, as well as re-organising how the building was used. The larger communal area adjacent to the patio was now a lounge area with large French windows. We were told these were opened up in better weather allowing the option for residents to sit outside, or under cover in fresh air. There were other options, which we observed being used on the day. At the front of the building the activities co-ordinator was working on a one to one basis with a resident drawing and colouring. There was also a quiet room, with a fish tank, low lighting and gentle music, in which one resident was enjoying a hand massage while other people relaxed.

A further room was dedicated as a smoking room, which had been redecorated since our last inspection and a larger extraction fan installed. Some residents were using the room on the day we inspected. Cigarette use was clearly managed by the staff as residents were not always able to remember how many they had smoked.

The dining area was now at the front of the building and we observed a meal being served there. We saw that this was a fluid and informal affair when many residents came at times to suit them. A high proportion of residents at Lakeland View require assistance to eat their meals, or prompting. We saw that this was done on a one to one basis, with staff sitting by residents and patiently persuading people to eat. Good eye contact was maintained with the people being helped. The atmosphere was lively as some residents arrived demanding attention. It was clear that staff knew the individual residents well and managed their needs as well as their expressed wishes. For example, one resident who had Korsakoff's syndrome was adamant in not wanting any food, but just black coffee and was given some cornflakes as well, which were eaten. Another resident walked in undressed, and was

gently persuaded to go back to his room. One person was dressed to leave in a raincoat, and was addressed formally in accordance with her wishes, but persuaded to stay for breakfast.

We noted that staff sometimes talked about people as if they were not there. On most occasions this was appropriate communication such as "Has A had anything to drink yet?" However we also heard people referred to as "feeders", which sounded disrespectful. We discussed this with the owner and his wife, from whom we understood that they would be addressing some language issues.

We saw that the tables were nicely set with colourful cloths and proper crockery and cutlery. Most people at breakfast looked clean and well kempt. However we saw that one resident had spilled a large amount of porridge down her bib, and then fallen asleep. It was twenty minutes before this was removed. This was an isolated incident.

A high proportion of people being looked after had mental health issues, in addition to dementia. This demanded high levels of vigilance as well as knowledge of individual conditions and personalities. We observed one resident grab hold of a member of staff by her jacket and pull quite hard. She clearly knew the best way to manage this behaviour, which was by telling him very firmly to "stop it!" This was an effective response and quickly restored calm. We saw from this residents care plan that there had been discussion about how best to work with him. This included advice not to encourage activity when the person was feeling lethargic, as it was counterproductive, but adding the kind of things found to be enjoyable.

We checked a number of care plans and found there were comprehensive assessments of need, translated into daily routines. These were reviewed on a monthly basis. We saw that actions specified in care plans were followed through and recorded, on computer based files.

We spoke briefly with two visitors to the home, who expressed high level of satisfaction with the care and the progress their relatives had each made since being admitted to the home from hospital.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

The provider was compliant with this outcome. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked at a sample of residents rooms, and checked whether the bedding was clean. We also looked in the communal bathrooms and staff rest rooms.

We saw that all the rooms were clean and beds had been made. We saw that most had liquid soap dispensers and that sinks were clean. All the commodes we checked were clean. There were no bad smells.

We saw that the ground floor staff restroom had a liquid soap dispenser and paper towels. One communal bathroom which staff said they sometimes used to wash their hands when on the upper floor had paper towels but no soap, but this was rectified immediately.

We saw that food spilled on the dining room was removed promptly.

There were two domestic staff cleaning on the day of the inspection, who were working to a high standard. Cleaning schedules were in place but staff worked sensibly around the needs of residents who used their rooms at different times of day. Some people had chosen to live in very cluttered environments and we saw how staff worked around this to ensure key areas such as beds, sinks and bathrooms were kept clean.

Audits were conducted by the manager to ensure the buidling was kept clean. We saw that infection control measures guidance was in place, and that visitors were asked to adher to measures to prevent the spread of infections.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

The provider was compliant with this outcome. There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at staffing rotas and training records. We saw that there was a manager, two nursing staff and seven carers on duty on the day we inspected, as well as two activities co-ordinators. Additionally there were two domestic staff, two laundry workers and a cook. An administrator was also employed.

The day to day care duties for staff were managed by one of the nurses, while the other nurse was managing the large medication round. In total the home employed six registered mental health nurses, including the manager and three registered general nurses.

We discussed the kind of care which residents required at Lakeland View. The majority need was to meet mental health needs, and staff have received recent training in control and restraint. We talked to staff about what this meant in practice and were told the techniques had proved useful, although knowledge of individual residents was also seen as key.

We asked about invasive procedures such as taking blood and inserting catheters and found that nurses undertaking these procedures had received external training and clinical oversight while practising.

We talked with the manager about staffing and noted that good staffing ratios were a priority. The staff group was stable with a low turnover rate, meaning staff and residents had grown to know and understand each other well. These good relationships were evident while observing interactions. We were told that an hour each day was devoted to quality time with individual residents, to engage in one to one activities such as conversation, reading or kicking a ball about. This meant giving care and nursing staff a clear remit to engage with resident's individual preferences as well as meeting their care and nursing needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The provider was compliant with this outcome. There was an effective complaints system available.

Reasons for our judgement

We reviewed the provider's complaints policy, and also looked at information given to service users and their families. We were told that there had been no complaints about the home for at least as long as the current manager had been in post, for three years. We were therefore unable to make a judgment about how the process was operated in practice.

We found that the policy was thorough and up to date, and that documentation for recording a complaint was in place and appropriate. We saw that the information for service users encouraged people to make their views known, and that meetings were regularly held where people could express their views. We saw that visitors were made welcome and given time.

However, we saw that the information for service users contained incorrect information about where to complain should the home not provide a satisfactory resolution. This was discussed with the manager and owner at the time of the inspection, and rectified later the same day.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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