

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

Lakeside Care Centre

Brambling, Aylesbury, HP19 0WN

Tel: 01296393166

Date of Inspection: 19 October 2012

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Barbara (Aylesbury) Ltd
Registered Manager	Mrs. Valerie Ellen O'Brien
Overview of the service	Lakeside Care Centre provides accommodation and nursing care for up to 59 older people.
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

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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'.

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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 19 October 2012, 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

Comments from people included "They're all wonderful here, I'm very happy" and "I'm looked after alright here." People told us they were usually looked after by the same group of staff, which provided them with consistency of care. Three staff we spoke with said staffing levels were sufficient to meet people's needs.

People's privacy, dignity and independence were respected at the service. Care plans were person centred to reflect people's wishes and preferences. We saw risks were identified and measures put in place to reduce likelihood of injury or harm. People had access to healthcare professionals to help keep them healthy and well.

Equipment such as hoists and pressure relieving mattresses was provided at the service to meet people's needs. Equipment was serviced to make sure it was safe to use. Staff had been trained in moving and handling techniques to make sure they carried out manoeuvres safely.

We found the service was using robust recruitment processes for the safety and protection of people using the service. However, in one case there was no evidence on the file of the person's continuing entitlement to remain in the country, since they had been appointed.

There was a system in place to listen to any complaints people had. Records were kept of complaints received at the service and how they had been responded to. People we spoke with did not have any complaints about their care.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's privacy, dignity and independence were respected. We saw people's care plans included important information such as their preferred form of address, next of kin details, known allergies and religion. Care plans had been written in a person centred way. This made sure people's care was provided in a sensitive way and took their wishes into account. Use of language and terminology in care files was professional and conveyed respect for people. We heard staff speaking with people in a respectful and friendly way throughout our visit.

We saw people were offered support and assistance with their meal at lunch time. Staff took an interest in people when speaking with them and checked whether they had enjoyed their meal. We saw people had choices of food and drinks and were served their preferred options.

Feedback from people using the service was positive. One person said "They're all wonderful here, I'm very happy." They said staff treated them with dignity and respect. The person told us the same group of staff usually looked after them. This helped to ensure they had consistency in their care. They told us staff answered the call bell promptly when they rang. Another person told us they had enjoyed their lunch in their room. They said "I'm looked after alright here." A third person told us they were happy living at the service. They said there were choices at meal times and plenty of food. The person told us there was no pressure placed on them to go to the lounge if they wanted to remain in their room. They said the activities were good and they enjoyed attending these. The person told us "Staff are good but they could do with more. They do their best though."

All personal care was carried out in private areas of the building. Screening had been provided in shared rooms to safeguard people's privacy and dignity. We saw people had been encouraged to personalise their rooms with items such as furniture, pictures and ornaments. This made them look homely and comfortable.

Information was displayed around the building to keep people informed of events and issues. This included the menus, the week's activities and hairdressing tariff. People had been given a copy of the service users' guide, which we saw in bedrooms. This outlined the facilities and services provided so people knew what they could expect.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. A care plan was in place for each person. We looked at a sample of three people's files. Each gave a comprehensive outline of people's needs. Information had been kept under review to make sure it was current and reflected changes in people's situations.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Risk assessments had been written to reduce the likelihood of injury or harm to people. These included moving and handling assessments and nutritional screening. People's likelihood of developing pressure damage had also been assessed. Where necessary, pressure relieving equipment was provided to help prevent tissue damage. People's risk of falls had been assessed. We noted poor lighting levels in some of the bathrooms and toilets, due to low energy bulbs. This could contribute to people's likelihood of falling.

One person told us the home was a "Nice place to live" and said "I am really enjoying myself here." They said staff were "Very good, always polite and courteous." They told us staff were easy to identify because they wore name badges. They told us "I feel they could do with more staff during the night, especially when someone requires urgent attention, as then I have to wait longer for a staff member to assist me."

A relative told us "Staff are always helpful...they welcome us very well and even provide us with hospitality." They described staff as "competent" and "knowledgeable about their jobs." They told us they had been asked for their views and opinions when their relative's care plan was written and felt it reflected the person's needs. The relative told us the quality of food was good and meals were always well prepared.

We spoke with three members of staff. All considered the current staffing levels were sufficient to meet people's needs.

Records were kept of people's weight. People were referred to their doctor or a dietitian where weight loss was apparent. Notes were kept of visits from healthcare professionals such as doctors, the tissue viability nurse and speech and language therapist. These showed people had access to specialist support as required to help meet their needs.

The manager told us there were no current deprivations placed upon people at the service. The Deprivation of Liberty Safeguards are used where it is considered to be in the person's best interests, to prevent risk of harm. This is where people lack capacity to make decisions for themselves.

There were arrangements in place to deal with foreseeable emergencies. We looked at the emergency procedures file and spoke with the manager. Informal arrangements were in place to use nearby care services as safe havens in the event of emergency evacuation. The emergency procedures file contained important information such as floor plans of the building, an evacuation register and contact numbers of staff and external organisations.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

There was enough equipment to promote the independence and comfort of people who use the service. One person we spoke with told us they had been provided with all the equipment they needed to manage their disability. They said there were always two staff to hoist them and they felt safe when being repositioned by staff.

We saw equipment such as mobile and bath hoists had been provided at the service. Equipment was being stored in one of the adapted bathrooms which made it cluttered and a potential hazard. Profiling beds had been provided where people needed them. Pressure relieving mattresses were also in place to help prevent tissue damage. We checked three mattresses and found they worked effectively.

People were protected from unsafe or unsuitable equipment because the provider had systems in place for equipment to be serviced. We looked at servicing records which showed equipment had been checked this year to make sure it was in safe working order.

Training records showed staff had attended courses on moving and handling people. We saw a further course advertised for people who needed to update their skills. This training ensured staff had the skills and knowledge to use equipment safely.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the files of the last three staff appointed to the service. These showed appropriate checks were undertaken before staff began work. Files contained evidence of required checks such as enhanced Criminal Records Bureau disclosures, written references and proof of identification. Application forms had been completed, showing full employment history. One file we looked at was for a nurse. The file contained evidence of checking the person's registration with the Nursing and Midwifery Council. This ensured their qualification and skills had been kept up to date.

Two files were for non UK citizens. Both contained a copy of their passport and entitlement to stay in the country. In one of the files, the person's passport and entitlement to stay in the country had expired after they were appointed. The provider may find it useful to note that there was no evidence of checking the person was still legally entitled to stay in the country.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in the service users' guide which people had in their rooms. It aimed to acknowledge people's complaints within seven days and respond fully within 28 days. Contact details of the local authority and Care Quality Commission were included if people wished to raise their concerns with external organisations.

Three people we spoke with said they would talk to a relative if they had any concerns about their care. They said their relative would then make a complaint if necessary. None of the people we spoke with expressed any concerns about their care.

We looked at the complaints records at the service. These showed people's complaints were fully investigated and resolved, where possible, to their satisfaction. The records showed what action had been taken in response to the complaints. This included referring matters to the local authority, where necessary.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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