

Maddaford Care Services Limited

Lakeside Care Home

Inspection report

Lower Maddaford
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lakeside Care Home is registered to provide personal care for up to 36 people. People's rooms are located over two floors; there are two passenger lifts although most bedrooms were on the ground floor. There is a range of secure outdoor space and a variety of communal spaces for people to use.

There were two registered managers working at the home. A registered manager is a person who has registered with the CQC 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.

The service provided safe care to people. People looked at ease and comfortable in the company of staff and with each other. For example, they said, "Coming here saved my life", "I can't fault this place" and "I would recommend here without hesitation." Visitors agreed with their relatives' feedback. For example, they said, "They are very caring and the home is run in a safe a competent manner" and "The staff are approachable and friendly and they relate well to our relative. There appears to be good retention of care staff. The home is bright, clean and welcoming."

People felt safe because there were enough staff on duty who knew how to support them. Staff were trained in safeguarding. Staff knew people well; staff worked well as a team and ensured there was a good exchange of communication which benefited people living at Lakeside Care Home.

The registered managers took the complexity of the care needs of people already living at the home into account before deciding if they could meet the care needs of new people. Where appropriate, care records identified risks in relation to falls, nutrition or pressure care.

The environment and equipment were well maintained to keep people and staff safe. The home was clean, tidy and free from persistent odours. There was on-going investment in the environment of the home, as well as the outdoor space. Visitors and people living at the home commented positively on the standard of cleanliness. Medicines were administered and managed safely.

Recruitment checks helped ensure staff were suitable to support people. People and relatives commented on the calibre of care and the welcoming atmosphere. Staff said they enjoyed working at the home, for example, they said, "Efficient team of carers, very friendly management, peaceful atmosphere to work." Staff provided personalised care because they knew people well. This was confirmed by feedback from people and relatives, as well as our observations of staff interactions with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's quality of life was enhanced because the care home was well run by two approachable registered managers whose skills complimented each other. They sought feedback from people living, visiting and working at the home and records showed how they acted upon people's responses. There were effective quality assurance systems in place to monitor the standard of care.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Lakeside Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors.

Service and service type

Lakeside is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lakeside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were two registered managers.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used this information to plan our

inspection.

During the inspection

We spoke with 13 people living at the home and gained feedback from 6 relatives to gain their feedback on the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able comment directly on their care.

During the inspection, we spoke with 3 staff and the 2 registered managers. We gave staff an opportunity to respond to us by e-mail, and we received 9 responses. We reviewed a range of records. This included care records and people's medication records. We looked at staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service including handover information, audits and safety checks.

The inspection concluded on 2 November 2023 when verbal feedback was provided to the registered managers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. People looked at ease and comfortable in the company of staff and with each other. For example, people said, "Coming here saved my life", "I can't fault this place" and "I would recommend here without hesitation."
- Visitors said they would recommend the service to other families because their relatives were safe and well cared for. For example, a visitor said, "My mother feels and is very safe. The staff are very caring towards her... She has quite fragile skin and is quite sensitive to touch. The staff are very aware of this and handle her with the utmost respect and care."
- Staff confirmed they had received training on how to safeguard people and were clear on their responsibility to report concerns or abuse. The registered managers were clear on their duty to ensure people were safeguarded.

Assessing risk, safety monitoring and management

- People's care needs were assessed and their health risks well managed. Before people moved to Lakeside Care Home an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being.
- The registered managers considered the complexity of the care needs of people already living at the home into account before deciding if they could meet the care needs of new people. This helped ensure staffing levels and their skill mix was appropriately assessed for each shift.
- People's care needs were reviewed and updated, when necessary, to ensure they reflected the person's current needs. Staff were updated on each shift, for example, if people's care needs had changed. Staff said the quality of shared information was good, which enabled them to provide appropriate monitoring and support to everyone.
- People were supported to move by skilled and considerate staff who used best practice techniques, including explaining what they were doing and engaging with the person throughout the transfer. The registered managers told us how they reviewed the competency of new staff even if they came with relevant qualifications in care. For example, if they felt a new staff member needed further support, they undertook additional training, which staff confirmed.

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. For example, a relative said, "I have a LPA (Lasting Power of Attorney). The home is aware of this and will always contact me when decision have to be made."

Staffing and recruitment

- There were sufficient staff to meet people's care needs. People living at the service were positive about the availability of staff, as well as being able to access the registered managers. People had call bells in reach and understood their purpose.
- People said they did not feel rushed by staff; we saw staff were attentive, took time to listen to people, and where needed, offered additional support. This indicated enough staff were available to assist people living at the home and they worked as a team. For example, a relative said, "I also notice that the people who work in the kitchens are very attentive to residents and are often asking them if everything is alright or would they like a little more etc. It leaves me with a very reassuring feeling that my mother is in the right place and being well looked after."
- People visiting the service confirmed the staffing levels were appropriate. For example, "Our relative has told us on several occasions that there is always a member of staff around should they need anything. We've seen this for ourselves on visiting." Another relative said, "There always seem to be plenty of staff... weekends seem well covered by staff... All the staff appear well trained and competent."
- Despite national staffing shortages, the management team and provider had worked hard to attract new recruits, while also keeping a core stable team of staff. The staff team worked well as a team and told us they were kept up to date with people's care needs. For example, a staff member said, "We have handover notes that are on the iPads which we read each time we start work daily and also we conduct a verbal handover from night and day staff on the condition and medical changes of each and every resident on each day." When needed, for example staff sickness, a registered manager worked alongside staff. Staff interactions showed they knew people well, including their likes and dislikes when it came to food and drink.
- A recruitment process and relevant checks were completed to ensure staff were suitable to work in a care setting. This included the Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- Medication was well managed. People told us they were comfortable, and their medicines given when they needed them. Relatives gave positive feedback saying, "Staff administer medication to my mother and do this with great care - checking that she is swallowing her tablets and making sure that each tablet is taken with a drink" and "The staff give my mother her medication. I'm informed of any changes, and I am completely happy with the home's procedures."
- Medicine administration and storage was safe. Staff showed good practice when they administered medicines; they were trained and had their competency checked. Where necessary, action was taken to make any improvements needed. There were well completed medicine administration records and good management systems to monitor and audit medicines.
- There were audits in place to ensure accidents, incidents or near misses were reviewed by the management team and remedial action was taken to reduce any identified or emerging risk. Where necessary, changes to practice to reduce the likelihood of a reoccurrence were made. For example, a person

told how when they had fallen out of bed, they were included in decisions to prevent the risk of it happening again.

Preventing and controlling infection

- The home was clean, tidy and free from persistent odours. Visitors and people living at the home commented positively on the standard of cleanliness, which enhanced their sense of well-being and gave reassurance to visitors. For example, a relative said, "The home always appears clean. There are some lovely competent cleaners who not only clean very well but are also respectful to my mother's needs and privacy. There also seems to be a robust redecoration procedure."
- Staff who oversaw the cleaning and the laundry recognised the importance of their role, including good infection control measures. The laundry was organised into clean and dirty sections to help promote good infection control. During the inspection, the registered managers decided the areas would benefit from clearer signage to remind staff about the separate areas.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider, registered managers and their staff team had the skills, knowledge and experience to perform their roles. They had a clear understanding of people's needs and oversight of the services they managed. Audits were completed and at each stage the focus was on the outcome for people living at the home.
- The registered managers understood the importance of duty of candour and working in an open way. Their discussions showed us their investment into staff and people's welfare. They recognised where they needed to make improvements, for example a clearer recruitment form with better prompts and improved signage regarding the use of CCTV in communal areas.
- The CQC rating for the service was on display and statutory notifications regarding events in the home were sent appropriately. The registered managers also contacted CQC appropriately to provide feedback on wider issues within the health and social care sector, for example, hospital discharges.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-organised; the two registered managers recognised their individual skills and played to these strengths when dividing management tasks. For example, one oversaw the electronic care system and policies. While the other provided oversight of direct care and how the staff worked as a team. This included working alongside staff which enabled them to observe staff practice and ensure people received good quality care. A relative said, "Staff appear well trained and also seem to work well as a team, helping each other whenever necessary, which is always a good sign."
- There was a positive culture where there was an openness to learn and improve with quality assurance processes providing a foundation to ensure the service was well run. For example, audits and spot checks, including unannounced night visits. Staff told us they had received recent supervision and training opportunities were encouraged. For example, one staff member said the registered managers were "very approachable...and always listen to my concerns and act on them when necessary. I feel supported at all times."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's quality of life was enhanced by a well-led and caring staff team and committed registered managers with an experienced provider which resulted in good quality care. We saw the registered

managers were observant as they walked around the home, checking with staff about the support they were providing and chatting to individuals living at the home. It was obvious they knew people and staff well. They were up to date on people's changing needs and were involved in decision-making with health care professionals and staff. For example, we saw there was good communication between the team when a person's health declined during our inspection.

- Our conversations with people clearly showed they knew the registered managers and felt at ease with them; they told us they hadn't had any complaints but said they could go to them with problems, if needed.
- Relatives commented on the welcoming and friendly feeling when they visited. We asked relatives what was good about the home. All feedback was positive with one person saying, "Just about everything!" People visiting and living at the home said they would recommend it to others. While staff said they would recommend it as a place to work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's opinions mattered. People living at the home told us how they felt safe to express their views. We saw how staff took time to listen to people's opinions and encouraged them to discuss their views on their lunchtime meal with each other. Staff practice showed they understood how people living with dementia needed more time to express their views and needed clear explanations to help them make choices.
- People visiting the service gave feedback to us which showed they felt part of the life of the home, and this gave them reassurance. For example, a relative said, "Overall very positive – staff are amazing and nothing seems too much trouble. They make any necessary changes really quickly and listen to residents/relatives."
- Regular meetings were held with staff to share information to maintain the quality of the service, with minutes kept; surveys were sent out to people living and visiting the home. A relative said, "Yes, I have been asked about my views, but I am not a person to hide what I think. I am always informed about any changes."
- People's feedback on food was taken seriously; there was a strong commitment to ensure people enjoyed their meals, which impacted positively on their health. We heard people praising the quality of the food and people told us directly too. Relatives said, "There is always a good choice of fresh cooked food" and "The food is very good and there are always drinks and snacks at the appropriate time of day. My mother rises quite late but having a late breakfast never seems a problem to the kitchen staff."