

# Millennium Care (U.K.) Limited

# Lakeside Nursing & Residential Home

## Inspection report

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Date of inspection visit:

09 July 2021

28 July 2021

Date of publication:

03 September 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lakeside nursing and residential home is a care home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The home is set in extensive grounds and accommodates up to 50 people in one adapted building over three floors.

### People's experience of using this service and what we found

People were protected from the risk of harm and people said they trusted staff to keep them safe. Staff received appropriate safeguarding training. Care plans were detailed and included risk assessments in relation to people's specific care needs. Medicines were managed safely. People's pressure care was managed. We saw moving and handling equipment being stored safely in the building.

We received mixed feedback from staff regarding staffing levels. Some staff felt they needed more staff during busy periods. We have made a recommendation about the provider reviewing their staffing structures.

Robust auditing systems were in place which comprised of various manager and provider level audits. Record keeping had improved. Staff felt supported by the registered manager and were recognised by the provider for their contributions through commendations. There was a good culture within the service which had a positive impact on people. The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals.

The provider had two systems in place to record the administration of prescribed creams which was not best practice. We have made a recommendation about the provider reviewing their documentation processes regarding prescribed creams.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We received concerns in relation to the management of people's care needs and staff behaviour. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakeside nursing and residential home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Lakeside Nursing & Residential Home

## **Detailed findings**

### Background to this inspection

#### The 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 Care Act 2014.

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

One inspector, a specialist advisor in nursing and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Lakeside nursing and residential home is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection to assess any COVID-19 risks.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was in the process of completing the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and 14 relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, clinical lead, advanced practitioner and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider used a dependency tool and had systems in place to monitor staffing levels. However, we received mixed feedback from staff. Some staff felt they needed more staff during busy periods. Comments included, "I do not think there is enough staff [in the day]" and "I just don't feel like there is enough [staff]."

We recommend the provider reviews their staffing structures.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider follows appropriate guidance in relation to the storage of moving and handling equipment and their documentation on people's pressure care. The provider had made improvements.

- We saw moving and handling equipment being stored safely in the building. The provider had built storage rooms centrally to allow easy access of equipment when required.
- People's pressure care was managed. Waterlow risk assessments were completed and action plans were developed to support people with their pressure care needs. Associated risk assessments were detailed, regular checks of pressure relieving equipment took place.
- Care plans were detailed and included risk assessments in relation to people's specific care needs. The risk assessments were person centred. People's ongoing assessments were reviewed on a regular basis or when people's needs changed.
- Accidents and incidents were monitored and documented. The service had a robust system in place to investigate incidents and shared learning with staff. The provider employed an Occupational Therapist who also supported people who were at risk of falls.

### Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. People told us, "The staff give me my medicines, there are no issues" and "I get them [medicines] on time, and they [staff] help to apply [prescribed] creams. They apply it regularly."

- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they did this safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and people said they trusted staff to keep them safe. People told us, "I am safe here" and "I am very happy and I feel safe here." Relatives added, "[Relative] is in a safe place, well-looked after" and "Fantastic, been wonderful for [relative], they [staff] look after her, and make them feel comfortable, safe and happy."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. One member of staff told us, "I have had training [in safeguarding] and I would report concerns to manager or go higher [if required]."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust processes were in place to maintain complete and contemporaneous records and robust quality checks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Robust auditing systems were in place which comprised of various manager and provider level audits. Call bell audits were in place and regularly analysed. The provider had recently implemented a new electronic call bell system which had electronic call bell auditing facilities. The system had not yet embedded.
- Record keeping had improved. The administration of prescribed creams were being recorded consistently. However, the provider had two systems in place to record the administration of prescribed creams which was not best practice. The care staff used an electronic system once they have administered the cream and the nursing staff signed the medicine administration record (MAR) to record the administration.

We recommend the provider reviews their documentation processes regarding prescribed creams.

- Staff felt supported by the registered manager and were recognised by the provider for their contributions through commendations. Staff comments included, "[Registered manager] is a really good manager and approachable" and "[Registered manager] is great."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a good culture within the service which had a positive impact on people. Staff were friendly and open with people and as such people responded to staff. People told us they were happy living in the service and would recommend the service to others. One person commented, "I would recommend the home. I came for a trial to see how I would like it, and I stayed for two weeks and liked it. Feels like it is my home."
- People's choices were respected, and they were supported to live in the way they wanted. A relative told us, "The service is excellent. I'm amazed how good they [staff] are."

- Staff, people and their relative's views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were pleased with the service and staff were happy in their role.
- Regular management and staff meetings were held. Regular meetings with people also took place where people had the opportunity to express what they thought about the service and whether anything could be improved.

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 understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked in partnership with others, such as commissioners, safeguarding teams and health and social care professionals. This helped to ensure positive outcomes for people. The service had also developed strong links with the community. For example, the service worked with a local nursery and facilitated virtual interactive sessions.