



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

## Lakeside House Nursing Home

**Lakeside House  
37 Wedal Road  
Heath  
Cardiff  
CF14 3QX**

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## **Description of the service**

Lakeside House Nursing Home is registered with Care and Social Service Inspectorate Wales (CSSIW) to provide accommodation for 50 persons over the age of 60 years who have nursing or personal care needs.

The registered provider is Lakeside Homes Limited. The company has an appointed responsible person to oversee the management operation of the home. The manager is Helen Simmonds who is registered with CSSIW and Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People are settled and content living at the home. They have good relationships with the staff that care for them. People are offered choice and have opportunities to engage in activities which enhance their overall well-being. They are cared for and supported by a stable and familiar team who are competent, friendly and caring. People live in a safe and comfortable environment which meets their needs. Improvements are required regarding specific areas of the environment and some aspects of record keeping.

### **2. Improvements**

- Care plans have been revised to reflect changes in people's needs.
- Mental capacity training for nurses has taken place.
- Information is available recording people's individual preferences.
- Training records are up to date.
- A new 'wet' room is in place.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements. These briefly relate to the implementation of the 'Active Offer' regarding the Welsh language, recording of information and the environment.

# 1. Well-being

## Summary

People living in the home are generally happy with the care provided and benefit from positive relationships with staff. The home offers a range of one to one and group activities.

## Our findings

People using the service have good relationships with the staff that support them. There was an established core team with good retention of staff ensuring continuity of care. Many staff had worked in the service for several years. We were advised the home did not use agency staff and there were some staff members who did 'bank' shifts to cover when required. We saw that interactions between people living in the home and staff were relaxed and people were consistently treated with friendliness and respect. Some people had limited verbal ability to express themselves. We observed that staff were skilled at communicating to meet an individual's communication needs and demonstrated an awareness of individual preferences and needs when providing care. For instance we observed that after lunch one individual was taken back to their room as this was their usual daily preference, however staff still gave them a choice as opposed to making an assumption. In another example, we saw that staff took care to ensure one person was situated near to a window in the lounge area. Staff told us the individual did not watch television but liked to look out and watch the goings on. Residents responded positively to staff interactions and it was clear there were friendly, warm relationships. Comments from residents spoken with regarding staff attitude included: *"staff are all very nice and I can think of no improvements needed"* and *"I miss my home, but I am as happy as I could be here, generally all staff are friendly"*. We found the evidence indicated that residents are supported by staff who understand their individual needs and preferences which reinforces their feelings of being recognised and valued by others.

Generally, people are able to make choices regarding their care. Residents told us that for the most part they felt they had control over decisions regarding their daily lives. They were able to choose the way their care was provided and felt their privacy and dignity was maintained. We were told that there were specific days allocated for people to have a bath or shower. People we spoke with told us they were mostly happy with this arrangement; however sometimes they had to wait because staff were busy which sometimes impacted on whether they chose to have a bath or not. The manager acknowledged this was sometimes the case and was reviewing the situation. We saw that people were well groomed and supported to make choices over their attire. Staff told us that as far as possible residents were able to choose when they wanted to get up and go to bed and this was confirmed by people we spoke with and our observations of the morning routine. Breakfast was served in people's bedrooms or the communal areas (dependant on personal choice) and timing of breakfast was seen to be flexible offering residents the opportunity to have a 'lie in' if they wished. We conclude that people using the service have

their wishes and choices respected and their individual preferences and identities are recognised.

People can enjoy themselves and are encouraged to be involved in communal activities. There are four activity co-ordinators, some of whom are part time, and the home produces a monthly newsletter for residents and visitors. This included information about activities, trips and events and provided people something to look forward to. Activities included arts and crafts, bingo, regular film evenings and 'music in dementia', which involved musicians visiting at the home to offer music therapy. One to one time was also given by an activities person to people in their rooms, which helped reduce feelings of isolation. Records showed that the one to one visits included reading newspapers, chatting or hand massages. We saw that the home had a minibus to cater for trips out and sometimes people went to the local park which was within walking distance. Religious services were held at the home for those who wished to attend and this helped people maintain their spiritual fulfilment. One person told us they mostly preferred to be in their room; however they did enjoy the regular entertainers who visited. Another stated the activities were very good and they especially enjoyed the balloon tennis. This shows that most residents have the opportunity to be engaged in rewarding activities which enables them to be emotionally and socially fulfilled.

People are encouraged to express themselves in relation to the running of the home. There were monthly committee meetings for residents and relatives. The home used questionnaires to obtain feedback about the quality of the service and food at the home. The information from committee meetings and questionnaires was then used by the home to improve things. We conclude that people are provided with opportunities for consultation, which will enable them to have a 'voice' in matters relating to the running of the home.

## **2. Care and Support**

### **Summary**

Overall we consider that peoples care needs are understood by staff and they receive support from a range of visiting health and social care professionals to remain as healthy as possible.

### **Our findings**

People are as safe and as well as they can be because they receive care that is proactive and their needs are anticipated. We reviewed a sample of residents' care documentation including their individual care plans. They are important documents which should outline a person's entire needs and the support they require from staff to meet those identified needs consistently and safely. We found the care plans contained mostly comprehensive information and were kept under monthly review. Where a change in need was identified they were updated accordingly. A recommendation was made that a wound assessment tool based on best practice guidelines should be implemented to ensure standardisation of care. Additionally, care plans to reduce the risk of pressure sores developing should detail specific advice to staff, such as the intervals at which interventions should take place. The care plans were supported by comprehensive risk assessments and any incident having a bearing upon the level of risk was recorded to ensure these documents remained relevant to an individual's needs.

In addition, discussions with staff confirmed they were aware of residents' individual needs, their current condition and what interventions had taken place. We saw that, where required, people had monitoring charts in place, in relation to areas such as fluid, dietary intake and repositioning (to minimise the risk of pressure sores developing). However we noted there were several gaps in recording in these documents and were unable to ascertain that care had always been undertaken as planned. This was an area of concern identified during our previous inspection. We brought our observations to the attention of the manager who assured us care had been carried out as planned and the concern had been repeatedly raised with staff. It was envisaged that the implementation of an electronic recording system would improve this situation. We saw that timely referrals were made to relevant health and social care professionals. Information in people's files demonstrated liaison between the home and a range of specialist professionals including dieticians, occupational therapists, social workers and wound specialist nurses. Following consideration of the above and the lack of adverse impact on individuals (as a consequence of poor recording information), we conclude that, on the whole, people's needs are being met; however improvement is recommended as identified.

People enjoy a healthy and nutritious diet. The home had been inspected by the Food Standards Agency and awarded a five star rating which is considered 'very good'. Mealtimes are appropriately spaced and flexible to meet people's needs. We observed lunch being served and saw that residents were supported as needed to make meal

choices in accordance with their preferences. Staff demonstrated knowledge of people's individual dietary needs. Records and observations demonstrated that where people had specific nutritional requirements such as pureed diet or 'healthy options', this was being achieved. Residents told us that the quality of the food service was "*good*" and they were happy with the choice of food available. A recommendation was made that pictorial menus be considered to promote choice for people with cognitive impairment. Based on the above we conclude that people's nutritional needs are recognised and met.

People's best interests are understood and promoted. We saw that where people lacked the mental capacity to make important decisions relating to their life, safeguards in accordance with the Mental Capacity Act 2005 had been actioned, as Deprivation of Liberty Safeguards (DoLS) authorisations had been requested. This is a legal process designed to ensure that the rights of people who may lack mental capacity to make decisions regarding their care and/or welfare are proportionate and in their best interests'. We conclude that people's rights are protected and promoted.

### **3. Environment**

#### **Summary**

Overall we found that the service offers residents a clean and safe environment. The provision of another shower facility would ensure residents always have choice of bathing facilities.

#### **Our findings**

Residents benefit from an environment which is homely. Furnishings and lighting were noted to be domestic in nature and comfortable looking. People living in the home described the home as being comfortable and clean. We saw that all areas appeared clean and there were no malodours noted. We saw a number of bedrooms, many of which were personalised with photographs and keepsakes which reflected the individual's personality and interests which promoted a feeling of belonging. We observed that sluice rooms were being used as a storage area which presented an infection control risk. The manager assured us this would be addressed immediately.

In addition, the service had an ongoing refurbishment /maintenance programme and a new 'wet' room had recently been completed. We saw that this was the only shower facility in the building which was not in line with the National Minimum Standards for Older Persons and could compromise choice for residents regarding bathing options especially at busy times of the day for bathing. We were informed that it was envisaged that a further facility would be available within six months.

We conclude that people live in a pleasant, comfortable and clean environment, however improvement is recommended as identified.

People are protected and their safety maintained. We saw that the premises were safe and people protected against intruders. The home was locked and visitors had to ring the bell to gain entry. The outside areas were secure and provided pleasant sitting areas to promote enjoyment of the garden for residents. A review of a selection of safety certificates relating to the health and safety of the building were found to be up-to-date. We saw that medicines were stored safely and securely. All confidential records including staff and residents personal files were stored securely in locked cupboards. People's right to privacy is therefore respected within a secure environment.

## **4. Leadership and Management**

### **Summary**

Overall, the home benefits from a consistent management team. The majority of the staff are well-established and training is ongoing to ensure their skills and knowledge are maintained.

### **Our findings**

We reviewed the home's statement of purpose and service user guide. These documents should provide people with details of the service and facilities available within the home as well as the underpinning ethos for care delivery. We found both documents met the requirements of the Care Homes (Wales) Regulations 2002. They also provided a clear outline of the home's care philosophy and the values underpinning the service, an emphasis upon recognising people as individuals and supporting them to achieve their individual sense of wellbeing. Overall, we consider that people are provided with information which details the care, support and opportunities available to them. The manager was asked to consider information being available regarding the provision of receiving a service in Welsh.

The service has a quality of care review process that draws on regular quality assurance procedures and takes account of the views of residents. Audit documentation completed by the manager was reviewed. We saw audit evidence of incidents and accidents, pressure sores and medication administration amongst others to ensure people's individual needs were being met. We reviewed the monitoring reports completed on behalf of the provider. We saw that monitoring visits took place regularly and there was evidence that the views of people who used the service were sought during this process. We were advised that questionnaires had been distributed to residents and stakeholders to inform the annual quality assurance report. We were therefore satisfied that the service had an effective system for measuring how it met the service aims as outlined within the statement of purpose and regulations. Residents' views are therefore taken into account by the leadership and management of the home, thereby promoting a sense of confidence in the organisation.

The service has a positive approach to the learning and development of staff. The staff training matrix confirmed that staff received mandatory training relevant to their role. This included dementia care awareness, mental capacity and deprivation of liberty safeguarding. Two staff members told us they enjoyed their work that their training was good and they felt well equipped to undertake their role. We judge that people benefit from staff who are well trained and have the skills to meet their individual needs.

People are cared for by staff that have been appropriately and safely recruited. We reviewed the personnel files for three members of staff. This demonstrated that pre-

employment checks had been completed in line with regulatory requirements. We saw that each file contained evidence of checks conducted with the Disclosure and Barring Service (DBS), which ensured people were suitable to work within a care environment along with the necessary references and verification of identity. Based on the information we viewed, we judge that processes are in place to ensure staff are sufficiently vetted in a way that safeguards people.

Staff feel supported and involved in the running of the home. We examined the records relating to staff supervision. Supervision in this context refers to a formal meeting between the staff member and their line manager to discuss any practice issues, their training and development requirements as well as any further support the person may need in their role. It is essential to ensuring that staff feel motivated and have the skills required to assist people with complex needs. Records indicated that supervision sessions had been undertaken on a regular basis and we saw the agendas of regular staff meetings that had been held. All staff presented as motivated about their jobs and two gave valuable comments regarding how life could be improved for residents. Overall, we judge that residents benefit from well supported staff.

People do not receive services where the Welsh language is actively promoted and supported. We noted that the home did not provide the 'Active Offer' in relation to this and have made a recommendation regarding this in the section 'About the Service'.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Areas of non compliance identified at this inspection**

None

### **5.3 Recommendations for improvement**

The following are recommended areas of improvement to promote positive outcomes for people:

- The service's position regarding the Welsh language 'active offer' should be included in the home's statement of purpose and service user guide. This will ensure people using the service and other interested parties are clear about what is offered.
- To follow best practice guidelines regarding the recording of information i.e. that recordings should be made as close to the time of intervention as possible.
- The implementation of a wound assessment tool that meets best practice guidelines.
- To follow the infection control guidelines for care homes with specific reference to sluice areas and storage items.
- Care plans for the prevention of pressure sores require development to give specific guidance to staff.
- To use pictorial menus to promote choice for people with cognitive impairment.

## 6. How we undertook this inspection

We carried out a full, unannounced inspection as part of the annual inspection process. Our visit to the home was undertaken on 7 November 2017 between the hours of 09:00 and 16:00. We used the following sources of information to formulate our report:

- Information held by CSSIW about the service, which included notifications, concerns and the last inspection report
- Observations of daily life, staff interactions and care practices at the home.
- Examination of three resident's care files to determine how assessments were translated into care plans, and how the care plans impacted directly on outcomes for them.
- Observations relating to the home environment.
- ~Three staff personnel records.
- Staff training and supervision records
- The home's records relating to the maintenance of the environment and equipment.
- Monitoring reports completed on behalf of the registered provider.
- Examination of the quality assurance process.
- Conversations with four staff and the manager.
  
- The home's Statement of Purpose and Service User Guide.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

Type of care provided	Adult Care Home - Older
Registered Person	Lakeside Homes Ltd
Registered Manager	Helen Simmonds
Registered maximum number of places	50
Date of previous CSSIW inspection	1/12/16 and 5/12/16
Dates of this Inspection visit	07/11/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
<b>Additional Information:</b>  <b>This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government's More Than Just Words follow on strategic guidance for Welsh language in social care.</b>	