



Inspection Report on

Lakeside House Nursing Home

**Lakeside House Nursing Home
37 Wedal Road
Cardiff
CF14 3QX**

Date Inspection Completed

11 & 18 September 2019

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Lakeside Homes Ltd is registered with Care Inspectorate Wales (CIW) to provide to a care home service, known as Lakeside House Nursing Home. The home is registered to support a maximum of 50 people. The home's Statement of Purpose states the service has provision to support '*older persons aged 60 years and over for nursing care. Upon assessment of individual needs, we are also able to care for persons under the age of 60 who require general nursing care.*'

The registered service provider (Lakeside Homes Ltd) has nominated Phillip Cliffe as the Responsible Individual (RI), who has responsibility to oversee the strategic operation of the service. A manager is in post, who is registered with Social Care Wales (SCW), which is the workforce regulator.

On the day of our visit we were informed 47 people were accommodated.

Summary of our findings

1. Overall assessment

People who live at the home told us they are happy with the care and support provided. The home is comfortable and the environment meets their needs. Staff know people well and are responsive to their individual needs. People receive personalised care and support, which is guided by their personal plans. Timely referrals are made to healthcare professionals as necessary. People are encouraged to maintain contact with families and others who are important in their lives, and to spend time doing things that matter to them. Staff and management demonstrate a commitment to providing a good quality service.

2. Improvements

The service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016) in June 2018. This was the first inspection since re-registration.

3. Requirements and recommendations

Please refer to section five of this report for details of recommendations.

1. Well-being

Our findings

Staff demonstrate respect and regard for people's welfare. We saw staff interacted positively with people, showing genuine regard for their well-being and promoting their dignity. People using the service and relatives told us they were happy with the care and support they received. Comments included, *"I settled fairly well. I am satisfied with the care. I am looked after well"* (service user), *"X receives good care, I am more than happy. The staff are excellent. X always looks clean. The home is always clean"* (relative) and *"Staff are marvellous. The food is good"* (service user). Plans of care were in place, which were relevant and guided the staff in the delivery of care; regular reviews had been undertaken. People had a choice of meals suitable to their individual dietary needs and told us they were satisfied with the quality of food. People were protected from harm as the home had relevant internal policies in place and staff received necessary training. People spoken with were content with the arrangements in place for activities; on the days of our visits, people appeared sufficiently occupied and stimulated. We conclude, people can feel safe and receive care from staff who promote their physical, emotional and social well-being.

People's well-being is enhanced within a safe environment, suitable for their needs. Management ensured the home was safe and well maintained, supported by internal policies, records and safety checks. People benefitted from sufficient personal and communal space. Measures were in place for minimising risks associated with medicines and infection control. Maintenance records demonstrated necessary practices in connection with safety had been undertaken. People can therefore feel confident of living in suitable and safe surroundings.

Governance and auditing arrangements are in place. Legally required information and/or documentation in relation to recruitment was available within files examined. Internal systems and processes were in place to oversee the development needs of the staff, to ensure they maintained the skills and knowledge to deliver safe care. Effective internal auditing and quality control practices, which included seeking feedback from people associated with the service, were generally in place. We informed the RI that arrangements should be in place for the quality of care review to be completed at least six monthly. Within a week of our visit, this had been completed. The Statement of Purpose and written guide to the service needed updating to ensure they were fully reflective of the service provided. Systems are in place to facilitate daily operations, to promote the smooth operation of the home.

2. Care and Support

Our findings

The assistance people receive promotes and maintains their physical and emotional well-being. On the days of our visits, we saw sufficient numbers of staff on duty. A review of a sample of documentation, demonstrated people had been supported to access healthcare facilities in the locality, including general practitioners, speech and language therapists, opticians, podiatrists, chiropodists and hospital appointments, when the need had been indicated. The local GP practice held a weekly surgery at the home. A medication policy was in place. No medication errors had been identified since re-registration under RISCA. We considered a small sample of information relating to medication. We saw medication was stored securely and had been administered as prescribed. We advised the manager that opening dates on creams must be recorded and any out of date products should be discarded. The home had commissioned a private pharmacist to undertake an audit/advice visit, which took place on 26 September 2019. The RI provided assurance that any recommendations made would be actioned. Based on what we saw, we judge, people are supported to be safe and as healthy as they can be.

People receive person centred support. They looked well presented, where consideration had been made to personal care and appearance. We saw people's needs had been assessed prior to moving to the home, in order to ensure Lakeside House Nursing Home was a suitable place for them to live. The home was in the process of transferring all care documentation from paper to electronic files. Staff had access via portable electronic tablets, in order to record care intervention. Feedback we received from all staff indicated the use of the electronic equipment had improved the way they recorded and accessed information. They told us care intervention was recorded in real time. Additionally, the manager told us she had immediate access to recorded information. This meant there was good clinical oversight of people's day-to-day care and the auditing of care delivery was more effective. We provided feedback that some of the information recorded by staff (care interventions) was task orientated, and did not always reflect how people had spent their day. Following our visit, we were provided with assurances staff had been spoken with relating to this matter, with a view to improve.

We considered the care records of a sample of people living at the home, including their personal plans. These plans outline a person's needs and provide staff with guidance of how they should be met in order to maintain their safety. We saw information, which included how care was to be delivered. We identified more in-depth information would be beneficial in regard to a person's history, including past interests and hobbies, in order to plan interventions based on people's preferences. We saw this had been addressed with staff immediately after our visit. Choice had been respected and upheld wherever possible, and in keeping with the person's assessed needs and individual plans. We saw charts had been completed, for example, to indicate how often people had been turned in bed (if the need has been identified) and how much they ate and drank. Recorded dates indicated regular reviews of people's care had taken place. We discussed with the manager the

number of people who remained in bed for extended periods. The manager was able to tell us when there was a need for an individual to be nursed in bed. Additionally for the people who chose to stay in bed, they were encouraged to get up at certain times throughout the day. Based on the above we conclude people experience positive well-being because their needs are understood and catered for.

People have opportunities to participate in activities. Activities coordinators were employed and there were arrangements in place to facilitate group and one-to one activities. A monthly newsletter was published, which included events planned for the forthcoming month. These included pampering sessions, music for memory, trips out, religious services, film afternoons, world cup rugby (TV), sing-a-longs, exercises and crafts. We were told the home had links with local churches and schools, who visited on a regular basis. On the day of our visit an outside entertainer (singer) had been arranged, which we observed people appeared to enjoy. On the morning of one of our visits, we saw people listening to a resident playing the piano in the lounge. People had access to a minibus, where, if able, they could access the community. We saw trips had been arranged, based on people's interests, which included the Welsh College of Music and Drama, St Fagan's National Museum of History, Cardiff Museum and Cardiff Bay. People had Spotify accounts (digital music streaming service), where they had access to their favourite music. Monthly family committee meetings had taken place, providing people with the opportunity to have input in matters relating to the home. We judge there is opportunity for individuals to participate in activities, both in groups and on their own.

People have a choice of a variety of meals and drinks. We observed meals, snacks and drinks being served. We spoke with residents and relatives and, overall, received good feedback. Comments included, *"We always have a choice. Staff come around every day and ask us what we want. I wish drinks could be hotter"* and *"I've just had lunch it was lovely"*. During our visits, we saw staff in the process of completing questionnaires with people, specifically in relation to the quality of food served. Feedback to date had been positive. Every morning staff individually discussed with people the menu choices of the day. We saw a choice of food offered to people. Discussions with staff indicated they knew individuals' needs, likes and dislikes. We observed staff were attentive to people's needs whilst meals were served. Throughout lunch, we noted staff were aware of what level of support was required. We saw them checking if people needed anything, offering help and assisting when required. We discussed the use of plastic aprons, which were used to protect people's clothes. We recommended the use of material clothes protectors would be more dignified, which the RI agreed to purchase. We conclude, mealtimes are a positive experience and where required, people are supported sensitively to eat and drink.

3. Environment

Our findings

People are able to enjoy a clean, stimulating and homely environment. We found the home smelt fresh and good housekeeping ensured there were no unpleasant odours. We considered the entrance hall to be welcoming and the home was tastefully decorated. People could spend their time in communal or private areas. Where we saw people spending time in their rooms, they had access to their call bell. Communal areas consisted of lounges, dining areas and the garden. The home's interior was comfortable and people's rooms had been personalised to meet their individual needs. Some rooms benefitted from en-suite facilities, which consisted of a toilet and hand basin. People had access to communal bathrooms. Five shared rooms were included within the total number of rooms. We advised the RI that the number of people who are accommodated in shared rooms should not exceed 15% of the total occupancy. The RI agreed the Statement of Purpose would be updated to reflect the reduction in numbers to 49. The service had been inspected by the Food Standards Agency on 4 July 2017 where a five star rating had been awarded, which is 'very good'. As the result of our findings, we judge people can feel uplifted and valued because the home offers suitable facilities to meet their needs, enhancing their comfort and well-being.

People's safety needs are well met. When we accessed the building, staff greeted us, where our identity was checked. People's personal information was securely stored in locked facilities and IT equipment was password protected. The service provider employed a maintenance person who undertook day-to-day repair work throughout the home, as the need arose and carried out regular inspections of equipment. We saw the testing and servicing of appliances and equipment were kept up to date, as were risk assessments. We saw evidence of this within maintenance files. We noted records of visits from private companies who had completed necessary checks relating to lifting equipment, legionella, fire safety, electricity and gas. We advised the RI, the home's Statement of Purpose should be updated in order to accurately describe the service provided. This particularly involved caring for people with dementia care needs, including any changes to be made to the environment. We conclude that, overall, the home takes effective measures to identify and mitigate the risk to people's safety and well-being.

4. Leadership and Management

Our findings

The service provider has arrangements in place for monitoring the quality of care and support. A manager is employed who demonstrated she knew the service, its residents and the staff very well. Regular audits were in place in relation to key areas of service delivery, including falls, medication, skin care and infection control. The manager told us the RI had a visible presence within the service and provided the necessary level of support. People had access to a complaints policy. We saw no complaints had been received since re-registration under RISCA (2016). We requested information relating to the last two quarterly monitoring visits undertaken by the RI. The information demonstrated the RI had formally visited the home at least quarterly and had undertaken a detailed audit of the service, speaking with people receiving the service and staff, in order to gain opinion of service delivery. We advised the RI of the legal requirement to undertake the six monthly quality of care review. A report was provided within a week of our inspection visit and demonstrated the RI sought to determine the extent to which people, who were in receipt of services, had their needs and rights met. Overall, we conclude, the registered provider possesses good oversight of the service and seeks to drive improvement.

Overall, management ensures staff are supported, developed and safely recruited for the roles they undertake. We viewed a sample of staff personnel records, which included proof of identity, Disclosure and Barring Service (DBS) checks, employment history and references. A system was in place to alert management when staff DBS checks were due (completed three yearly). Discussions with people, staff and examination of records evidenced there was an established staff team in place. The manager confirmed agency staff are not used. Sufficient numbers of staff were on duty on the days of our visits. We saw a significant percentage of staff held a vocational qualification. Furthermore, we found the service provider had arrangements in place to ensure staff were supported and developed. Staff told us they received support from the manager and their colleagues. Additionally, we were told, the nurses and care assistants worked well as a team. Records examined, showed staff received regular supervision, although we recommend records reflect more depth of relevant discussions, including personal development. We considered the training matrix. We saw that whilst the majority of training had been completed, some gaps were identified where there was a need for refresher training to be undertaken. The RI acknowledged this and assured us training would be arranged. Staff completed an induction, although this did not follow the framework published by SCW. The RI agreed that going forward the induction published by SCW would be used. Staff had the opportunity to attend staff meetings, both formal and informal 'ad hoc' meetings with management. Regular staff meetings ensure staff have access to the most up to date information and have input into matters concerning the home. We conclude staff are equipped in order for them to make positive contributions to the well-being of people using the service.

The aims and objectives of the service are clear. We looked at the Statement of Purpose,

which should include specific information to help individuals have a clear understanding of the culture of the service and what is provided. The Statement of purpose contained expected information, although needed to be updated, in order to accurately reflect information about the needs of the people the service supported. This was particularly in relation to providing care and support to people with dementia care needs. Updates should include any changes to the environment. We were provided with information, in regard to how the service is planning to meet the needs of people who wish to receive a service through the medium of Welsh. More information should be included, to include the measures the service will take to promote the Welsh language needs of individuals. We requested a copy of the written guide to the service and were provided with information given to people at the time of admission. We recommend the service provider update this document to reflect what is required within the written guide to the service (new regulations). A safeguarding policy was in place. People using the service and staff knew who to approach if they had concerns and people had access to independent advocates as needed. We conclude, mechanisms are in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection carried out under RISCA 2016.

5.2 Areas of non-compliance identified at this inspection

We did not identify any areas of non-compliance at this inspection.

5.3 Recommendations for improvement

We made the following recommendations to promote quality outcomes for people receiving the service:

- The Statement of Purpose should be updated to include accurate information about the needs of the people the service supports. Additionally, to include further information of the measures the service will take to promote the Welsh language needs of individuals.
- For newly employed staff, the induction published by SCW to be followed.
- More detailed information to be included in people's plans of care, relating to their personal preferences. This is particularly important when individuals experience difficulties communicating.
- Staff supervision records to include more detail of discussions, including personal development.
- Any refresher training to be identified and completed.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the registered care home on 11 and 18 September 2019.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The following methods were used.

- Consideration of information we already held about the service, such as re-registration information and notifications of significant events.
- Discussions with the RI and the manager.
- Observations and interactions with people receiving a service and/or their representatives. We also received feedback from staff within the organisation who are involved with providing direct care to people living at the home.
- Examination of electronic care records for a sample of individuals. This included care planning documentation and daily care intervention records.
- Personnel records for a sample of staff. This included information relating to recruitment, induction, training, supervision and appraisal.
- The public liability insurance certificate and maintenance records.
- The Statement of Purpose and information informing people about the service.
- A range of auditing information, which the service provider utilised to measure the quality of the service.
- The privately commissioned pharmacy report, following a visit, which took place on 26 September 2019.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Lakeside Homes Limited
Manager	A manager has been appointed, who is registered with SCW
Registered maximum number of places	50
Date of previous Care Inspectorate Wales inspection	First inspection under RISCA 2016
Dates of this Inspection visit(s)	11 and 18 September 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards the Active Offer. We recommend that the service provider consider Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care.'
Additional Information:	

Date Published 31/10/2019