



Inspection Report on

Lakeside House Nursing Home

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

Date Inspection Completed

15/03/2023

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About Lakeside House Nursing Home

Type of care provided.	Care Home Service Adults With Nursing
Registered Provider	Lakeside Homes Limited
Registered places	69
Language of the service	English
Previous Care Inspectorate Wales inspection	11 & 18 September 2019
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The responsible individual (RI) maintains oversight and regularly visits the service. To effectively review the quality and safety of the service the internal auditing processes requires improvement. Management is approachable and supportive. Staff feel well supported but they should receive regular supervision and training opportunities.

Staff have developed trusting professional relationships with people, treating them with dignity, kindness, and respect. Most daily care records show that people receive the right care and support to meet their personal outcomes. People's personal plans inform staff how best to support people but should be updated when there are changes. Oversight and management of medication requires improving. People's well-being is promoted by a good variety of activities at the home. People and their relatives spoke highly of the care they receive and content living at Lakeside Nursing Home.

The home is spacious and offers people the opportunity to socialise together. People can also choose to spend time in their own rooms which are personalised to individual's taste. Since the last inspection the home has been extended to offer additional and well-designed bedroom accommodation and communal space to meet people's personal outcomes.

Well-being

Most people's personal plans reflect their current needs but not always updated when there are changes. Most daily care records show that people receive the care and support they require to consistently meet their personal outcomes. People's health is monitored and they are referred to healthcare professionals in a timely way. People are involved in formulating their personal plans but the manager assured us that people are involved in their reviews to ensure individual preferences are known and planned for.

People are protected from harm but some improvement is required. Medication records requires improvement. There is routine testing and servicing arrangements in place for facilities and equipment to ensure people live in a safe place. However, we identified health and safety issues that pose a hazard for people with an impairment. The service provider took immediate action to address the issues. The service promotes hygienic practices and manages the risk of infection.

People can do things that matter to them. A range of activities are on offer to stimulate individuals which they look forward to. There is a new adapted vehicle available to use to attend appointments and social events. Staff support people to maintain contact with their loved ones. People are complimentary of the service.

People are happy living in a well-maintained environment which promotes their well-being. People told us that they like living in the home and are comfortable. People are encouraged to personalise their bedrooms with items that matter to them. The home is spacious, light and has a homely feel. The facilities and equipment promote people's well-being and independence. There is a real sense of community promoted by the management and staff team. Since the last inspection, the home has been extended to offer additional meeting facilities, offices, communal space, and bedrooms with ensuites.

There are governance systems in place to monitor the quality of service. The RI regularly visits the service to keep well informed. Quality assurance reports are available, but they require further strengthening. Service information is routinely audited by the manager to evaluate the quality and safety of the service, but this requires improvement to identify patterns/trends and to action accordingly, when needed. Staff told us that the RI and the management team are supportive and approachable. Staff feel well supported but records show that staff do not always receive regular supervision and there are gaps in core mandatory training. Relatives are kept well informed by the home. The service provider assured us that improvements have already been made.

Care and Support

People living at Lakeside are cared for by staff members who know them well and can respond to their needs. We saw people enjoying the staff company with lots of laughter. Staff told us familiar faces provide reassurance to people and spending time with people develops relationships. People had a sense of belonging at the home. We observed staff treating people with dignity and respect. Staff recognise the importance of choice, saying people can go to bed and get up when they want to, as well as spend time in their rooms or the communal areas as they choose. People told us *“The staff are lovely and kind”* and *“I can raise concerns if needed”*. The relative told us *“They are all great here, the staff keep me well informed about any changes and concerns”*. Another said, *“We are always welcomed when we visit”*. People benefit from continuity of care.

Activities are regularly offered to ensure people remain stimulated. There are a few activities coordinators employed at Lakeside to provide individual and group activities six days a week. Activities are planned and varied to meet people’s personal preferences and interests. We noted that individual activities are provided for some people that would be at increased risk of isolation. People told us that they have something to look forward to. We observed lots of positive engagement through activities, laughter and fun which people enjoyed. Family events are planned to welcome families into the home. The activities programme is displayed at the entrance of the home and pictures of people taking part and enjoying are on display. People are actively involved and encouraged in the day to day running of the home, but the meetings are infrequent. There is a new adapted vehicle available to use to attend appointments and social events. The service provider recognises the value of engaging people in the running of the service and the positive impact this has on their well-being and self-esteem.

People benefit from a positive mealtime experience. We heard staff offering meal choices and encouraging people to drink sufficient fluids. Meals appeared and smelt appetising, and staff supported people to eat their meals in a timely way. People told us that they *“There is a varied menu with alternative options”* and *“Food is good and plenty of choice”*. Special diets are catered for, and meals are fortified as necessary. We observed staff providing appropriate assistance to people to encourage their nutritional intake. The home recently consulted with people about the mealtime experience which concluded nearly all people were satisfied with the quality of food and did not identify any areas that require improvement. The service has a food standards agency (FSA) rating of 5 which defines hygiene standards as “very good”.

Most people's personal plans are in place but not always updated following a change to their needs. Lack of information for staff can place people at risk of receiving incorrect care

and support, particularly if they are new staff. However, daily care records show that people receive regular repositioning, nutrition and fluids, and continence support to ensure their personal outcomes are consistently met. People we spoke with were complimentary about the care they receive. Regular reviews are taking place, but this was a missed opportunity to ensure the care information is updated, nor identify when key information is absent to action accordingly. People should be given the opportunity to contribute to their review to make their preferences known. The service provider assured us that action has already been taken to improve staff recording.

People cannot be fully assured that there are safe systems for the management of medication. The medication policy is not in line with current guidance. Nurses are trained to administer medication. We noted that some medication administration charts (MAR's) were incomplete as staff are not consistently following safe recording practices. However, we found people received the right medication. There must be improved oversight of the management of "when required" medication, as records fail to adequately identify the reason for the administration and the effectiveness. Although medication audits are regularly being undertaken, they fail to address repeated practice issues to ensure the necessary improvements are made. People are referred to health care professionals when required and receive regular reviews from the GP and psychiatrist. Health care appointments are recorded in the notes alongside any outcomes. Health is closely monitored but we noted some gaps in the treatment of wound dressings which is contrary to the treatment plan, all though we found that this has not been detrimental to individuals. Staff have a robust hand-over system to inform each other of people's needs and any changes. The service provider took immediate action to secure improvement.

Environment

The service promotes hygienic practices and manages the risk of infection. Visitors' temperature is taken on entry to ensure visits are safe. We observed staff wearing Personal Protective Equipment (PPE) when providing direct care. There are clinical waste arrangements in place to ensure PPE is appropriately disposed. Hand sanitising stations located around the home and PPE is plentiful. Staff are trained in infection control and understands the importance. The environment is clean and tidy as there are cleaning schedules in place.

People cannot be fully assured that there are effective arrangements in place to manage hazards that may pose a risk to people. There is servicing arrangements in place to ensure facilities and equipment is regularly serviced. There is varied equipment available to support people to safely transfer and maintain their comfort. However, we found a few instances when health and safety hazards were left around the home that would pose a risk to people that live with a memory impairment. The service provider immediately addressed the issue. Call bells and other sensors are available for people to call for staff assistance when needed. People told us that staff are responsive. There is a maintenance person available to respond when needed and we found that all routine maintenance checks are up to date.

People live in a home that is fully accessible and provides a quality and well-planned environment that supports people to achieve personal outcomes. Since the last inspection, a new car park has been built, and a new extension to accommodate a welcoming reception and meeting rooms. An additional extension has been built to accommodate eighteen additional bedrooms with en-suites and communal space. This accommodation is luxurious and spacious. The new rooms have been well designed and each room has a large window to give people a lovely view. The fabrics and furnishings throughout the home are stylish but practical. People can personalise their rooms with things which are familiar to them. The communal areas are light, bright, and homely. We saw people socialising in the lounges and some choose to spend time in their own bedrooms. There are facilities such as a hairdressing and a music/ activities room for people's convenience. Comments from people include *"I really like spending time in the lounge with my friends"* and *"I am happy living here, it's a lovely place to live"*. Observations throughout the inspection confirmed people are happy living at the service. People can access the gardens as can their families. Families spoken with said they are happy with the environment in the home.

Leadership and Management

The RI is very supportive and regularly attends the service to seek people's views. The quality of care is evaluated by the RI, although the report is detailed this should also include analytic information to identify patterns and trends for lessons to be learnt. The service provider values the importance of engaging with people and the feedback demonstrated that people were complementary about the quality of care they receive. People we spoke with told us that they knew how to raise issues and were confident they will be acted upon. The routine auditing of quality assurance information at the service requires improvement. This is important to maintain oversight and quickly identify improvements which can be acted upon to ensure the quality or safety is not compromised. These areas include, but not limited to, medication, personal plans, accident/incidents, wound management, call bells, safeguarding's, and concerns etc. The service provider immediately addressed the issue. The manager felt well supported in the role and the RI is always accessible. The staff described the management as "*They are really approachable and supportive.*" The manager understands their role regarding caring for vulnerable people and makes referrals to the Local Authority safeguarding team as required. There is a safeguarding policy in place at the service but requires updating in accordance with current guidance.

New staff told us they value the opportunity to shadow experienced staff for a few days which to better understand the needs of people they support. However, training records shows gaps in core mandatory training, yet staff are expected to support people and undertake all aspects of their role. This can lead to incorrect care being delivered which can place people at risk. Most staff receive regular supervision and annual appraisals, but some improvement is required. This is important to ensure staff receive the opportunity to reflect on their practice and identify their personal development needs. The service provider assured us that this would be addressed. Staff told us that they can raise concerns with the manager, deputy and senior staff and felt listened to. Staff were highly complementary about working at the service, telling us "*It's a lovely place to work, we work well as a team*".

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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16	People to be contribute to their reviews to seek their view and preferences	New
15	Personal plans to be fully reflective of people's needs and updated when there are changes.	New
58	To improve the management of medication and update the medication policy in accordance with current guidance.	New
57	To effectively manage health and safety hazards that will pose a risk to people.	New
8	The regular auditing of information to assess the quality of care and any patterns/trends are actioned accordingly.	New
36	Staff to receive the opportunity to receive regular supervision and training for the role they perform	New

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