Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lakeside Nursing Home

25 Auckland Road, Upper Norwood, London, SE19 2DR

Tel: 02086531532

Date of Inspection: 16 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr Jason Chellun
Overview of the service	Lakeside is a care home in South Norwood providing nursing care for up to 41 residents with dementia and mental health problems. It is situated in a residential area close to a bus route and is close to South Norwood Lake. The ethos of the home centres on the respect and recognition of the individuality of people who are dependent on support and care from others. The home utilises the Namaste care approach to promote a calming atmosphere.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with eight people who said they were happy living at the home. One person told us 'I have been here 18 months and I like it.' Another said 'it's very enjoyable'.

The home used the Namaste Programme to help staff provide a calm and stimulating environment through the use of music, aromatherapy and activities. One person told us 'I like coming to the activities club; there are people to talk to and no telly.' Another said 'you meet a lot of people to socialise with.'

People who were unable to communicate verbally looked calm and comfortable and seemed to enjoy the aromatherapy given by the staff. We spoke to four relatives of people living in the home who praised the service and the staff. They commented on the positive atmosphere, the love, care and support given to their relatives and the support staff gave to them. They were glad that there were things their relatives could do in the day and felt that people were safe and well cared for.

Few people in the home were able to give consent to their care. It was clear from our observations that people's consent was obtained where possible and care given was in line with people's assessed needs.

People had plenty of home cooked food and drink and there was enough assistance to help people to eat if they needed it. Staff recruitment procedures included checks on suitability of staff and their qualifications. Confidential records were kept securely and the premises were suitable for their use.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

The provider acted in accordance with legal requirements, where people did not have the capacity to consent.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Many of the people living at the home were not able to give informed consent to their treatment and care.

We looked at the care files of four people living at the home. Although limited, where they could, people had signed to say they had consented to their care. For example we saw that a person had signed to say that they agreed to having safety rails on their bed.

We saw that there was an emphasis in the care plans on staff giving people as much freedom as possible. For example care plans stressed the rights of the people to move about freely noting the needs of those needing support to get about inside the home and in the garden. The notes in care files stressed the need for staff to seek consent as much as possible and set out what choices people were able to make for themselves. We observed staff asking people before they did things for them such as helping people to eat and drink or moving about. We saw that they listened to and acted on what people said. For example the daily records indicated that sometimes care was not given if a person refused it.

Family members or people's representatives were consulted about the care provided to people living at the home when a person was not able to give informed consent. One person confirmed that they were happy for their relative to share a room. He said 'My relative prefers to share a room. They do not like to be alone.' This showed that staff sought out the consent of people living in the home as much as they could; where they could not they consulted appropriate representatives.

The home had instigated Deprivation of Liberty Safeguarding arrangements appropriately when best interest meetings indicated it was necessary to provide care against a person's

wishes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Care plans and risk assessments indicated when a person required a special diet or had particular problems with their food. For example one care file we looked at noted that a person had a very small appetite and tended to leave the table quickly. The care plan showed that staff needed to encourage this person to eat. The care files showed that people's risk of malnutrition was carefully monitored and that extra dietary advice sought when needed from appropriate professionals.

We saw that people could choose where they ate their meals. Some people ate in the dining room; others in the communal areas. A few people were served food in their rooms on trays. We saw that food was pureed for people when this was needed. We also saw that there were plenty of staff available to help people who had difficulty eating. We saw that people were offered drinks and snacks throughout the day. Staff told us that the Namaste Programme encouraged hydration and we saw staff feeding people liquids and ice cream as part of this programme.

People were provided with a choice of suitable and nutritious food. We were told that all food was cooked with locally sourced ingredients and cooked from scratch. We saw meals being prepared in this way. We looked at the menu for the week which showed that different options were available at each meal. In the dining room we saw people being offered a choice between two dishes at lunch time. Most people we spoke to seemed content with the food on offer although two people indicated that they might prefer more input into the types of choices available.

Overall, the arrangements that were in place ensured that people's nutritional and hydration needs were being met.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

The home was an older property, with some parts of the building having been refurbished and others that were still outstanding. There was a large communal area which could be sub divided to allow small groups of people to sit together and different activities to take place. There was a separate dining room and a cosy and homely club room upstairs where people could access a range of activities programmed each day. The upstairs parts of the building were accessible by a lift. There was an attractive and safe garden with space for residents to sit out and for those that do, to smoke.

We were told about improvements that have been made to the building over the last two years. We saw refurbished bathrooms, bedrooms and communal areas. Some areas still needed redecoration and refurbishment. We were told that further improvements were planned including redecoration of the upstairs corridors.

We noticed a smell of urine in some areas within the house, particularly in the hall and in two bedrooms. We spoke to the owner about this and were told that new carpets had recently been laid but the problem persisted because of incontinence issues. We were told about a new steam cleaner that had recently been purchased to help ensure hygiene and to remove odours.

Relatives we spoke with told us they felt that the best use had been made of the space available for people who lived there. They were keen to point out that the excellent atmosphere of the home and the quality of care that their relatives received was more important than the building. One person said 'it's the care they get that matters, not the wall paper.'

Most of the eight bedrooms we saw were bright, attractive and of a suitable size. In the few rooms that were shared, curtains were provided to protect people's privacy. There were a few rooms with en-suite facilities. Some of the bathrooms which had been renovated were equipped with Parker baths, designed for people with disabilities, and hoists. Bathrooms

and toilets were located near to people's rooms. Some bathrooms were locked pending renovation but there were enough accessible toilets and bathrooms for people to use. We observed that two toilet seats in ground floor toilets were loose and we bought this to the attention of the manager.

We were shown comprehensive, well organised and well maintained records of health and safety and general maintenance checks. We saw up to date health and safety related certificates. These included risk assessments carried out by independent experts for fire safety. We saw records which confirmed that points raised in these assessments were attended to. For example new equipment had been installed to enhance fire evacuation procedures for people living upstairs. We saw up to date checks on gas appliances, day to day electrical appliances equipment and specialist equipment such as the hoists and the lift.

Other health and safety matters were properly addressed including pest control checks, water quality and temperature testing for Legionella bacteria and the management of hazardous substances through other independent surveys assessing risks. This shows that the home was well maintained and the provider carried out required checks to ensure the safety of the building and equipment.

The staff we spoke to were able to describe how they were expected to deal with a range of emergencies and pointed out information concerning emergency telephone numbers and call out arrangements. This meant that staff were able to respond appropriately to a range of emergencies that might occur.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

Staff told us that they did not advertise for care staff other than at the Job Centre Plus because they received sufficient CVs from which to select suitably qualified applicants whenever a vacancy arose. Vacancies for nursing staff were advertised more widely to ensure a good level of appropriate applicants. We saw clear job descriptions for care assistants and for the nursing staff. We saw that all applicants were required to fill in applications forms and were assessed against the job requirements.

Appropriate checks were undertaken before staff began work. We looked at three staff files which were well organised and clear. We saw that two references were requested and received from suitable people for each member of staff and that Criminal Records Bureau (CRB) checks, (now known as Disclosure and Barring Service checks) were undertaken before people started work. Where staff were professionally qualified as a requirement of the job, their professional registration had been properly checked and recorded in the files.

We were told that staff who were no longer fit to work in health or social care would be referred to the appropriate bodies. We saw evidence in the files we look at which showed that management of home was proactive in taking up matters of poor performance.

The staff files also showed that staff received training on range of topics and the staff we spoke to confirmed that the home provided good training opportunities.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose. We looked at the records of four people living at the home and saw that there were clearly accessible care plans setting out people's needs, up to date risk assessments and medical information.

Staff records were accessible. We looked at the files on three members of staff which showed that the staff details were properly recorded including up-to-date details of training and supervisions.

Other records relevant to the management of the services were accurate and fit for purpose.

Records were kept securely in a locked cupboard in the staff offices and could be located promptly when needed.

We were told that records over two years old and not in use were archived in a locked storage facility adjacent to the home. We were told that the task of destroying records which were no longer needed to be kept was outstanding from the time before the home was taken over by the current owner. We were told that the plan for this included reviewing the archive and the destruction of records not required to be kept by the professional company presently contracted for clinical waste management who also have the facilities to deal with the proper destruction of confidential personal information.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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