

Colleycare Limited

# Lakeside Residential Home

## Inspection report

25 Whiteknights Road  
Reading  
Berkshire  
RG6 7BY

Tel: 01189268369  
Website: [www.bmcare.co.uk](http://www.bmcare.co.uk)

Date of inspection visit:  
25 February 2020  
26 February 2020

Date of publication:  
31 March 2020

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Lakeside Residential Home is a care home without nursing providing care and support to up to 72 older people, some of whom may be living with dementia. 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. At the time of our inspection there were 66 people using the service.

### People's experience of using this service

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe and medicines were handled correctly and safely.

People received effective health care and support. People's rights to make their own decisions were protected. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received care and support from staff who knew them well and were well trained.

People were treated with care and kindness. They were consulted about their care and support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and relatives who provided feedback. People's diverse needs were identified and met and their right to confidentiality was protected.

People received support that was individualised to their personal preferences and needs. They were able to enjoy a number of activities, based on their likes and preferences. People said staff and management responded well to any concerns they raised.

People benefitted from staff who were happy in their work and felt well managed and supported. The service had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff. The quality assurance systems were successful in ensuring the quality of the service was maintained.

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 (report published 17 April 2019). There were breaches of three regulations relating to mitigating risks, staff ongoing training and the provider's system to ensure compliance with the fundamental standards. At this inspection we found the registered person had made improvements and the provider was no longer in breach of any regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Lakeside 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.

#### Inspection team

The inspection was carried out by one inspector, one specialist nurse advisor and one Expert by Experience. 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 24 people who use the service and four visiting relatives about their experience of the care provided. We spoke with the registered manager, a visiting registered manager from another of the provider's services, the deputy manager and two assistant managers. We also spoke with eight care staff, two domestic staff, two activity coordinators, a member of the administrative staff and the maintenance person.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from seven local authorities and health and social care professionals who work with the service and received replies from two.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the registered person had not done all that was reasonably practicable to mitigate risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- People were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- Following our last inspection the service had worked hard to improve their management of risks, especially around reducing falls. Two members of staff had trained as 'falls champions' and continued to work closely with the local Care Support Team. Falls were monitored and root cause analyses carried out for all falls. Measures were then introduced to reduce the risk for an individual based on the identified cause.
- Improvements had also been made to identifying people with an increased risk of falls and taking action to try to reduce the risk before the person fell. These measures were being successful and we saw there was a decrease in total falls by 17% in 2019 when compared with the number of falls in 2018.
- During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.
- Emergency plans were in place and staff were aware of their content. For example, there were emergency procedures in case of fire. Environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, hot water temperature checks, fire safety checks and fire equipment checks.
- Health and safety risk assessments had been carried out, such as for fire and legionella control. We saw that any recommendations had been acted upon to ensure identified risks were removed or reduced.

### Using medicines safely

- There were robust processes in place for ordering, storage, administration and disposal of medicines including controlled drugs.
- People's medicines were stored and handled safely. Only staff trained in administering medicines and assessed as competent were allowed to do so.
- In order to address concerns raised at our last inspection, an audit process had been introduced to ensure medicines were always being stored at the correct temperatures. We saw the audit system was successful

and actions were taken if any issues were identified.

- We saw that staff mostly followed their training and current best practice guidelines when administering medicines. We saw one incident where a member of staff left medicines with someone in their room, for them to take later. This was against the provider's policy, we passed our observation to the registered manager who planned to look into it.
- Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

### Staffing

- The registered manager was aware that improvements were needed relating to staff deployment at the home. She was in the process of reviewing the staffing levels and staff deployment at the service. She was aware of concerns raised by staff relating to this and had already recruited additional care staff so that staffing levels could be increased during the day time shifts. The registered manager was also in the process of analysing the call bell answering logs and had noted that 19% of calls were taking longer than 15 minutes to be answered. She was reviewing each call to ascertain the reasons for each delay in answering the call bell so that appropriate action could be taken.
- Most people said staff were usually available when they needed them and had enough time to support them without rushing. Others felt there could be more staff at times and said they sometimes had to wait for their call bell to be answered, especially at busy times and early evening. One relative said, "I've noticed a couple of times when I have been here and Mum has pressed her bell, that staff walked in and switched the bell off and walked out, not even asking Mum if she needed any help."
- Staff said there were usually enough staff for them to do their job safely and efficiently and were aware that the registered manager was working on reviewing staffing levels and deployment. Care staff felt the management had listened to them relating to their concerns regarding staffing levels.
- We looked at the annual quality assurance survey that had been carried out with people and their relatives in February 2020. The results were being correlated at the time of our inspection, but we noted that there were no questions related to staffing levels included. We discussed this with the registered manager who planned to carry out a survey of people focussing on staffing levels separately so that they were aware of what people living at the home felt.
- One community professional told us, "I feel that they try hard to keep enough staff but sometimes use agency or sometimes are short. I have never felt that there aren't enough [staff] to be safe but sometimes the staff that are on duty are very pushed to get the work done."
- The registered manager told us plans to increase the care staff to 12 in the mornings and 11 in the afternoons were set to be implemented from 9 March 2020. Work was underway to review the domestic staffing levels for cleaning and laundry at the weekends, so that they equalled the hours provided during the week. Domestic staff told us they were pleased this was being looked at.

### Staff recruitment

- People were protected by the recruitment processes put in place and followed by the provider. These made sure, as far as possible, that people were protected from staff being employed who were not suitable.
- Staff files included most of the required recruitment information. In one recruitment file the employment history had gaps which had not been explained in writing as required. In four of the files there was evidence criminal record checks had been made, but there was no record that the registered manager had checked to make sure applicants were not barred from working with vulnerable adults.
- The registered manager obtained the missing information promptly after the inspection. The registered manager explained that, going forward, they would make sure they checked that all required recruitment information was obtained before new staff were rostered to work with people living at the service.



Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. One person when asked commented, "Absolutely, I have no reason to feel frightened here."
- Relatives felt their family members were safe at the home, one relative told us, "I can walk away and know that Mum is ok, and if she is not, she is in the best place. I feel happy that Mum is safe here." We saw a compliment from another relative saying, "Thank you for keeping Mum safe, happy and well cared for. You all do an amazing job."
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm.
- A community professional thought the service and risks to individuals were managed so that people were protected.

Preventing and controlling infection; Learning lessons when things go wrong

- The premises were clean and tidy and people were protected from the risk of infection.
- Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.
- Procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps were then taken to ensure lessons could be learnt when things went wrong. Records we saw showed the procedures were followed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the registered person had not ensured staff remained up to date with the mandatory training the provider considered appropriate for staff to carry out their roles safely and effectively. This was a breach of regulation 18 (Staffing) 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 18.

- Following the last inspection the provider re-assessed the training provision and the management structure within the service. As part of this change the majority of the deputy manager's hours were re-allocated to overseeing and providing staff training. This change was successful and we saw that staff training was up to date. Staff also commented on the improved staff training and felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- The provider had an induction and ongoing training programme that was mostly, but not totally, in line with the Care Certificate and best practice guidance. At the time of this inspection it was the provider's policy not to provide practical cardio pulmonary resuscitation (CPR) training to all care staff. However, there was a procedure in place to ensure there was always at least one member of staff who had received CPR training on each shift.
- The service provided training in topics they considered mandatory, such as moving and handling, first aid and fire safety. All training the provider considered to be mandatory was up to date.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people with dementia and people who had swallowing difficulties.
- People felt they received care from staff that had the necessary knowledge, skills and experience to perform their roles. People and their relatives thought staff had the training and skills they needed when supporting them.
- Staff received formal supervision every two months to discuss their work and how they felt about it. We were told by staff they felt this enhanced their skills. Once a year staff had a formal appraisal of their performance over the previous 12 months.
- Community professionals felt people received effective care, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional who had recently provided specialist training at the service commented, "The staff that I saw and recently trained were very responsive,

asked appropriate questions and were enthusiastic about the training."

Assessing people's needs and choices; Delivering care in line with standards, guidance and the law

- People received effective care and support from staff who knew how they liked things done.
- Staff demonstrated the necessary skills to meet the care as set out in people's care plans in a very skilful manner. For example, in the management and prevention of pressure ulcers. Staff were aware of the skin care needs of individuals and were able to tell us about them without referring to the care plans.
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- The care plans and actions were based on current best practice and showed the registered manager and staff had a good understanding of each person's individual needs.
- The care plans were kept under review and amended when changes occurred or if new information came to light.
- The registered manager and deputy manager were aware of the latest best practice guidance on oral care. Training to all staff in the latest guidance on oral care in care homes was scheduled for April and May 2020.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The care plans included details about people's health care needs and care staff had a good understanding of these. For example, each person had an oral care assessment to identify whether they needed any support in this area. Talking about one person, a member of staff told us, "I shall review this person's care plan to ensure that she has more frequent mouth wash because her health is deteriorating [the person was on end of life care]." Another person had enough information about their mental health in their care plan to enable staff to recognise when the person was becoming anxious. Staff knew how to distract the person during those times to reduce their anxiety.
- People received effective health care support from their GP and via GP referrals for other professional services, such as community mental health teams. Community professionals felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. Care plans incorporated advice from professionals when received.
- Staff worked well with other agencies to understand and meet people's individual and changing needs. Community professionals said the service worked well in partnership with other agencies.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Drinks and snacks were available on each unit and were easily accessible.
- Where people were at risk of dehydration this was reflected in their care plan and records were kept of the person's fluid intake.
- People were weighed monthly or more often if their weight indicated a concern. We saw referrals were made to the GP where there was a concern that someone was losing weight or was putting on too much weight. We saw staff always made sure foods were available to meet people's diverse and cultural needs and preferences.
- At lunch time on both days of our inspection, some people chose to eat in the dining room and some chose to eat in other areas or their bedrooms. They were offered choices of food and drink from the options available. There were enough staff to ensure all people received the support they needed with their meal.

Adapting service, design, decoration to meet people's needs

- At our last inspection we reported on the very positive work the staff had been doing to make the

environment more dementia friendly. Since that inspection this work had continued with many more improvements seen at this inspection. The registered manager told us how they saw this as an ongoing process.

- The management and staff were enthusiastic about these changes and it was clear they all had a good understanding of the latest best practice guidelines on healing environments for people living with dementia.
- The initial work had been carried out on the floor where all people were living with dementia and would benefit the most. We saw people were happy and calm and making use of the different facilities provided. For example, one person introduced us to her 'baby' that she was taking great care of [doll therapy]. We saw people were purposefully walking up and down the corridor and resting in small seating areas provided for that purpose. Good use had been made of dementia signage and colour contrasting to help people maintain their independence where possible.
- Work was underway on other floors to roll out the improvements and innovative ideas staff were developing as the work progressed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the principles of the MCA were being met.
- Staff received training in the MCA and were clear on how it should be reflected in their day-to-day work.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.
- People confirmed, and we observed, staff asked permission before any care was carried out.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

### Ensuring people are well treated and supported

- People said, and we observed, they were treated with care and kindness. One person told us, "You can't wish for any better, they are very good." Another person commented, "All the staff are lovely, they know me. Everyone is very friendly." Relatives said staff were caring when they supported their family members. One relative added, "The care staff are amazing!"
- We saw a card sent to the home from one family in November 2019. The family said, "We cannot thank you enough for looking after mum. You have made her and us feel so welcome nothing is too much trouble for you. Knowing that she is cared for when we leave has given us our lives back."
- Community professionals thought the service was successful in developing positive, caring relationships with people. One told us, "...the staff really seem to care about their residents, which is lovely."

### Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. All interactions observed between staff and people who live at the service were respectful and professional. Staff spoke to people kindly and reassuringly and we saw examples of good body language and care. Staff knocked on bedroom doors and waited for a response before entering. Community professionals said the service promoted and respected people's privacy and dignity.
- People and their relatives said staff treated them with dignity and respect. We saw a comment posted on a care home review website by a relative in December 2019. They said, "My overall view of the care that my father receives is that he is treated with respect, dignity and genuine care by all the staff at Lakeside Residential Home."
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. People told us staff encouraged them to be as independent as they could be.
- People's right to confidentiality was protected. All personal records were kept locked away and not left in public areas of the home.

### Supporting people to express their views and be involved in making decisions about their care; Respecting equality and diversity

- People's views on the support they received was regularly sought. People confirmed they were asked their opinion on how things were run at the service.
- The care plans were drawn up with people, using input from their relatives, health and social care

professionals and from the staff teams' knowledge from working with them in the service.

- People's equality and diversity needs were identified and set out in their care plans. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that was individualised to their personal needs. People said staff knew how they liked things done. One person explained, "They know I like a cup of Horlicks every evening. They always make sure I have it before they go [the day staff leave]."
- Community professionals thought the service provided personalised care that was responsive to people's needs. Staff demonstrated their knowledge of people's preferences, likes and dislikes as they worked with them. We saw a number of occasions where staff quickly recognised when someone was becoming anxious and successfully intervened to help the person. For example, one person showed signs of increasing anxiety. Staff recognised the signs and the person's distress and asked if they wanted to go and walk in the garden. This was a known remedy for this person's anxiety, who quickly calmed and happily went with staff to the garden.
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well.
- The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. Staff displayed a good knowledge of people they were working with and were able to tell us what different individuals preferred and liked to do.
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with people important to them. Visitors and relatives were welcomed. One relative commented on how they were made to feel welcome and were always offered a cup of tea.
- People had access to activities that took into account their individual interests and links with different communities. Activities included, crafts, jigsaws, music, singing and games. The activity coordinators spent one to one time with people in their rooms where they were not able to participate in activities in the lounges.
- The extensive work carried out on the environment included detailed information about each person with photographs of them in their younger years that were excellent talking points for staff and visitors.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given

information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans. Staff were aware of the communication needs of people living at the service and we saw them using this knowledge with individuals successfully.

Improving care quality in response to complaints or concerns

- People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- We saw complaints were looked into in line with the provider's policy and procedure. Complaints had been well documented, together with actions taken and the outcome.

End of life care and support

- People's preferences on end of life care and support were sought as part of the assessment process and recorded in their care plans.
- Staff received training in end of life care and the service was aware of the latest best practice guidance. Staff worked closely with the local district nurses, rapid response team and other local professionals to ensure people received the best palliative care possible.
- End of life care plans were developed and implemented when applicable and included all information and preferences needed for the person to have a peaceful and comfortable death.
- We saw thank you cards and online comments from relatives of people who had received end of life care at the service. Comments included, "Thank you so much for caring for [Name]. We are especially grateful for the love and care you have all shown her in the last few days. We couldn't have asked for a better way to see her to the end of this life." and "Most importantly staff respected the residents and treated them with utmost dignity. There was huge affection shown to my mother and great efforts made to meet her needs. The care was superb at the end of her life."



# 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 good quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. 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.

- Since the last inspection there had been many changes which staff felt had improved the service. The registered manager, with support from the provider's regional team and a registered manager from another of the provider's services, had developed and worked through an improvement plan relating to all areas of the management of the service. Staff roles and responsibilities were reviewed and changes made that had proved successful. One staff member commented, "The training has made a difference and scheduled break times have also. Residents are a lot happier and we can spend more time with them. [The registered manager] is absolutely amazing. I leave my family at home and come to my work family."
- An audit system had been introduced and operated effectively so that the registered manager was able to ensure the fundamental standards were being met.
- Communication between staff had been identified by the registered manager as an area to be improved. One staff member commented that one of the changes that had made the biggest difference was the introduction of weekly senior team meetings. Information shared at the meetings was filtered down to other staff and made them feel more involved.
- The registered manager was clear about their role. All the registration requirements were met and the registered manager knew what incidents required to be notified to the Care Quality Commission and made sure notifications were made when needed.
- Records were up to date and were kept confidential where required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed working with people who use the service and were positive about the

improvements made at the home since the last inspection. They felt they were provided with training that helped them provide care and support to a good standard.

- People received a service from staff who worked in an open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised. Comments from staff included, "Overall it's a lovely place to work with nice colleagues and a wonderful trainer", "She [the registered manager] has worked really hard and the atmosphere is much better" and "We have a good team here at Lakeside including managers, team leaders, senior staff, care staff, domestics, maintenance and kitchen staff. We all have a mutual respect for each other."
- Staff were very enthusiastic about the ongoing changes being made to the environment to make it dementia friendly and empowering for the people living at the service. One member of staff spoke about the ongoing changes and told us, "Everyone is working 10 times as hard to make it happen. I'm excited."

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

- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, annual surveys of people and their relatives.
- There were three monthly general staff meetings and residents and relative meetings every three to six-months where views were sought on any proposed changes, as well as suggestions requested for any improvements.
- Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.
- People and their relatives felt the service was well managed and that the management listened and acted on what they said.

Continuous learning and improving care; Working in partnership with others

- There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included care plans, medicines and the health and safety of people and the premises. Where issues were identified, actions were taken to ensure everything met the required standard.
- Community professionals felt the service worked well in partnership with other agencies. They felt the service delivered good quality care and worked in partnership with them and other agencies. They felt the service demonstrated good management and leadership and one professional added, "I get the feeling that the staff are more settled now [the registered manager] has been in the role for a while and staff are working well under her."