

Colleycare Limited

Lakeside Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15, 16 and 31 January 2018 and was unannounced. We last inspected the service in February 2016. At that inspection we found the service met all the fundamental standards and attained a rating of Good.

Lakeside Residential Home is a care home without nursing that provides a service for up to 72 older people, some of whom may be living with dementia. People receive accommodation and 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 accommodation is arranged over four floors. The ground floor has 20 rooms, the first and second floors have 22 rooms each and the third floor has eight rooms. People who are living with dementia are accommodated on the ground floor and the first floor. At the time of our inspection there were 67 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection there have been two changes to the service's registration. Eight bedrooms were added to the service on the fourth floor. This increased the overall bedrooms from 64 to 72. The second change was that the previous registered manager moved to another of the provider's care homes and a new manager started working at the service 10 weeks before our inspection. Her registration as manager was approved by the Care Quality Commission on the second day of our inspection. The new registered manager was present and assisted us during this inspection.

At our last inspection we identified that the environment on the ground and first floors was not very 'dementia friendly'. The previous registered manager told us they planned to review and assess the environment on those two floors where people with dementia lived. However, we found little change at this inspection. While some actions had been taken to make the environment more 'dementia friendly', overall the measures taken did not help people to compensate for sensory loss and cognitive impairment as much as they could and did not contribute to supporting their independence. You can see what action we have asked the provider to take in the full version of this report.

In 2017 the local authority raised some concerns with the service that their staff training had fallen behind with their expected refresher training. Action was taken and people now benefitted from a staff team that was well trained and supervised. Where staff training refreshers were due, places had been booked on upcoming training dates. We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and

environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

The staff team were caring and respectful and provided support in the way people preferred. Their right to confidentiality was protected and their dignity and privacy were respected. People 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 were supported to eat and drink enough and their health and social care needs were met.

People received care and support that was personalised to meet their individual needs. People were supported to maintain relationships with those important to them. The service provided access to local events in order to enhance social activities for people. They took into account their individual interests and links with different communities. There were sufficient numbers of staff to meet people's care needs and medicines were stored and handled correctly.

People were relaxed and there was an open and inclusive atmosphere at the service. Staff were happy in their jobs and there was a good team spirit. They felt supported by the new management and said the training they received enabled them to meet people's needs, choices and preferences. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Environmental risks had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff to meet people's care needs and medicines were stored and handled correctly.

Is the service effective?

Requires Improvement ●

The service was not always effective. The premises were clean and well maintained. However, the environment was not as dementia friendly as it could be. There were limited adaptations of the physical environment on the two floors where people with dementia lived. The environment did not help people compensate for sensory loss and cognitive impairment or help them to maintain their independence.

People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The manager had a good understanding of the requirements under the Deprivation of Liberty Safeguards. Applications for authorisation had been made where it was identified that people may be deprived of their liberty.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that

was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. Their dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good 

The service was responsive. People received care and support that was personalised to meet their individual needs. They were able to enjoy a number of activities, based on their known likes and preferences.

The registered manager and staff helped people maintain relationships with those important to them.

People knew how to raise concerns and were confident any concerns raised would be dealt with and resolved.

Is the service well-led?

Requires Improvement 

The service acknowledged they required some improvement in well-led.

The new registered manager had identified that the service required improvement prior to our inspection. They had already developed and prioritised plans to make sure those improvements took place as soon as possible. They felt supported by the provider and area management team.

People and their relatives were happy with the service they received and felt the staff were approachable and professional.

Staff were happy working at the service. They felt supported by the new management and said the training they received helped them to meet people's needs, choices and preferences.

Lakeside Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15, 16 and 31 January 2018 and was unannounced. The inspection team consisted of an inspector and an expert by experience on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who was part of the inspection team had previous experience of caring for someone with dementia. On the second day of the inspection the inspection team consisted of an inspector and a physiotherapist specialist advisor. The specialist advisor had special expertise in moving and handling and the prevention of falls. The third day of the inspection the inspection team consisted of one inspector.

Before the inspection, the previous registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 25 people who use the service. We spoke with three visiting relatives, the registered manager, the administrator, the two deputy managers and the activity coordinator. We also spoke with two team leaders, two senior care workers, seven care workers, the maintenance person, the chef, a domestic assistant and the laundry person. We observed interactions between people who use the service and staff during the three days of our inspection. We spent time observing activities and lunch on the four floors. As part of the inspection we requested feedback from four health and social care professionals and received responses from two.

We looked at five people's care plans, monitoring records and medicine administration sheets, six staff

recruitment files, staff training records and the staff supervision and appraisal log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, equipment service records, the legionella risk assessment, fire safety checks and the complaints and incidents records.

Is the service safe?

Our findings

People were protected from the risks of abuse. People told us they felt safe and one added, "Absolutely." Relatives told us they felt their family members were safe when living at the service. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

We asked 11 people if they felt staff were available when they needed them and whether staff had time to support them without them feeling rushed. Nine people answered "yes" and two answered "no". The two that answered "no" both lived on the same floor of the service. Another person who lived on that same floor had answered "yes" but commented, "Sometimes it is a long time to get an answer [to the call bell], they're all so busy." We saw care staff were trying to collect up the water jugs and replace them with fresh jugs at the same time as answering bells and supporting people with other requests. We asked care staff if they felt there were usually enough staff available at all times to do their job. The 11 responses we received were varied. Four said "yes", two said "usually", one said "some days were harder than others" and four said "no". Staffing levels were calculated using a staffing level calculator that determined numbers of staff based on peoples' care dependency levels. The system did not include additional time for social care activities or social interactions with people. In addition, non-care duties were not included in the calculations. This meant any hours or time staff were expected to do non-care tasks, such as giving out water jugs and making beds should be added to the staff hours provided. Also, additional time should be added to allow staff to provide support with social care needs, such as sitting and chatting with people. The different responses we received from people and staff indicated there were more issues on some floors than others. We discussed our findings with the registered manager who told us they were staffing higher than the levels the staffing tool calculated but they had plans to review the staffing levels on the separate floors as well as looking at how the staff were deployed.

Personal and 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, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and followed. For example, emergency procedures in case of a fire or flood. The registered manager had identified that the legionella risk assessment was overdue and had arranged for it to be carried out before the end of our inspection.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded.

Staff received training in responding to behaviours that may challenge. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. We saw people were comfortable with staff and

reassured by any actions they took to help reduce their anxiety.

People were protected by the recruitment processes in place. Staff files included the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. People could be confident that staff were checked for suitability before being allowed to work with them. We checked the information the service held about agency staff they used and found the agency had confirmed that all required recruitment checks had been completed.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

People were protected from the risk of infection. We saw and people said the service was clean and tidy, with standards maintained on a daily basis. Staff had received training in infection control and we saw they put their training into practise when working with people who use the service. One person commented, "It's kept very, very clean. There's no horrible smell. The cleaners work so hard."

Is the service effective?

Our findings

The premises were clean and well maintained. The registered manager told us plans were in place for the premises to be re-decorated, with work to start before the end of January 2018. At the last inspection we wrote, "We noted that the ground and first floors had minimal adaptations for people living there with dementia. For example, there was minimal dementia signage and use of contrasting colours to enable people to find their way around and identify their rooms, toilets and other rooms. There was minimal use of contrasting colours on sanitary fittings, which could make them easier for people to see and use, thereby promoting their independence and helping with continence. Curtains, when drawn, let light through. This could make it difficult for people living with dementia to distinguish night from day and establish a normal sleep/wake pattern." At the time of that inspection in February 2016 the then registered manager told us they planned to review and assess the environment on the two floors where people were living with dementia. This was to ensure the environment was as dementia friendly as possible and helped to encourage and promote people's independence and sense of wellbeing.

At this inspection we saw the work had not been done and found the same issues on the ground and first floor where people were living with dementia. The environment did not help people maintain their independence. For example, bedrooms did not have curtains that helped to block out the light when drawn. Some communal toilets and bathrooms had signs on the doors but there were no other way-finding signs to help people find their way around. On one floor some people had photographs on their bedroom doors that helped them identify the room as theirs. In some areas of the service, when people came out of their bedrooms there were no clues at all for them to find the way to where they were trying to get to. On only one of the communal toilets did we find the toilet seat was in a contrasting colour to the toilet. Best practice guidance states that ensuring good colour contrast on sanitary fittings make toilets easier to find and see, helping people to maintain continence. With the exception of coloured crockery and cutlery used to support some individuals when eating, other colour coding to aid independence was also missing. For example, using colours to highlight light switches by either having coloured switches or making sure white switches show up against the wall colour helps people to find and use light switches in their rooms independently.

The above is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the premises were suitable for people living with dementia.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included some measures to reduce or prevent potential risks to individuals. For example, risks associated with falling. During our observations we saw staff were aware of the risk reduction measures in place and were mostly carrying out activities in a way that protected people from harm. However, we did see two occasions when staff were supervising people while they mobilised where the staff were doing other things, such as carrying cups to the kitchen and another was concentrating on making entries on the portable care plan handset. This meant it would have made it difficult for the staff member to react promptly if the person they were supervising started to fall.

The service was working closely with an occupational therapist from the local care home support team to try to effectively reduce the numbers of falls people have at the service. Every three months the care home support team's occupational therapist carried out a falls audit and analysed the falls information provided by the service. They then produced a report showing any patterns for falls, such as time of day and the floor and area of the service where the falls took place. At the back of the audit report the occupational therapist made a number of recommendations. We saw the majority of recommendations had been completed where they related to named individuals. However, other recommendations not relating to specific people had yet to be carried out. Patterns identified in the audits had not been explored fully for possible reasons for increased falls. For example, the audit report for the months July to September 2017 was sent to the service in December 2017. This report showed there were over twice as many falls on each of the ground floor and second floor than there were on the first floor. The report also showed there were different patterns on each floor relating to the times of day most of the falls took place. The service had two 'falls champions' who had attended training with the care home support occupational therapist. Part of the training explained the audit but did not cover how to analyse the data or review possible trends. For example, there was no evidence that the deployment or number of staff had been reviewed at high fall times as a possible cause for the increased falls. There had been no root cause analysis of the individual falls so that individual risk mitigating actions could be introduced to people's care plans. It was also noted in the audit that 68% of the falls had taken place in corridors, mostly unwitnessed. However, the service had CCTV cameras in the corridors and the footage of the falls could have been reviewed at the time of the each fall to gain more information, but this was not done.

We saw that action was taken to try to reduce individual people's falls. These actions included supplying sensor mats, obtaining referrals to specialists for assessment for mobility aids and increasing monitoring. Where applicable, care plans had been updated, although this inspection took place when the service was transferring all care plans onto a new electronic system and some of the information was not always easy to find. Where a root cause analysis had taken place we saw measures had been put in place to deal with the cause of an incident and reduce the risk of a recurrence.

The registered manager had already identified that further work was needed to ensure everything possible was being done to reduce the falls at the service. She explained further work was being done on falls and we discussed a number of actions she was putting in place. For example, care staff had been booked on falls prevention training provided by the local care home support team; each fall, whether resulting in an injury or not, to have a root cause analysis carried out; a review of staffing levels at times of day when falls are more likely to take place; where possible, CCTV footage of a fall to be inspected and saved for further analysis and staff training in setting achievable actions to reduce a person's risk of falling.

People received effective care and support from staff who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or new information came to light. As stated earlier, the service was in the process of transferring all care plans onto an electronic system. Staff we spoke with liked the new system and felt, when they had used them for a longer period, they would reduce the amount of time they spent on paperwork.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory, such as fire awareness, manual handling, medicines and food hygiene. In 2017 the local authority raised some concerns with the previous registered manager that staff training had fallen behind in the expected refresher training topics.

Action was taken and people now benefitted from a staff team that was well trained. Where staff training refreshers were due, places had been booked on upcoming training dates. We found staff received additional training in specialist areas, such as dementia. This meant staff could provide better care to people who use the service.

We noted the mandatory training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in basic emergency first aid every three years. However, Skills for Care "Ongoing learning and development guide" sets out that staff training in first aid and basic life support should be at least every three years but recommends that staff skills are refreshed at a minimum of once a year.

We recommend that the provider review their staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision six times a year to discuss their work and how they felt about it. This had fallen behind, but the new registered manager had worked with the deputy managers to bring the schedule back up to date. Annual appraisals, although overdue, were booked in for staff who had worked at the service over 12 months. Staff said they felt supported by the new registered manager and felt they could go to her at any time if they had something they wanted to discuss.

Menus were planned in advance with input from people who use the service. Alternatives were available on the day if people did not want what they had chosen. Staff weighed people every month and used a malnutrition screening tool to identify people at risk. Referrals to a dietitian would be made by the GP if required. On each day of our inspection we saw people during the lunchtime. They told us they were enjoying their lunch, which was served hot and was well presented. The meals provided also took into account people's different nutritional, cultural and religious requirements.

People's rights to make their own decisions were protected. During our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The requirements of the DoLS were being met. The registered manager had assessed people living at the service and, where applicable, had made a DoLS application to the local authorising body appropriately.

People received effective health care and support. People confirmed they could see their GP and other health professionals such as dentists and opticians when needed. Care plans and daily notes showed that specialist health professionals were consulted as necessary. Staff recorded in the care plans where issues had been identified, for example by recording on body map pictures the location of bruises or grazes. One relative told us, "I've never seen my wife looking so well."

Is the service caring?

Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and looked relaxed and at ease. Relatives said staff were caring when they supported their family members. One relative added, "They are very good. Attentive night staff." another said, "The girls are fantastic." We saw a comment card from a relative that said, "Excellent care on the second floor. Especially from [staff members name]. Inclusive warm atmosphere and friendly staff." Comments made about staff by people living at the service included, "Everyone here is fully trained, they're so kind.", "The staff are wonderful, it is just getting them." and "I am quite happy here. The staff are lovely actually." There were two comment cards completed by people the week before our inspection. One said, "I would not want to live anywhere else. Staff are exemplary. [It is] a joy to live here." and another commented, "staff are very pleasant and helpful." We saw some recent 'thank you' notes sent to the service from relatives. One said, "I am writing to thank your staff for the wonderful care they have given to [Name] since they came to Lakeside. I believe [Name] was also happy with the care that your staff gave." and "We would like to thank all the staff at Lakeside for the care and respect that was given to [Name] during their stay with you."

The service had a staff incentive scheme, a "love cheque book". A member of staff explained, "If someone has done something particularly kind, people write love cheques and thank them, it can be between staff or residents to staff. At the end of the month we have a presentation for whoever gets the most, they get a prize and their picture is put in reception to recognise their efforts. There are daily love cheques, all the staff get to keep their love cheques."

People's wellbeing was protected and all interactions observed between staff and people were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and what they liked to do. Relatives said staff knew how their family members liked things done. One relative told us, "This [home] is great, all staff are lovely."

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and staff we spoke with knew the needs of each person well.

The care plans were drawn up with people, using input from their relatives and health and social care professionals. The care plans were geared towards what people could do and how staff could help them to maintain their independence safely 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 as necessary. People said the staff encouraged them to be as independent as they could be. One person told us, "You can be an individual here." People's equality and diversity needs were identified and set out in their care plans. We saw staff were respectful of people's cultural and spiritual needs.

People's rights to confidentiality, privacy and dignity were protected. We observed staff protected people's rights to privacy and dignity as they supported them during the day. Any personal care was carried out

behind closed doors. Staff never entered a room without asking permission from the room owner. Visits from community professionals were carried out in private. All personal records were kept in staff stations on each floor and were not left in public areas of the service.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences, needs and cultural identities. Information was provided to help people understand the care and facilities available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. At the time of our inspection the provider was in the process of writing the organisation's policy on how they will be implementing the accessible information standard across all their homes. The registered manager planned to start introducing the standard once the provider's policy was written and available.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed warmly to the service and were offered hot drinks during their visit. Quieter areas of the service were available where people and their visitors could sit away from communal areas. For example, there were smaller seating areas around the communal lounge and the garden had a number of seating areas for people and their visitors to sit in warmer weather.

People had access to a busy activity schedule and local community outings. The provider employed an activity coordinator who oversaw activity provision at the home. Activities included Tea parties, coffee mornings and lunch parties, armchair exercises and musical reminiscence, pampering mornings, musical events, arts and crafts, board games, word games and quizzes and PAT dog visits. People could choose what they wanted to do and were also able to try out new activities when identified.

The service had one activity coordinator at the time of the inspection but was in the process of advertising for a second one so that activities would be running seven days a week. Interactions seen between the activity coordinator and the people living at the service were warm and caring. One person spoke about the activity coordinator saying, "She's lovely, in the summer she books mini-coaches to take us out for lunch. We have a church service once a month, a communion service and once a month songs of praise." People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for all people to get involved with. This took into account their individual interests and links with different communities.

People and/or their relatives knew what to do and who they could talk to if they had any concerns. Three people raised some concerns with us which, with people's permission, we passed to the registered manager to discuss with the individuals. People felt the registered manager would take action in response to their concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern with them. People also had regular 'resident's meetings' where they were able to discuss any issues of concern and help to suggest and plan upcoming events.

Is the service well-led?

Our findings

The service had a new registered manager. The previous registered manager had moved to another of the provider's care homes and a new manager started working at the service 10 weeks before our inspection. Her registration as manager was approved by the Care Quality Commission on the second day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All registration requirements were being met and the registered manager ensured that notifications were sent to us when required. Notifications provide information about events that the registered person is required by law to inform us of. Records were up to date and kept confidential where required.

Since starting at the service the new registered manager had been working with the staff and people who use the service to identify areas for improvement. Some changes had been made and some were underway. The registered manager had prioritised the work on improvements, dealing with issues she identified as highest priority first. Some of those improvements identified and being worked on by the new registered manager included staff training, supervision and appraisals; environmental improvements and re-decoration; staffing level reviews and work on reducing the level of falls at the service if possible. At the same time the registered manager was continuing with the day to day management of the service and introducing the transfer of all care records onto a computerised system. Although we identified that some of the work was outstanding, we recognised that the registered manager was aware of the improvements needed and was working towards bringing the service back to full compliance with the fundamental standards.

There was an audit system in place that included monthly audits of different aspects of the running of the service including care plans, staff training and other documentation. Where issues were identified, actions had been taken to ensure everything met the required standard. The audit system had been designed to enable the provider and registered manager to establish the service was safe, effective, caring, responsive and well-led.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the new registered manager and their colleagues and said they felt they were provided with training that helped them provide care and support to a good standard. They said they were asked what they thought about the service and felt their views would now be taken into account. All staff we spoke with were complimentary about the new registered manager and felt that the changes already made were good and were making a difference. Staff said they would be happy to go to the new registered manager with any concerns and felt she would listen and take action.

When we asked people if they had anything else they would like to tell us about living at Lakeside Residential Home comments included, "It's just amazing, totally amazing." and "It's so clean, it's like heaven here. I can honestly say I have no complaints."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The premises and environment used by the service provider were not suitable for the purpose of meeting the needs of people living with dementia. Regulation 15 (1) (c).</p>