

Mr Jason Chellun

Lakeside Nursing Home

Inspection report

25 Auckland Road
Upper Norwood
London
SE19 2DR

Tel: 02086531532

Website: www.lakesidenursinghome.co.uk

Date of inspection visit:
25 January 2023

Date of publication:
12 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lakeside Nursing Home is a residential care home providing personal and nursing care to up to 35 people. The service provides support to older adults living with a range of health conditions, dementia and disabilities. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found

People received safe care and support and were protected from avoidable harm. There were robust risk assessments and care plans in place for people and staff knew people and their needs and preferences very well.

People received their medicines safely and medicines administration followed good practice procedures.

There were systems and processes in place to safeguard people from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report abuse.

The service was working within the principles of the Mental Capacity Act.

There were sufficient numbers of staff to meet people's needs and staff recruitment followed safer recruitment best practice guidance.

Infection prevention and control also followed best practice guidance and we were assured the provider was responding effectively to risks and signs of infection and was making sure infection outbreaks could be effectively prevented or managed.

The provider had systems and processes in place that helped to ensure they learnt from best practice research in developing the service. Managers were proactive and engaged in a number of professional networks for sharing learning to improve practice. Managers incorporated research and guidance into the service to improve the care and support provided.

Managers and staff were clear about their roles, they understood regulatory requirements and duty of candour. There were effective quality assurance systems in place and action was taken to improve the service when issues were identified. Staff worked in partnership with other professionals, agencies and organisations to meet people's needs.

There was a positive culture that was person-centred, open, inclusive, empowering and achieved good outcomes for people. People and their families had choice and could make their own decisions about things. People were supported to be as independent as possible and participate in numerous activities. The provider engaged and involved people, their relatives and staff in the development of the service and included them in making decisions about the service. There was a stable staff team which provided people

with continuity of care and managers and staff used creative ways to meet people's and their families' needs.

Managers provided staff with a high level of support. They also provided people's families with a high level of personalised support. People, staff and management spoke very positively about each other and feedback from people's families about the service was very complimentary.

The service had a relaxed, friendly, happy and family orientated atmosphere, and was engaged with the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the services supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lakeside Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lakeside Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector 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 Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lakeside Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is registered with the Care Quality Commission as an individual and therefore, is not required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 January 2023 and ended on 30 January 2023. We visited the location's service on 25 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 relatives. We also spoke with 8 staff, including the manager, nominated individual, health and safety manager, nurses and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. At Lakeside Nursing Home the nominated individual is also the provider. The service was run by a team that included the provider, a manager, a deputy manager, a health and safety manager and administration staff, as well as nurses, care workers and domestic staff. We reviewed a range of records. This included 7 people's care records and 3 staff records. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- The provider had an up to date safeguarding policy in place and staff received safeguarding training and knew how to recognise and report abuse.
- Staff knew people and their needs and preferences well and understood how to protect them from abuse and worked well with other agencies to do so.
- Comments from people's relatives included, "It is very safe, the whole concept from top to bottom, excellent care, no abuse at all, security is good" and "[He/she] is kept very safe, the way the staff are, the friendliness, security, COVID-19 procedures and general feel of the place, no sign of any abuse" and "It is definitely safe, couldn't wish for better care, staff are fantastic, everything is good, staff can't do enough for you, nothing is too much trouble, can't fault them, the staff are angels".

Assessing risk, safety monitoring and management

- People received safe care and support and were protected from avoidable harm.
- People had risk assessments and care plans in place with specific and detailed information for staff about what care and support to provide and how to manage risks. There were systems and processes for monitoring and reviewing people's needs and any risks to them and updating their assessments and plans. There were also protocols in place with clear actions for staff to follow if a person had a fall.
- Staff completed daily records of people's care and support and there were staff 'handovers' at the start of every shift. Managers also used staff 'huddles' to share information and discuss issues. This meant staff had up to date information about people every day and knew what needed to be monitored.
- The service had a member of staff who acted as nutrition and fluids 'champion'. They monitored each person's fluid intake throughout the day and made sure people were drinking enough. Staff printed out a fluids chart twice a day, once after lunch and again in the evening. This meant staff could see how much fluids each person had drunk and could offer them more fluids if necessary and check if anybody had an issue with drinking and report it to the nurse.
- People were supported to take positive risks. Some people who were more able to go on trips but did not have families to take them were supported by staff to go places and to events. The provider carried out risk assessments of the proposed activity and put the necessary risk management plans in place. This meant one person was able to go to the pub and another person was able to go to a football match, for example.
- A person's relative told us, "I am very happy with [his/her] care, no worries or complaints, good communication, their medication was reviewed with GP, there is a safety mat by [his/her] bed. Staff identified an issue with [his/her] fluid intake and addressed it, [he/she] eats well. I'm very pleased with

[his/her] care, no concerns at all. And COVID-19 protocols are very high." Another person's relative said, "The staff call me if there are any issues with [his/her] blood pressure and they need to adjust things or monitor it or access the GP, and there's been no accidents or incidents". One other person's relative told us, "I am kept informed about any medication or medical or health issue, [he/she] had a fall before and staff informed me and called the doctor out."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider had a system in place to ensure any DoLS renewal applications were submitted to the local authority on time.

Staffing and recruitment

- There were sufficient numbers of suitable staff to meet people's needs and staff recruitment followed safer recruitment practice.
- There was a stable core staff team and when the provider used agency staff, they mainly used the same staff. This meant people received continuity of care.
- Some people's families had previously expressed frustration if they were unable to speak with a manager at weekends. As a result, one of the managers changed their working hours and now works at weekends, so there is always a manager in the service and available at weekends. The provider had received compliments from people's families about this change.
- The provider carried out checks on new staff to make sure they were suitable to work with vulnerable people. This included checking people's identity and eligibility to work in the UK, obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks include information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider used a values-based approach for staff recruitment and retention and reviewed and updated job person specifications to attract staff with values compatible with those of the service. The provider also introduced potential new staff to people and observed their interactions with people as part of the interview process. All staff members had a personal development plan in place.
- People's relatives commented, "I believe there are enough staff, there's always staff around" and "Plenty of staff, [his/her] buzzer went off accidentally and staff reacted very quickly, I am confident they have a good staff to residents ratio" and "There always seem to be enough staff around".

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff received medicines administration training and we saw medicines administration records were completed correctly. The provider carried out medicines administration competency checks with staff who gave people their medicines to ensure they followed guidance and good practice.
- People had clear and up to date medicines information in place for staff to follow, including instructions

for 'when required' medicines and covert medicines. The appropriate processes had been followed and the necessary authorisation obtained for covert medicines.

- The provider ensured people's medicines were reviewed and tried all alternative methods of giving people their medicines before using covert methods. Where covert medicines were used, the provider had carried out a best interest meeting for the person and obtained authorisation and clear instructions for staff from the GP.
- Medicines were stored appropriately and securely, including controlled drugs.
- The provider carried out a medicines audit every month and had taken action to resolve issues identified.
- People relatives said, "The nurses are very good with medications, they always inform me of any changes" and "There are no concerns with [his/her] medication and no accidents" and "Medications are managed well and we are kept informed of any changes".

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The procedures for visits followed national guidance for visiting in care homes.
- People could have visits whenever they wanted.

Learning lessons when things go wrong

- There were systems and processes in place to identify learning and share lessons when things went wrong.
- There was an up to date accidents and incidents policy in place and staff knew the procedures for reporting and recording accidents and incidents.
- The provider carried out an audit of accidents and incidents every month and had taken action to resolve issues identified. The audits included an analysis of accidents and incidents and learning and updates were shared with staff in shift 'handovers', staff 'huddles', supervision, staff meetings, updates to people's care records and messages sent to staff.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There was a positive, person-centred culture that was open, inclusive, empowering and achieved good outcomes for people and staff.
- People were given choice in how they led their lives. They could get up and go to bed whenever they wanted. They could have breakfast at whatever time they wanted. There was a comprehensive programme of activities for people to participate in if they wanted to or they could spend time in their rooms if they preferred.
- The provider organised events for people so they could celebrate special days and dates, such as birthdays, Christmas, Easter, Halloween and Valentine's Day, for example. In the mornings the activities coordinator gave people a 'namaste' session. This included the use of relaxing scents, hand massages and manicures. This helped people living with dementia feel and remain in the present through touch and smells.
- The provider supported people to be independent and to feel they had purpose. People made herb and lavender bags and other things for special events. Flowers were delivered every week so people could do flower arranging for the home. Some people helped with the cooking and some people helped with the laundry and laid the dining tables for meals. Giving people a sense of purpose had lifted some people's moods at times when they were feeling down.
- There was a 'Friends of Lakeside' group made up of families whose relatives had previously lived in the home and had since passed away. They came back to the home to visit people still living there who did not have families or families living nearby. They also supported with activities at times. This gave people more opportunities to interact with people and helped them feel more socially connected.
- The provider and managers organised an 'international day' for people and staff to celebrate different cultures and promote teamwork. Staff dressed up and ate different international foods with the residents. Staff had addressed cultural differences in the home and had adapted to different ways of people, families and staff expressing themselves.
- People and their families were enabled to exercise increased choice in how their personal and communal spaces were designed. The home had undergone refurbishment and redecoration work and there were plans in place to further develop the building to make it more dementia-friendly and therapeutic.
- The provider used research-based inter-generational activities to improve people's social connection. There had been monthly coffee mornings with mothers and babies from the local community and small

groups of children of varying ages went into the home and engaged in activities and conversations with people. This had improved people's interaction and stimulation. During the COVID pandemic children from one local school could no longer go into the home to play musical concerts for people. The provider had arranged for some of the children to be pen pals with some people instead. One person's relative told the provider, "I cannot believe what I am seeing, it's so lovely to see my [relative] mellowed and interacting."

- The provider had received excellent feedback about the service from people's relatives. The provider rewarded staff for this by taking them by coach to the O2 Arena in London to see a show. In addition, the provider had arranged for the staff to have a VIP box for themselves at the show, with a butler for the night. This showed staff their efforts were recognised and they were appreciated and helped boost staff morale and motivation.
- In the provider's 2022 staff feedback survey, staff satisfaction with the leadership, governance and management of the service was exceptionally high and staff said they would recommend the service to their families and friends.
- Some people's families told us, "The atmosphere is tranquil and homely, friendly, not sterile, there's flowers in visiting and communal areas" and "What I like about Lakeside is that the TV is not constantly on, and residents sit in groups not a line, which is more homely and personal" and "It is a very caring home, staff try their best always, and they never leave residents just sitting in a corner".
- Other people's families said, "The staff all appear happy, the atmosphere is homely and friendly, the managers are all approachable" and "Staff are happy, friendly and chatty, they make an effort to remember my name and chat to my children, I can call anytime to communicate and they always accommodate my visits" and "Staff are happy, friendly and approachable, my [husband/wife] is kept very comfortable, the staff love [him/her] which makes me feel good. [He/she] is taken to the lounge in [his/her] chair which I am in favour of, rather than being stuck in [his/her] room" and "It is the best place for [dad/mum], [he/she] is well now and some of [his/her] humour has come back".

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

- Managers and staff were clear about their roles, they understood regulatory requirements and there were quality assurance systems and risk assessments in place.
- The provider and the managers carried out audits of the service regularly. The audits enabled them to identify issues and they had taken action to improve things when necessary. The provider had a mission statement and a set of values in place, which had been formulated and written with the staff. This meant staff felt invested in the service's aims and objectives and ways of working.
- The managers understood their legal duty to submit notifications to CQC about key events that occurred at the service. The provider had a detailed and robust business continuity plan in place in case of emergencies and disruption to the service.
- Comments from people's relatives included, "The Home is managed very well, the manager is outstanding" and "The home is managed well" and "I would definitely recommend the Home".
- One person's relative told us, "I am happy [he/she] gets the care [he/she] deserves and expects, there is a nice feel about Lakeside. When I was looking at homes, the provider was very knowledgeable about dementia care and the standards have been maintained during and after COVID-19, it's a warm and welcoming home". Another person's relative said, "I am thrilled to bits, there's a good feeling there, you couldn't find a better place, [he/she] is kept safe and cared for."

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

- The provider engaged and involved people, their families and staff in the development of the service and the improvement of the home.
- The provider used questionnaires and surveys to get feedback about the service from people, their

relatives and staff and acted on their views and suggestions. The provider used a specific pandemic questionnaire during the COVID-19 pandemic and the feedback they received from people led them to convert a bedroom into a visiting room and also have a separate visitors' room built. This made visits to people during the pandemic safer by reducing the risk of the spread of infection in the home.

- The provider included people and their relatives in the process of making decisions about any changes to the service because of COVID-19. People and their families had made choices about the timing of lockdowns in the service, visiting arrangements and wearing face masks in the home, for example, and changes had been made with the agreement and blessing of people and their relatives. This had led to the service going into lockdown and introducing even more robust infection control measures earlier than the national lockdown. As a result, no residents caught COVID-19 or passed away because of COVID-19 throughout the pandemic.

- When a new person moved into the home, managers rang their relatives daily for the first week to keep them up to date about their loved one and offer them reassurance. Managers then called them on a weekly basis and again one month later to check whether they had any concerns. Management contacted people's families throughout the year on an ad hoc basis to check whether they had any specific or general concerns.

- People's assessments and care plans included their equality characteristics and individual preferences. The provider had considered people's gender, ethnicity, religion, culture, disability, medical conditions, likes and dislikes and personal interests when carrying out assessments and planning people's care and support.

- The provider included people in the staff recruitment process. Prospective new staff coming for interview were introduced to people and observed interacting with them. People could ask interviewees questions about themselves. The provider evaluated interviewees' interactions with people and this helped them make better decisions about who was suitable to work with people at the service.

- People were also involved in developing the weekly activities programme and they spoke with new people and their families about the service when they came to look at the home to decide which service to use. This meant people participated in activities they were interested in and new people to the home had a better idea of what the service was like and what they could expect.

- During a residents' meeting a person had expressed they could no longer do some of the traditional Christmas things they previously did with their families. As a result, the provider arranged special access vehicles to take people to London to see the Christmas lights. Some people could not go, so, the provider researched and arranged a light show in the home for them.

- Another person said they were no longer able to go to a pantomime that had been an annual event for them. As a result, the provider researched and provided a live internet stream in the home for people to watch a performance of the play A Christmas Carol at The Old Vic Theatre.

- Comments from some people's families included, "We have nursing care needs reviews and any suggestions are acted on, communication is good, we can talk about anything, they produce a newsletter and are very good at responding" and "Communication is good, there is a notice board and emails" and "The manager is approachable and friendly, they all are, they email with quick responses, they can't do enough to help."

- Comments from other people's relatives included, "I've not been able to attend meetings but the minutes are always sent to me after" and "They organise meetings, some via the internet, and we can share our thoughts and feelings, which was important during COVID-19. I can call anytime to communicate, and they always accommodate my visits. There is responsive management, they listen to our views" and "We have had internet meetings, communication is good, we are kept informed with newsletters" and "If I have any issues I can speak to the owner or the manager, there is good communication".

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 provider understood their responsibilities in relation to the duty of candour.

- Managers and staff communicated openly and honestly with people and their families and other organisations when something went wrong.

Continuous learning and improving care

- There were systems and processes in place to support continuous learning and improvement of the service.
- Managers and staff carried out regular reviews of people's care and support, monitored and analysed accidents and incidents and investigated and responded appropriately to complaints. This helped staff identify issues and learn how to improve things.
- The provider and managers participated in numerous meetings, events and conferences to share learning and improve practice. These included regular meetings with the local authority and the Integrated Care Board (ICB), network meetings for care home managers and national conferences for care home providers. They also regularly attended meetings with Skills for Care, which is the strategic workforce development and planning body for adult social care in England.
- The provider used Stirling University's Environments for Ageing and Dementia Design Assessment Tool (EADDAT) when refurbishing and redecorating the home. The EADDAT combines the latest research on designing for cognitive change with the expertise of leading architects based at the university's Dementia Services Development Centre. This made the service more dementia-friendly for people.
- The manager and a senior carer had attended a 12-week WHELD dementia course. WHELD is a study and support programme created specifically to support care homes and their staff in improving the Wellbeing and Health for People Living with Dementia (WHELD). It supports staff to deliver person-centred care for people with dementia and seeks to reduce reliance on medicines and uses social interaction, personalised activities and exercise to improve people's care.
- The learning from the WHELD course had been incorporated into the provider's dementia training for staff. This had led to staff working with one person to increase their stimulation during the day to reduce the amount of time they were awake at night and slept during the day. As a result, the person spent less time in their room during the day, spent more time in the lounge with other people and had no falls. It also meant the person was able to reduce the amount of sleeping medicine they took at night, which was something the person's family had wanted.
- The manager and a senior carer had also attended a Dementia Care Mapping (DCM) course. DCM is a way of planning and implementing person-centred care. It involves continuously observing the behaviour of people with dementia and the care they receive. Using DCM in the home had improved staff knowledge and skills and helped staff to analyse the more complex needs of people and improve their care by making it more personalised. The introduction of this level of analysis and person-centred care had led to one person who was at risk of falls having no falls and the level of one to one support they required being reduced and another person's level of anxiety being reduced.
- The health and safety manager was the IPC lead and had trained as an IPC instructor. This led to additional IPC training and instructions being added to the staff induction and training. The impact of this was the service did not have any cases of COVID-19 throughout the 2 years during the peak times of the pandemic.
- The service was asked by the local authority to be a member of the local authority's strategy steering group for care homes during the COVID-19 pandemic. Managers met with the group on a weekly basis to help steer support for care homes in Croydon throughout the pandemic. The managers were able to share their experience and inform the group about what worked well and did not work so well and how they ensured no residents in their service caught COVID-19. An example of the managers positive contribution to the group was they were able to give advice about the things they had done to increase their staff vaccination rate from an initial twenty percent to one hundred percent. This helped make Croydon care homes safer for staff and people during the COVID-19 pandemic.
- The provider had visited care homes rated outstanding to learn about how to develop the service to make

it outstanding.

Working in partnership with others

- Managers and staff worked effectively in partnership with other professionals, agencies and organisations to meet people's needs.
- This included GPs, specialist healthcare services, hospitals, paramedics, hospices, local authorities and the ICB. They also worked with faith groups, local schools and community organisations. This ensured people received the care and support they needed and were engaged in activities they were interested in.
- The service worked with the Alzheimer's Society and Age Concern to arrange support for people's families. This helped people's families who had little or no experience and knowledge of dementia and adult social care.