

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

## Lakeside Care Centre

Brambling, Aylesbury, HP19 0WH

Tel: 01296393166

Date of Inspection: 15 August 2013

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September 2013

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Barbara (Aylesbury) Ltd
Registered Manager	Mrs. Valerie Ellen O'Brien
Overview of the service	Lakeside Care Centre provides accommodation and nursing care for up to 59 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We read how people's care was assessed prior to admission. Care plans and risk assessments were in place and reviewed on an on-going basis. We observed how staff cared for people in a respectful way.

We observed people throughout the home, in their own rooms and in the communal areas. People appeared well cared for and told us they were happy with the care they received. We spoke with people who lived in the home. One person told us they "Would not change a thing." Another person told us "I feel safer here than I did at home."

We read the staff rota for the two weeks prior to the inspection. We saw that there were sufficient numbers of staff with the right skills and knowledge to meet the needs of the people living in the home.

We read documentation related to staff training and support. Staff were offered core training and induction as new staff members along with a mentor to support them through the induction process. Further training was available to staff as part of their professional development. Staff told us they felt supported by the senior staff and were aware that their practice was observed and monitored. They told us they found the feedback useful to assist them to understand the expectations of their role and provide a good service to people.

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

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## **More information about the provider**

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

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

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

We read two people's care files, and saw preadmission assessments were completed prior to them moving into the home. The manager told us this always happened unless it was an emergency admission. In these circumstances they would use the social worker's assessment to establish if they could meet the person's needs. The manager told us people's care was continuously reviewed once a person moved into the home. We read how their care was reassessed in line with any changes in their needs and how family members were involved in reassessments where appropriate.

We read documents including risk assessments and care plans which detailed people's physical and mental health needs. This ensured care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw documented evidence to show people's end of life care had been discussed with them, and their views had been recorded.

We observed staff interacting positively with people. We saw how they engaged with people and encouraged social interaction. An activity organiser told us how they offered a range of daily activities to people. They told us they based the subject matter of the sessions on "Reminiscence, fun and something to eat". They had identified over time and through discussion with people this was what they wanted. A plan of the activities on offer was available on the notice board on the ground floor. A copy was made and given to each person in their rooms, so they could choose which activities they wished to attend. This ensured people's social needs were met.

We carried out a short observational framework for inspection (SOFI) during the lunchtime period. The manager may wish to note we observed one person with complex needs who did not experience positive interaction from staff. Staff did not explain to the person how they were going to carry out their care before doing so. We read in the person's care plan how and when staff should communicate with the person. At the time the observation took place it was not evident the care plan was being implemented and the needs of the person

were being met.

We met with five people who lived in the home, three people were able to tell us about the care they received. They were all positive in their views regarding the staff and told us their needs were being met. We visited people who were not able to tell us about their care due to their complex needs. We spoke with the staff who cared for them. They were able to describe how they delivered their care. We saw documentation in their room related to turning and food and fluid intake which demonstrated their needs were being met.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The majority of staff and people who lived in the home told us they thought there were sufficient numbers of staff in place to meet their needs.

The provider told us they had completed a needs analysis and dependency assessment to identify how many staff were required to meet the needs of the people living in the home. We were told by the manager two registered nurses were available at all times. The numbers of care assistants varied depending on the time of the day. This protected people's health and welfare, as sufficient and appropriate staff were in place at the times they were needed.

We examined the rota for the previous two weeks and saw on the majority of days the manager had sufficient numbers of staff in place. The manager told us they had access to bank staff to cover in the absence of permanent staff. Occasionally they had to use an agency for extra staff, but this was unusual. They told us they always used the same agency and staff members who were familiar with the home. This ensured continuity of care was maintained.

We were told by the manager consideration was given to the experience and skills of the staff members when planning the rota. For example new staff worked alongside more experienced staff. This ensured there were enough qualified, skilled and experienced staff to meet people's needs.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We saw the provider had an up to date staff supervision and staff training policy. The manager told us how new staff were allocated a mentor, to support them through the induction process. We were given a copy of the training matrix which showed all the staff had completed the core training required by the provider in areas such as health and safety, infection control and moving and handling. We spoke with staff members who told us they had completed the induction process when they started working at the home. Staff were able, from time to time, to obtain further relevant qualifications, for example, pressure care and continence care. This demonstrated that staff received appropriate professional development

The manager told us that staff were given supervision every two months, which was in line with the provider's policy on staff supervision. We could see from the supervision records that staff were being supported regularly. Staff told us that they found supervision useful and they felt supported by the management in the home. They gave examples of how their line managers monitored their performance at work through observations and fed back to them in their supervision session. One staff member told us they had found this very useful and had used the feedback to improve their performance.

The people we spoke with told us they thought the staff were well trained and supported by the management in the home. One person told us they were aware that staff attended training sessions, and another told us how impressed they were with the knowledge the younger staff had in relation to their role.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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