



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside Manor

Care Home Service

**Rue de la Commune,
St Peter
JE3 7BN**

3 March 2020 and 11 March 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

The service is situated in St Peter and is within proximity to another care home, also operated by the same service provider. The ground floor accommodation primarily supports residents with nursing care needs, the first floor is referred to as 'Memory Lane', and the second floor is referred to as 'Lavender'. Both upper floors primarily support individuals who are living with various forms of dementia.

There are 23 bedrooms on the ground floor, 28 on the first floor and 14 on the second floor. There are communal lounge areas and dining areas on each floor; assisted bathrooms on each floor and enclosed gardens to the rear of the care home. All doors leading from the home on the ground floor are linked to an alarm system which can alert staff when doors are opened. This is considered integral to providing safe systems of support for residents who may exhibit confusion and disorientation to time and place. The service became registered with the Commission on 25 June 2019 but had been subject to regulatory inspections under the previous law.

Registered Provider	Lakeside Residential Home (2002) Ltd
Registered Manager	Rosie Goulding
Regulated Activity	Care Home for Adults
Conditions of Registration Mandatory and discretionary	Nursing care can be provided to a maximum of 10 people and personal care can be provided to a maximum of 55 people. The maximum number of care receivers should not exceed 65. The categories of registration are Adult 60+ and Dementia Care. Rooms registered for single occupancy: Ground floor: 1-12 and 14-24; first floor: 1-12 and 14-29; second floor: 1-12 and 14-15.
Dates of Inspection	3 March 2020 and 11 March 2020
Times of Inspection	8.00am – 12 noon and 8.30am – 5.15pm
Type of Inspection	3 March 2020 unannounced 11 March 2020 announced

Number of areas for improvement	One
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At the time of this inspection, there were 64 people accommodated in the care home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over two days and by two Regulation Officers. The first day was unannounced, the second was announced. The inspection was completed on 11 March 2020. The Care Home standards were referenced throughout the inspection.¹

The Regulation Officers focused on the following areas during the inspection:

- the service's Statement of Purpose, conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports,

Overall, the findings from this inspection were most positive, with evidence of care receivers being provided with a service that is safe and which aims to take account of their wishes and preferences. The nature of residents' specific care needs which mainly relate to living with dementia, was demonstrated during the visit by direct observations, engagement with residents, relatives and care staff.

With reference to the conditions of registration and Statement of Purpose, there was good evidence of this being applied in practice by the operational systems that are in place and followed by the care team. Supporting documentation also provided confirmation of the necessary and expected policies and procedures being in place which are overseen by a comprehensive system of review and audit.

The service's arrangements for recruiting staff were satisfactory with clearly defined systems in place as carried out by administrative staff but overseen by the manager. An audit of due diligence was carried out as part of the inspection which demonstrated that this practice was consistent.

Files and procedures in place for processing complaints were reviewed and there was evidence of clear systems being followed.

¹ The Care Home Standards and all other care standards can be accessed on the Commission's website at <https://carecommission.ie/standards/>

There were clearly defined frameworks which the manager and the team work to as stipulated in the relevant policy.

The review of care receivers' records supported the underpinning policies and procedures which are followed to ensure care needs are adequately and consistently met but also recorded consistently and in a timely fashion.

The essence of dementia care that should be provided was demonstrated by numerous interventions and interactions observed of staff throughout the time spent in the care home. From this, the compassionate, empathic and communicative approaches taken in both one-to-one and group interactions that are supportive of specific dementia care were observed.

There was one area which was identified as requiring improvement. This was in relation to adopting best practice for the recording of information about personal histories and the inclusion of more information specific to dementia-related need. This would be likely to promote a more consistent person-centred approach for residents who will require a higher level of support for this specific condition.

Safeguarding was discussed and case examples were explored. These demonstrated the positive actions which the care home has taken previously when proactively raising concerns about a range of issues which have arisen in the home. In addition, attention was given to some house-keeping improvements recently made to ensure that the building is secure but that measures taken to maintain security do not unduly restrict any resident's liberty or freedom of movement.

The most recent monthly audit report was provided for examination. This was noted to be comprehensive in nature and covered several areas relating to standards which are the subject of periodic review.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This included any notifications and any changes to the service's Statement of Purpose, for example changes to bed numbers or operational capacity. Furthermore, some reference was made to the previous inspection visit which was carried out in July 2019 and where areas for improvement had been identified at that time.

With consideration of the size of the care home, staffing provision and the layout of the building, the initial contact with the home was unannounced and commenced at the start of day shift at 8.00am. This provided a good overview of the complement of staff and how the resident group were supported both at this time and later in the day. The duration of the visit encompassed the mealtimes of breakfast and lunch.

During the time spent in the care home, the two Regulation Officers who carried out this inspection took the opportunity (separately) to engage with residents informally

as part of one-to-one interaction in the privacy of their own rooms. Alongside this, some discussions with residents and visitors by the two officers also took place in more communal areas. This provided the opportunity for observations of practice by care staff when supporting the residents, i.e. at mealtimes and during social activities both one-to-one and in small groups.

For the second visit, Regulation Officers gave the care home one week's notice to provide opportunity for any relatives and visitors to attend the home at the same time as the Regulation Officers and to contribute to the inspection process.

During the inspection process the Regulation Officers spoke with staff including the manager, nursing staff, senior carers, care assistants, domiciliary staff and the administrative team.

Within the care records and other documentation, the engagement with other visiting professionals that may attend the care home to support residents care needs was noted. Such engagement has been prompted thorough referrals which have been made by the home for assessment of needs, for example to Occupational Therapy or Physiotherapy.

The audit of records included examination of 20 residents' care plans and supporting documentation, and which was a sample taken from a profile of residents' occupancy on all three floors.

Other records viewed included Human Resources (HR) files for staff, and a random sample of six examined to ascertain the due diligence that was being followed for safe recruitment.

A range of policies and procedures for building maintenance and health and safety were examined and an overview of the environment took place informally throughout the time spent in the care home. This included the kitchen and laundry areas which are in the basement of the building, away from communal and bedroom areas. Discussion with staff working in these environments also took place.

At conclusion of the inspection, the Regulation Officers provided feedback to the manager about their conclusions. This provided an opportunity to discuss the ongoing challenges and issues that may arise when operating a large care home supporting a variety of care needs but with a focus on dementia care.

A Senior Pharmacist from Health and Community Services undertook an inspection on 12 March 2020 on behalf of the Commission. This confirmed that there are appropriate systems in place to promote safe and effective medication management. The care home's medication is supplied by a Pharmacy provider in original packaging; monitored dosage systems (MDS) are not in use. Each care receiver has an Individual Medication Profile and medication administration records (MAR) are maintained and clearly labelled. Medicines polices and protocols are stored in the medicines trolley for reference.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The home's Statement of Purpose was reviewed prior to the inspection visit. The standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The care home's Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officers were satisfied that the provider / manager fully understands their responsibilities in this regard.

Lakeside Manor is, as part of the registration process, subject to the following conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 65 Number in receipt of nursing care: 10 Number in receipt of personal care: 55 Age range of care receivers: 55 and above Rooms registered for single occupancy by one person: Ground floor: 1-12 and 14-24; first floor: 1-12 and 14-29; second floor: 1-12 and 14-15. Category of care provided: Adult 60+, Dementia Care.</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

The Regulation Officers were satisfied that all conditions are currently being met.

Safeguarding (adults and children)

The Care Home Standards set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The care home and manager have historically submitted safeguarding alerts on their own initiative and as such have demonstrated transparency and a very positive approach to engaging with the Commission and other agencies such as the Adult Safeguarding team.

This has been undertaken to protect vulnerable adults in their care when issues have arisen that have been a cause of concern and which have on occasion related to matters beyond their control, for example, potential abuse or neglect by third parties.

Examples of staff being well trained to identify potential safeguarding issues and to bring them to the attention of their manager were noted in the records. This practice was also reflected in the information and confirmation staff gave about the training they have received and which forms part of their mandatory training syllabus. Discussion with key staff confirmed the attention and focus which will be given to update and review all such training needs.

Some challenges were highlighted about the interface between the home and other agencies where feedback or a response is not forthcoming following the referral of safeguarding matters to the Single Point of Referral (SPOR). The care home's staff have taken a pragmatic and consistent approach in raising concerns of this nature whenever they may arise to best safeguard or promote residents' wellbeing and safety.

From a review of one recent incident, it was evident that the care home had taken all necessary measures to reduce risk as identified by an unfortunate system failure leading to a resident being absent from the home. The Commission had been notified in a timely manner of a situation that had arisen whereby a care receiver had not been appropriately supervised. The arrangements put in place after the incident were immediate and satisfactory.

Complaints

The Care Home Standards set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

One resident indicated that they had no complaints but, on the contrary, would be willing to: "Give you a very good write up", about their personal views of the home.

They stated that: “The staff are all very keen to work around you, what fits with you rather than ‘we do it this way’”.

While there was other evidence of a positive nature it is nonetheless the case that complaints will be received also. There was evidence of a recent complaint by a family member which been investigated in a timely manner and that the complainant was satisfied with the response. The manager set out the procedure which will be followed where formal complaints are to be processed.

It was also noted that the manager has informed the Commission previously of complaints which may require such a formal response.

From the examples provided on this occasion, there have been a variety of concerns brought to the attention of staff and/or the manager, some of which may be addressed more informally but promptly, for example, relating to missing items of clothing. However, the manager and staff have a clear framework to follow in the event of a formal complaint and there is company policy in place that sets out a timeline for responses.

In addition to the complaints process there is also a whistle-blowing policy that is clearly defined in a poster displayed in a prominent place in the care home for all to view.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

<p>The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider’s responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>

The manager had engaged with the Commission prior to the inspection for advice about recruitment issues; where there has been absence of information and/or practice issues of concern. It is the case (as evidenced from sight of HR files for six employees taking up employment in the past six months), that the care home has a well formulated system for safe recruitment.

Systems for carrying out due diligence were suitably evidenced and included taking up two references, sight of DBS and confirmation of registration i.e. NMC and local registration with the Commission.

Staff who were spoken with about this specific area of focus provided very positive testimonies about the manager’s approach and support for training and development. In addition, one visiting relative gave a very positive endorsement of the changes and improvements noted to the care home and how it now operates since the manager took up this position.

A senior care assistant reported the positive impact the manager has had on them developing their own clinical and decision-making skills and that training and development are a focus promoted by the management team. This includes

safeguarding training, capacity and Significant Restriction of Liberty (SRoL) training and the review of operational systems that have promoted a well-informed and knowledgeable staff team.

The examination of personnel records evidenced that training is provided for a variety of subjects such as medication training, dementia awareness, dysphasia & choking, in addition to an induction process at commencement of employment.

Staffing levels were reviewed with the manager at the outset of the inspection and systematically reviewed during the time spent in the care home. This took place with reference and consideration of the large footprint of the building (which includes three care floors and a basement utility area).

Positive observations were made about, staffing numbers per floor; the support provided to care receivers; staff response times to call-alarms and general atmosphere and activity levels.

In addition, a sample of duty rosters was provided for review which evidenced that the care home's staffing levels are consistent with the minimum numbers as identified in the Care Home Standards and which the home should always work toward. There were no concerns highlighted from the inspection process and with good evidence of staff being adequate in number and both proactive and responsive to anticipated and unforeseen demands, for example, emergency call alarms being met in a most timely and organised manner.

The manager and some staff recognised the various challenges involved in meeting residents' needs in a large care home which requires a well organised and structured care team. From discussion with staff on the floor there were clear lines of accountability, delegation of tasks and duties and with a very good system of communication that includes handovers and "stand up" meetings that are attended by all relevant staff, including senior care assistants, kitchen, administrative and maintenance staff.

The overall impression from observed practice was that of a co-ordinated and well-informed staff group carrying out their respective duties competently and confidently.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility in ensuring that care plans are person-centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

From a review of a sample of 20 care folders, there was good evidence of consistent and timely care records being made for all aspects of care delivery. This included care planning, review and evaluation.

The care planning framework which is utilised to record activities of daily living (ADL), for all residents was completed and reviewed regularly from all records examined. Information recorded includes items such as: monthly review; risk assessments; diary of falls; accident and incident forms; wound assessment; screening tools (depression); healthcare staff visits; requests for Signification Restriction on Liberty authorisations (SRoL); SPOR referrals; risk of absconding and dietary needs.

Although care planning practice was seen to be comprehensive in nature and details were consistently recorded, there was one area for improvement. This related to the recording of key information which is to be considered integral to providing the most relevant and helpful toolkit for care staff to refer to when supporting dementia needs.

Personal life history was found on file for some residents that appeared detailed, contemporaneous and which would provide care staff with some useful references and that may enable and promote some very positive engagement with the resident. This for example with interventions that may alleviate some distressed behaviour if a carer had a clearer picture of a resident's work history. Similarly, information about a resident's life history and significant events may provide some opportunity to engage informally in discussion using reminiscence or validation therapy techniques.

From the review of care records, there was a significant disparity in the completion of life histories across the folders examined, furthermore there was an inconsistent approach in where this information (if completed), was filed. For some residents it was easily referenced from the care folder; for others this personal history information was in a memory box stored in their room. From a random audit of such filing, only five out of ten boxes located in rooms had some information and for others there was no such information recorded.

This deficit in the consistent recording and filing of what is essential information when supporting residents with dementia, was highlighted to the manager. This is an area which should be addressed by a coordinated approach to ensure all residents have some personal history information to reference and that it is easily accessible.

While it is helpful to have such documents situated in the residents' rooms for relatives and visitors to contribute to, it is also necessary to ensure all relevant information is captured and utilised for care delivery by all staff interacting or intervening to support residents living in the home.

This inspection process commenced at the start of an unparalleled crisis relating to Covid-19. While the crisis was rapidly evolving, the care home was proactively engaging in revising systems to support residents. Subsequently feedback was received (indirectly from a relative), which provided a very positive endorsement of how the home and its staff group were engaging with both residents and their loved ones. This was particularly crucial due to visiting restrictions and where relatives stated their appreciation for the, "care and commitment", of staff and the, "wonderful people caring for xxx".

Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility in appointing a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The Regulation Officer examined a "Care Home Quality Visit Report", which referenced visits to the care home undertaken on 16 January and 27 February 2020, by the regional manager. The time spent on each visit was noted (8.5 and 4.5 hours respectively).

The report sets out clearly demarcated areas of scrutiny, positive and negative findings and with comments and actions identified for the attention of relevant parties i.e. the manager as set out by the regional manager.

It was noted from these findings some observations made by the Regional Manager which reflected some of the findings of this inspection such as, "there continues to be improvement, it is evidenced that the GM continues to restore the quality in the home and generally developing the team who appeared in good morale – there are new members of staff in situ who were being supported by mentors and this has lifted the team".

Moreover, some of the areas for improvement highlighted in the report were not apparent during this inspection. This provided evidence of an effective quality assurance process with actions having been carried out in response.

While it was noted that the monthly report examined was comprehensive in detail, it did not however identify the area for improvement arising from this inspection, i.e. the quality of the care records for care receivers living with dementia. This may warrant some further review of that quality assurance framework in place.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 2.4, 2.7,2.8,</p> <p>To be completed by: 2 months from the date of inspection (11 May 2020).</p>	<p>The registered provider must ensure that contemporaneous records relating to life history for all residents are consistently recorded. These records should be filed in an appropriate system that can be readily accessible to those who will need to reference same to deliver care and support to residents living with dementia and whose ability to communicate may be significantly impaired.</p> <hr/> <p>Response by registered provider: Lakeside Manor acknowledges it must provide high standards in all aspects of care and the team look to the Inspectorate to help develop the standards. Each of our residents in our Memory Lane service has a booklet called "Getting to know me." This has been developed by our Dementia Care Specialist Team and is based on best practice as advocated by the support organisations for people living with dementia and their carers. The booklet is very detailed and consequently contains 25 pages. The purpose of the booklet is to understand the person's life, their family and important events that helped shape who the person is. We aim to know the person and make sure that care is structured to their likes, dislikes, choices and preferences. It is not a booklet that can be completed in a week, each page represents meaningful activities that we must undertake to understand and appreciate a person, their life and experiences. Successful completion requires that we build trust and support with the person and their families and this takes time. Also, they are evolving documents that will change depending on the person's wishes.</p> <p>We have used a variety of measures to gain as much information to put in these books which have drawn upon:</p> <ul style="list-style-type: none"> • Conversations with our residents and their families • Portable memory boxes that contain objects that will provide comfort, conversation and evoke memories
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- Photo albums so that we may use to discuss life events
- Musical play lists for music which taps into memories and bring happy memories.
- Dining experiences which promote family life – for example, ensuring a visiting spouse has a meal with their husband/wife as they will have done for many years.

Our care home encourages family life to continue and for families to be part of the care and we involve them in completing these booklets. They take their time with the booklets and we do not rush them.

Nevertheless, from the Inspection feedback we have set a standard for completion of these booklets. That is, we look to have a book for each resident which identifies 5 aspects of a person's life per week since admission and will allow initial completion within one month.

Furthermore, from the feedback provided from the inspection report we have re-examined our methods of working and this includes the storage of the booklets.

The booklets are now kept in the care profile – information within the booklet is recorded on the care plan for the person's social life. Additionally, we are using the booklets to plan and document meaningful activities for our residents which reflect their interests and lifestyle preferences as identified and made possible by these books.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.



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