



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside Care Home

Care Home Service

**Le Rue De La Commune
St Peter
JE3 7BN**

8 and 16 July 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. Lakeside care home provides nursing and personal care services including medication management, palliative care and nursing care for complex and long-standing medical conditions. The ground floor accommodation primarily supports care receivers with residential care needs, the first floor is for nursing care needs.

Lakeside Care Home was registered by the Jersey Care Commission on 25 June 2019 but had been subject to regulatory inspections under the previous law.

Registered Provider	Lakeside Residential Home Limited (Barchester Healthcare Homes Limited)
Registered Manager	Interim manager, Honor Blain at the time of the inspection.
Regulated Activity	Care Home Service
Conditions of Registration	Maximum number of care receivers in receipt of nursing care, personal care or personal support is 66. 35 for nursing care. Age range is 55 years and above. Category of care is Adult Ground Floor: Residential rooms 1-28/66-69 (31) and First Floor: Nursing/Residential rooms 31-65 (35)
Date of Inspection	8 July 2020 and 16 July 2020
Type of Inspection	8 July announced and 16 July unannounced
Number of areas for improvement	Two

At the time of the inspection there were 59 care receivers.

SUMMARY OF INSPECTION FINDINGS

The first day of the inspection was announced and was completed on the 8 July 2020. The second day was an unannounced medicines management inspection on 16 July 2020. The Care Home Standards were referenced throughout the inspections.¹

On 8 July the Regulation Officer focussed on the following areas:

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

Due to COVID-19, the inspection was announced and undertaken in accordance with the home's infection prevention and control measures. This meant that not all areas of the home were visited, and the length of the inspection was reduced. These measures were necessary to promote the safety and well-being of care receivers and staff.

It was encouraging to note that there was good evidence of care receivers being provided with a service that is safe and which takes their wishes and preferences into account. This has been the finding of previous inspections. The staff group were observed responding sensitively to the needs of the care receivers and the feedback from care receivers and their families and friends is for the most part positive.

There were two areas for improvement identified during these inspection visits. These were in relation to some very concerning findings arising from the medicines management inspection undertaken on 16 July by a Senior Pharmacist from Health and Community Services on behalf of the Commission. The arrangements for the safe management, administration and storage of medicines were not satisfactory and required urgent action.

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

It was noted during the inspection of 8 July, that extensive quality monitoring systems are in place, many of which rely on 'tick boxes' to evidence compliance with Standards, policies and procedures. These systems were not sufficiently robust in that they failed to highlight the serious concerns relating to medicines management that were identified on inspection. The Commission is concerned about the effectiveness of this system of monitoring the quality of service provision. A review of this system is necessary. This should include ensuring that quality monitoring takes account of the views of staff, many of whom described to the Regulation Officer their inability to spend quality time with care receivers due to administrative responsibilities which they found to be overly burdensome.

A further inspection of the home is planned to confirm compliance with the Regulations and Standards.

INSPECTION PROCESS

Prior to the inspection visit on 8 July, information submitted to the Commission by the service since registration was reviewed. This included any notifications which had been received by the Commission and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, and/or their representatives and spoke with seven managerial and other staff. Two care receivers and four family members were spoken with during or as part of the inspection. The views of two professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records, incidents and complaints were examined.

At the conclusion of the first inspection day, the Regulation Officer provided feedback to the interim manager, and to the Village Manager (the Registered Manager for Lakeside Manor, another care home on the same site) at the request of the Regional Manager.

The Senior Pharmacist attempted to provide feedback to the interim manager immediately following the inspection of 16 July. As the interim manager was unavailable on 16 July, written and verbal feedback was provided on 17 July.

This report sets out our findings and includes areas of good practice identified during the inspections.

Where areas for development and areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions of registration

The Care 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.

At the beginning of the pandemic, the Government of Jersey announced some changes to the Regulation of Care (Jersey) Law 2014 and to the Regulations². These changes were made in March 2020 and were in anticipation of the challenges facing the care sector during Covid-19 and the possibility that regulated activities may not be able to operate in accordance with their Statement of Purpose.

On 13 April the Commission received a notification from the service's manager regarding some challenging circumstances that had arisen from the Covid-19 situation. The Commission was advised that due to significant staffing shortages, the provider was unable to comply with the condition on registration that relates to the Statement of Purpose. Specifically, the staffing shortages that had arisen were such that the provider was unable to comply with the Regulation that relates to the recruitment of workers. Consequently, the Commission advised the provider on 14 April 2020 that these conditions were suspended for a period of three months. The Commission maintained contact with the home during the three-month period and was assured that the staffing challenges had reduced.

At the time of this inspection, the Regulation Officer reviewed staffing levels and recruitment with the interim manager and was satisfied that the service is now operating in accordance with its Statement of Purpose, and that the staffing arrangements had been addressed.

² <https://carecommission.je/wp-content/uploads/2020/03/RoC-Standards-and-Requirements-Regulations-2020-1.pdf>

The service is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration:	<p><u>Mandatory Conditions:</u></p> <p>Maximum number of care receivers: 66</p> <p>Maximum number of people who may receive nursing care: 35</p> <p>Maximum number of people who may receive personal care: 31</p> <p>Category of care: Adult</p> <p>Age range of care receivers: 55 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Ground Floor residential rooms 1-28 and 66-69 (31)</p> <p>First Floor nursing/residential rooms 31-65 (35).</p>
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During the inspection the interim manager discussed proposed changes to the Statement of Purpose that would include physical disability as a category of care and lowering the age range to 45 and above. The Regulation Officer was clear that the Commission cannot approve changes to the mandatory conditions of registration without an application being made. The application should set out how the provider proposes to meet the needs of people with physical disability and include information about staffing levels, staff skills and experience and room sizes.

There were no discretionary conditions applied at the time of registration. The Regulation Officer was satisfied that all conditions are currently being met.

Safeguarding (adults and children)

The Standards for Care Homes 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.

There had been several safeguarding referrals (alerts) made to the Safeguarding Team in the past 12 months and the Commission had been notified appropriately.

The Regulation Officer discussed these incidents with the interim manager and reviewed the manager’s Safeguarding records, including all correspondence, risk assessments and investigation reports.

During the inspection, the Regulation Officer was able to speak with a care receiver who had been the subject of a safeguarding concern. The care receiver confirmed that they felt safe and that they were very pleased with the service and with the staff.

The inspection provided evidence that the interim manager had appropriately contributed to safeguarding strategy meeting discussions. There was also evidence of comprehensive risk assessments and the introduction of additional safety measures and checks following safeguarding concerns. In response to one situation, advice from the Health and Safety Inspectorate, the Safeguarding Team and the Commission, was sought and acted on appropriately.

Complaints

The 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.

The service's complaints records were examined. During the period from March to June, there were three complaints from relatives. Discussion during the inspection and examination of the records evidenced that the interim manager dealt with these complaints using frequent letters, emails and telephone calls as mechanisms of support for care receivers and relatives during this difficult time.

The Regulation Officer observed examples of staff learning and development arising from complaints received.

Prior to the inspection, the Commission had been made aware of a complaint that had been made to the home regarding the care of a former care receiver. This was discussed with the interim manager who provided evidence of initial contact with complainant. The Regulation Officer was advised that this complaint had been passed to a senior member of Barchester Healthcare Homes for investigation. The Commission has sought an update on the outcome of this investigation and will keep this matter under review.

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

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 at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The service's staffing arrangements were examined and discussed with the interim manager. The service is staffed by the interim manager (a registered nurse), a deputy manager (registered nurse), registered nurses, senior carers and carers. The rota for the two weeks prior to the inspection was examined. This evidenced that staffing levels were in line with the minimum requirement.

Staff training was discussed during the inspection and it was established that staff are provided with and attend appropriate training opportunities.

The number of staff with vocational training qualifications on duty at any one time also meets the minimum requirement.

The Regulation Officer spoke to seven members of staff during the inspection visit. These discussions evidenced a caring and dedicated staff team, one of whom advised the Regulation Officer that they would be happy for their own mother to live in the service. Staff spoke warmly about their relationships with the care receivers and of the enjoyment and satisfaction they gained from spending time with care receivers, listening to them and making them happy.

Staff also reflected some concerns they had about the numbers of staff on duty not always being enough to allow them to spend quality time with care receivers. Staff also spoke about the challenges associated with the amount of paperwork and 'office work' to be completed, and the clinical work to meet the needs of those care receivers who are more dependent. Some staff suggested that the care plan documentation would be easier to complete if it was stored electronically and accessible on a tablet or other device.

The interim manager advised the Regulation Officer of a period of two to three weeks in which it had been difficult to have adequate numbers of appropriately skilled staff on duty. The services's deputy manager advised the Regulation Officer that due to the Covid-19 situation, it had been difficult to provide staff with supervision.

It was positive to note that recruitment has taken place in order to address the staffing shortages. The interim manager confirmed that three full time care staff were to be appointed and a registered nurse was due to start in August.

During the inspection the interim manager advised the Regulation Officer of their resignation from their position as manager of the service. The service's management arrangements will remain under review and the Commission has been notified in July 2020 that Rosie Goulding will be taking over the management of the service.

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 to ensure 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.

A sample of five of the service's care records was examined during the inspection. The care records contained needs assessments and care planning documentation. These included a statement of needs assessment, a personal outcome, and a plan of care. The records also outlined the review frequency of each care need. Progress and evaluation records are maintained, and these are incorporated into a monthly review form.

The care records examined reflected a range of care needs and assessments for care receivers, for example in relation to choking, tissue viability, falls risks and mental health.

It was positive to note that the records reviewed had been fully completed and reviewed appropriately and in a timely manner. It was noted however that the handwriting on some of the records was difficult to read and there is a risk that this could lead to miscommunication.

Several staff who participated in the inspection highlighted their concern regarding the size of the care plans and the expectation that every aspect of the care plan is updated regularly. While these staff recognised the necessity of recording in care records, some suggested that this could be completed more efficiently if the records were electronic and accessible at the point of care delivery. Staff also suggested that this would promote more contemporaneous recording and release more time to spend providing direct care.

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 to appoint 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 first day of this inspection provided an opportunity for the Regulation Officer to observe some daily "quality monitoring" activities that contribute to a monthly overview. The Regulation Officer observed a daily "Department Stand-Up Meeting" which is attended by staff on duty and focuses on a range of topics including the needs of care receivers, management messages, incidents, Covid-19 and staffing.

This is followed by a daily "Clinical Session" between the manager and nursing staff to discuss room allocations and appropriate placements, dressings update, GP requests, end of life care updates, repositioning and skin reports, and any quality monitoring actions.

There is an expectation that the manager of the home completes on a daily basis a "Walk Round Record" which contains forty seven areas regarding their assessment of the home's general management, external grounds, activities, rooms and communal areas, kitchen, dining experience, medications and wellbeing, and bedside monitoring.

The Regulation Officer noted that clinical audits are undertaken focussing on the quality of recordkeeping, clinical practices and compliance with policies and procedures. Monthly medication and documentation audits, quarterly nutrition and dining audits, and six-monthly infection-control audits are also undertaken.

The interim manager described the arrangements in place for a Regional Director to undertake service quality reviews and the records of these were available for inspection.

It was noted that much of the quality monitoring activity undertaken consists of the completion of numerous checklists using 'tick boxes'. This information has been relied on by the provider as an assurance that the home is operating in accordance with the Regulations and Standards. Considering the very concerning findings of the medicines management inspection on 16 July, the effectiveness of this system of quality monitoring and quality assurance must be reviewed. The Commission is concerned that the audits and other quality monitoring activity has failed to identify the significant practice issues outlined below.

Medicines Management Inspection

On 16 July, on behalf of the Commission, a Senior Pharmacist, Health and Community Services undertook a medicines management inspection of the home. The findings of this inspection are very concerning and are summarised below.

One care receiver had not received appropriate pain relief for two days and the medication was not being administered in accordance with the administration instructions provided. It was also of concern to note that any systems in place for managing controlled drugs did not detect this omission. The failure to appropriately manage pain has the potential to profoundly impact on the overall wellbeing and quality of life of a care receiver.

Another care receiver's Medication Administration Record (MAR) sheet did not evidence regular or recent review of the dosing schedule. This required an immediate review.

There were several other instances in which evidence of care receivers having received their prescribed medicines could not be found as the MAR sheets examined had not been consistently signed. The failure to keep contemporaneous records of the administration of medications is not in accordance with best practice and has the potential to place care receivers at risk of harm.

A further concern was some evidence of retrospective signing without checking that medicines had been administered. Similarly, there was evidence that some recordings of administration had been signed several hours prior to the medicines having been administered. Both such instances were highly concerning.

It was also noted that one care receiver had been consistently declining their medication over a ten-day period without a review by the GP. The failure to escalate these concerns to the care receiver's GP in a timely manner has the potential to negatively impact on the care receiver's overall wellbeing.

The care home's signature registry had not been maintained and it was noted that two members of staff who had been administering medications had not entered their details on the register.

A brown rust-like fluid was noted to be leaking from the rear of the inside of a fridge onto the floor of the fridge. At the time of inspection, there was a urine sample on the bottom level and a brown fluid surrounding it that required immediate cleaning and sanitising.

The home's policies and procedures for medicines management were out of date (2017) and required a review.

Considering these findings, the Commission's Chief Inspector sought immediate assurances from the registered person that each of these matters would be investigated and appropriately addressed.

After the inspection visit, the acting interim manager of the home provided the Commission with updates regarding their investigation and resolution of the matters identified during the inspection. A written response was forwarded to the Commission by the registered person on 31 July providing assurances in relation to each of the practice issues identified.

A further inspection of the home is planned to confirm compliance with the Regulations and Standards.

The area for improvement from this inspection is for the registered persons to ensure that the arrangements for the administration and management of medicines are in accordance with the Regulations and Standards.

IMPROVEMENT PLAN

There were two areas 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>Regulation 19: Reviewing quality of service</p> <p>Standards 11 and 12</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person must review the systems in place for quality monitoring and quality assurance to ensure that these are effective.</p> <hr/> <p>Response by registered provider:</p> <p>We accept the findings of the report and share the concerns of the JCC in regard to the shortcomings. Having undertaken an initial review, we believe the company's systems and procedures were robust. Furthermore, the findings of the JCC inspection report were the responsibility of the management team at Lakeside care home who failed to follow Company procedures.</p> <p>The new management team of the home is making it a priority to address these matters. While in no way excusing the actions of the previous management team, it is important to recognise this inspection was undertaken following the COVID crisis. Certainly, the staff team had been particularly affected during the COVID lockdown. Moreover, due to the travel restrictions, the Company was unable to undertake its normal review and verification of internal quality and governance measures.</p>
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<p>Area for improvement 2</p> <p>Regulation 14: Management of medicines</p>	<p>The registered persons must ensure that the arrangements for the administration and management of medicines are in accordance with the Regulations and Standards.</p>
<p>To be completed by: Immediate and ongoing</p>	<p>Response by registered provider:</p> <p>We accept the findings of the inspection report and have taken immediate measures to rectify matters arising.</p> <p>We have also undertaken our own major internal review. There were (and are) clear clinical policies provided by the company. However, it is clear neither the clinical lead nor the interim manager in the home were fulfilling the expectations of their roles to an acceptable standard and consequently are responsible for the findings.</p>

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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