



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside Manor

Care Home Service

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

17 and 22 June 2021

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 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, and this is the third inspection since registration. However, the home had been subject to a number of routine 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. Age range of care receivers 55 and above. 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	17 June and 22 June 2021

Times of Inspection	3.45pm – 9.30pm & 9.30am – 5.30pm
Type of Inspection	17 June unannounced 22 June announced
Number of areas for improvement	One

At the time of this inspection, there were 64 people accommodated in the care home.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what was found during this inspection. Further information is contained in the main body of this report.

Overall, the findings from this inspection were positive. There was evidence of care receivers being provided with a service that is safe and which aims to take account of their wishes and preferences. This was established from direct observations and engagement with residents, relatives, and care staff.

With reference to the conditions of registration and Statement of Purpose, there was good evidence of care for those living within dementia and or requiring nursing care being applied in practice by the operational systems that are in place and followed by the care team. The documentation and record keeping systems reviewed were seen to be comprehensive and well maintained for the purposes of audit and review. These records are also overseen by identified persons who are not based in the home as part of an overarching quality assurance framework.

The service's arrangements for recruiting staff were clearly defined with robust systems in place. These are operated by administrative staff members and are overseen by the manager. However, an audit of recently recruited staff highlighted that there were some gaps in consistently maintaining thorough records relating to recruitment. This is identified as an area for improvement.

Files and procedures in place for processing complaints were reviewed. In considering how an active complaint was being addressed by the manager at the time of the inspection, it was apparent that the response was both timely and appropriate.

Similarly, it was apparent that reviews of care receivers' records were undertaken in a way which was both systematic and consistent. Reviews of care plans are undertaken routinely and may result in revision and amendment where this is necessary.

Observations shared by relatives about their experience and views of how the home supports their loved ones provided some corroboration of the positive findings which were recorded by the Regulation Officer during the inspection. This established that a compassionate and well-informed staff group is in place which promotes person-centred approaches to individuals who have a variety of communication difficulties and/or physical frailty.

One area as was identified during the visit for social activities needing some attention was addressed during the inspection process, this from confirmation of recruitment of a new social activity co-ordinator concluded a few days after the visit. Although 1:1 interaction between staff and care receivers are types of interaction less easy to identify and record than organised and scheduled social activities, they are significant in dementia care. This was reflected in the positive discussions which the Regulation Officer had with key members of staff.

There was one area which was identified as requiring improvement in the last inspection in 2020. 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 needs. During this inspection, there was evidence of improvement in this area of practice.

INSPECTION PROCESS

This inspection was undertaken over two days and by one Regulation Officer. The first day was unannounced, the second was announced. The Care Home standards were referenced throughout the inspection.¹

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

- **Staff recruitment, training, and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**
- **Dementia focussed approaches and support provided**

The first inspection visit was unannounced and commenced in the afternoon to incorporate both day and night shifts. This enabled the Regulation Officer to observe both care receivers' activity and presentations, alongside staff interventions and interactions in support of these care receivers. This took place across all three floors of the home. The second visit focussed on a review of relevant documentation, policy, and procedures.

As part of the inspection process on this occasion, the Regulation Officer attended the day to night handover in the evening to gather some evidence of the managerial structures that are in place. Handovers will include communication and delegation of duties and with an approach that ensures that care needs are prioritised, and that staff are supported in carrying out their duties across a large care home

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

environment. The value and effectiveness of this was established from observing the process and attention given to a new admission to the home on one of the days of inspection.

The nature of residents' specific care needs which mainly relate to living with dementia was a focus of observed practice during the two days spent in the home. The essence of how dementia care is provided within the care setting was noted from observed practice of interactions and interventions by staff with care receivers in both 1:1 and small group environments.

Following the site inspections, follow up telephone contacts were made over the next three weeks to several relatives, to further inform the inspection findings. This was in addition to the face-to-face contact with two relatives that had taken place during the visits.

Prior to, and following the inspection visit, information submitted to the Commission by the service was reviewed. This included notifications and any changes to the service's Statement of Purpose, for example changes to bed numbers or operational capacity. Some reference was made to the previous inspection visit which was carried out in March 2020 and to the one area for improvement which had been identified at that time.

Some consideration was given to information and discussions that had taken place with the manager and other agencies some months previously, which related to both staffing issues and safeguarding. This provided a focus of some enquiry and follow up at this inspection to further evidence the good practice principles which had been highlighted and recorded at that time.

Background information and contacts with provider representatives including the Regional Director were referenced before and after the inspection visits. This to establish and clarify the appropriate systems of governance that are in place.

With the size of the care home, staffing provision and the layout of the building, the observational framework adopted included spending time in communal areas to observe the dining experience for all mealtimes. This occurred over all three floors at different times of the day and provided the Regulation Officer with numerous examples of practice and engagement by staff, specifically in their demonstrating skills for dementia care that would be expected for such a care environment.

During the time spent in the care home, the Regulation Officer took the opportunity to engage with a small number of care receivers informally as part of one-to-one interaction. However, this was very limited due to challenges of communication associated with the need for visitors to wear face masks for the robust infection control measures considered necessary at this time.

It was discussed at some length with the manager and the training co-ordinator, as to the focus that is promoted for encouraging staff to be mindful of the importance and value of shorter informal interactions with care receivers. This was recognised as something that may be more helpful and stimulating than group activities for some care receivers depending on the nature of their condition.

During the inspection process, the Regulation Officer spoke with staff including the manager, deputy manager, nursing staff, senior carers, care assistants, housekeeping staff and the administrative team. Attendance at the evening handover between day staff and night staff provided an opportunity for the Regulation Officer to observe how communication of relevant care needs and operational matters is conveyed between the members of a large care team.

Within the care records and other documentation, which was reviewed, a copy of a recent inspection report provided by a Senior Pharmacist from Health and Community Services was reviewed. This was carried out on 10 June 2021 and confirmed that there are appropriate systems in place to promote safe and effective medication management

The audit of records included an examination of 15 care receiver care plans, five notifications of incidents and supporting documentation from a profile of residents' occupancy on all three floors.

Safeguarding referrals and complaints received, and the responses provided by the manager and/or provider, were also reviewed and considered, as part of a consideration of the overall management of services and the approaches to care and welfare of care receivers.

A total of five randomly selected Human Resources (HR) files for staff were examined to ascertain that due diligence was being carried out in relation to safe recruitment.

The training log and the attention that is given to dementia care training needs for new staff was discussed with the in-house trainer. This included information about their own training which is reviewed annually for this important role.

Procedures for building maintenance and health and safety were examined and an overview of the environment took place. This included the kitchen and laundry areas which are in the basement of the building, away from communal and bedroom areas. A discussion with staff working in these environments also took place.

Specific attention was given to the outdoor areas. A part of this was identified as being out of service and in need of some refurbishment. This had also been raised as a concern by relatives. Clarification of the work plan and an explanation for the delay was established from discussions with the manager and by follow up correspondence as provided by them.

At the conclusion of the inspection, the Regulation Officer provided feedback to the manager about their conclusions. This also provided an opportunity to discuss the ongoing challenges and issues that have arisen in the past 16 months due to the pandemic. A discussion took place with some staff members about their experiences throughout this time. Feedback was provided about the support provided during this period by both the manager and the employer.

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

At the last inspection, one area for improvement was made about contemporaneous records relating to life history for all residents being made and retained in an accessible format. There has been marked improvement in this area with good details and information consistently recorded for each care receiver in an appropriate format for each of the three care areas (Lavender, Memory Lane, Ground Floor)

It was well recognised from a discussion with key staff that life history would be considered helpful for all staff to refer to, providing a means of establishing positive engagement with care receivers. Such information is particularly helpful for those care receivers who may no longer have the full range of communication skills to convey information about themselves. Despite experiencing cognitive deterioration, care receivers may be able to recognise such details from references being made by staff i.e., previous occupation, names of loved ones. While it was noted that there were some gaps in life histories in a small number of files, it was also acknowledged that there sometimes challenges associated with obtaining such information from relatives. Staff rightly identified that this would require some sensitivity in approaches in obtaining this type of information and that the need to afford time to this process may delay the recording of this detail in individual files.

Key areas of care delivery were assessed from an observation framework which included the Regulation Officer spending periods of time in the communal areas at key times of the day, focussing on the dining experience. From this process, positive observations were made about the care staff approaches in supporting the different needs and presentations of care receivers living with dementia. Examples of good practice and best practice were recorded during these times and a summary is provided below.

- Staff ratios across the three floors were noted to be appropriate. During mealtimes, it was apparent that staff were able to 'multi-task', supporting care receivers with their nutritional needs while also managing distressed behaviours
- One floor had 14 care receivers being supported by four staff during one mealtime, with the chef also present to serve the meals. During this time, it was noted that a calm and unrushed atmosphere was facilitated to promote a relaxed dining experience.
- Staff were observed to appropriately prioritise serving some care receivers first when they exhibited some restlessness. This was done to ensure that these care receivers remained at table to enjoy a meal.
- There was evidence of care staff using a range of communication skills which would be expected in dementia care. This included the use of diversionary

therapy to minimise distressed behaviour and interventions to de-escalate agitated behaviour.

- Proactive and reactive approaches to different care receivers was observed as being provided in a seamless and effective manner during the dining experience and during more general interactions observed around the home environment
- Positive reinforcement was seen where care receivers needed some physical prompting. Examples included staff utilising touch and having a gentle demeanour, using voice and tone in a supportive way.
- Acceptance and adjustment to usual conventions of dining experience were incorporated by staff where care receivers were unwilling to sit down for their meal. Provision of sandwiches and finger food with discreet observation to ensure adequate nutrition with least restrictions was used to address this.
- Care receivers presenting with incongruous clothing for mealtimes, for example, wearing their overcoat were not challenged to avoid embarrassment. In these instances, these care receivers were given priority to ensure that their nutrition needs were adequately met whilst ensuring that their dignity was maintained.
- Where care receivers were averse to busy environments or shared dining experience, they were supported in alternative areas to enjoy their meal
- Care receivers were prompted to finish meals but were also given adequate time and opportunity to complete this task. Where this was unsuccessful, alternative food was provided that was then consumed outside of the conventional mealtimes. This was good evidence that a non-institutional approach was provided
- Care staff were observed to intervene in a timely manner to prevent potential issues of conflict or accident when confusion or physical frailty indicated that this was necessary.
- A small group activity was observed in one area that involved very engaged individuals watching a video for a prolonged period. The subject matter evidently had been considered with the relevance and enjoyment it might bring to the group.
- 1:1 informal activity was observed to include personal grooming including nail care and hairdressing. These interventions were delivered in a kind, respectful and enriching style and the activity was clearly enjoyed by the care receivers. Some of these appeared to be initiated spontaneously in response to care receivers' presentations at that time.

The essence of dementia care and its principles were explored with key staff including the manager, deputy, and trainer, which were well evidenced in practice as above. Specific areas for the home achieving their aims and objectives were given some attention as follows.

Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The staffing numbers which were in place at the commencement of the first day's inspection was clarified at the outset. This was reflective of the usual balance which includes managerial presence throughout the week. This is supported by the deputy manager, registered nurses (RN) along with health care assistants (HCA), housekeeping and kitchen staff and maintenance personnel.

A discussion with the manager identified that ongoing recruitment of RN's is needed to ensure that staffing levels remain adequate to meet minimum ratios. It was also discussed with the manager that there had been some recent challenges relating to recruitment and retention of staff of all types. This with direct correlation to company policy and management of the ongoing pandemic and operational requirements. This has resulted in staff being required to commit to the Covid-19 vaccination and those unwilling to do so have subsequently left employment. This had led to some unforeseen increased turnover of staff; however, this was noted to have been beyond the manager's control in these circumstances and new policy.

With such high turnover of staff, training and development remains a high priority and from discussion with the trainer this was well evidenced. The home benefits from the in-house trainer's willingness to adopt a flexible approach to their working arrangements to enable them to work with new (and experienced) staff in 1:1 learning environments across all shift patterns including nights. While there have been some limitations in the last year for face-to-face training due to the pandemic, options for learning have been incorporated to include this type of training where it has been practical, alongside the use of online forums. Of note was that the trainer themselves is subject to observed practice of their training delivery. This ensures that the quality of training remains high and consistent and is subject to regular audit.

Approaches to training delivery will, where practical or helpful, include guided reflective practice for care staff with the trainer and/or manager. This enables care staff to highlight any areas of difficulty or uncertainty. This reflective approach also enables care staff to consider actual situations which they have encountered and of how learning might be applied in practice. Videos, questionnaires, and observation of practice are also used as part of the overall training approach to supplement such learning.

The new format for training which is now in place incorporates seven specific modules relating to dementia care that is provided in the home. This was discussed in some detail. This training is in addition to the mandatory subjects which are addressed routinely. It was clarified that these subjects are part of the training and induction package provided to all care staff, which covers a range of practical skills-based requirements which are considered integral to providing good dementia care. Subjects include understanding meaningful activity, support of distressed behaviour, types of dementia and domains of well-being.

Within the approach to the training as above it was also clarified that, annually, all staff should have refresher training (seven hours), that aims to update and reinforce all the necessary training provided from the time of induction. Staff members are required to pass the training, otherwise, it is repeated. The trainer also has a monthly review with the manager, at which point they can provide feedback regarding the delivery of training.

From a review of the training log, it was evidenced that there is a comprehensive and focussed approach given to training and development of staff. There are dedicated members of staff in place to facilitate and provide training across the whole staff team. Of note from this inspection is that a clearly defined dementia care training package is in place with relevant and helpful modules. These include subjects that promote best practice through both educational components and skill acquisition. The intention is to promote a higher level of understanding of dementia care across the staff team but with a particular focus on newly appointed and inexperienced staff.

Some reference was made to safe recruitment from an audit of the Human Resources file of five more recently appointed members of the team. While these included non-care staff it was noted that there were some inconsistencies in the filing of relevant due diligence information including criminal record checks and references. Although the Regulation Officer was assured of the expected protocols were in place and were properly followed for safe recruitment, there were some gaps in the auditable process in some of these files. This was indicated as being an area for improvement.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The approaches in providing care for care receivers living with dementia were well demonstrated from an analysis of the training and development agenda. This confirmed that there is a clear focus on effectively supporting care receivers who are living with dementia. The essence of care provided was also demonstrated from observed practice and engagement with care staff.

Improvements were noted in the quality of the care records and personal life histories were being recorded more consistently and filed for easy reference. This was evidenced from a review of 15 care records. Within these records documents such as "getting to know me" and personal life history were found alongside informative and instructive care plans to support dementia needs. Additionally, care plans also incorporate core information including, for example, both pre-admission and admission information, care plan profile, routine care for mobility, hygiene, continence, and tissue viability.

All care plans were seen to have been systematically and consistently reviewed. It was evidenced that care plans are revised when there are changes in need. Such changes are identified through the assessment and review process. The review and

evaluation of care encapsulates all care needs including both dementia care needs and physical frailty, which is also supported by the general nursing care provision in the home. Care receivers are involved in the review of their care plans where this is practicable although it is acknowledged that needs relating to both cognition and communication require that such involvement needs to be facilitated sensitively and appropriately.

Although engagement with care receivers was limited during this inspection on account of the measures associated with infection control, relatives were spoken with both during the inspection or afterwards. Most of the feedback received was positive although there was some constructive criticism relating to areas which might be improved upon. Below are a sample of comments from relatives:

“Lakeside Manor is possibly the nicest care home, staff there are excellent”

“They have handled the pandemic situation really well”

“Social activity varies, some music, cooking and there is a catalogue of activities”

“I have nothing but praise, xxx is absolutely fantastic, staff are wonderful”

“If I have any concerns, I mention them but never made to feel I am being any trouble”

“Lovely and entertaining”

“Staff absolutely 100% supportive and kind”

“The manager spends time on the floor” (*supporting staff and observing practice*)

“I would recommend the Manor for dementia care”

Comments were also recorded from a thank you card which referred to “superlative care” provided by the care team.

Observed practice as referenced earlier in the report provided good evidence and examples of person-centred approaches and support that promotes choice and autonomy for all care receivers. The nature of dementia care needs as seen in the various presentations which were observed during the time spent in the home, were well met and managed by a variety of approaches which staff implemented.

Where simple choices are given, for example beverages or food, the interactions initiated by carers demonstrated a variety of communication styles which evidently gained positive responses from care receivers. In this matter, it was clear that staff were considering what approaches may best suit the individual, for example using humour to gain concordance when there was a need to provide assistance with personal care and hygiene. For another interaction, it was noted that a more formal interaction was utilised by the carer, apparently recognising the person’s likelihood to respond favourably to this approach.

The examples above demonstrated good practice in promoting autonomy and choice for individuals. Approaches were considerate of and responsive to care receivers' underlying conditions. Where capacity is considered an area of concern, the manager consistently requests authorisations of Significant Restriction of Liberty (SROL) to protect and maintain an individual's rights within an appropriate legal framework. At the time of inspection, there were SROL's in place for some care receivers that had been considered with reference to the parts of the home which would be most suitable and safe for them to reside. For example, the ground floor in more conventional times, will have relatively free entry and exit while the upper floors are more controlled environments where baffle locks are used. This an acceptable and necessary safeguard for all care receivers who may be at risk of inadvertently leaving the building unsupervised.

During this inspection, there were no areas of concern highlighted or observed about any acute distressed behaviours being exhibited relating to exit seeking from the home. Nonetheless, where individual presentations indicated some risk, observation charts and protocols were in place to minimise this risk. This is balanced with promoting a level of choice and autonomy for all care receivers.

A discussion took place with the manager, deputy and trainer alongside feedback from relatives, in relation to social activities. This an area which was reported as being limited, although it was acknowledged that many conventional activities, which might normally occur, had been curtailed by the prevention of non- essential visitors over the course of the past year. The manager acknowledged this and identified this as being a subject recently raised by a relative. This was recognised as being an area which required some action. Staff turnover had led to the social activity coordinator role becoming vacant. It was subsequently confirmed that successful recruitment had been completed for a new social activity co-ordinator.

Despite the absence of a social activity coordinator, it remains a focus of all care staff to engage in 1:1 activity with any care receiver, whenever opportunity presents. These limited and short interactions are also viewed and cited by the manager and team as being something that can be as enriching for some individuals as larger group activities may be for others.

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Care Home Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."

There were numerous examples of competent staff carrying out their different roles with confidence. The training log was reviewed and evidenced the expected mandatory training modules having been completed and there is an extensive and comprehensive induction process in place for all new staff.

The development of the training modules in place since the last inspection, was seen to be a very positive introduction into the syllabus. This provision will continue to

develop to ensure that this Standard continues to be adequately and consistently met.

Other training and development of staff will be overseen by the training coordinator with involvement from the manager. Specifically, clinical practice for the RN's is monitored to ensure nursing care is provided to the expected standard.

The sample duty roster evidenced an appropriate and adequate skill mix across the floors of the home. It was apparent that staff skills and experience are actively considered within the allocation of roles and responsibilities on a daily basis. The large footprint of the home and the variety of care needs which are supported across the three care areas requires some different competencies and allocation of resources.

The Regulation Officer attended handover between day and night staff on the first day of inspection and was able to observe staff with a variety of qualifications and experience communicating effectively about care needs. Particularly striking from this observation was the amount of information which staff need to share with one another daily, about the needs of care receivers. It is of note that the home accommodates up to 65 care receivers when operating at full capacity. The level of relevant detail with instruction and specific presentations highlighted in the communication by staff during handover provided very good evidence of this Standard being met.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."

The overall presentation of the building was found to be in very good order. Additionally, the outdoor garden areas appeared inviting, providing a very spacious area for care receivers and any visitors to use. There was however one area which was closed off at time of inspection and was not available for care receivers, staff and visitors to freely access.

The terraces and balconies provide an important outdoor space, particularly for those who live with dementia. Ready and easy access to these areas may be considered integral to helping promote mental and physical well-being. At the time of the inspection, refurbishment was long overdue for one schedule of works relating to the closed outdoor area. The challenges arising from the pandemic has had some influence on this. It was apparent that this matter was unlikely to be resolved soon. The manager understood the concern relating to this and expressed their own frustration of this ongoing delay. However, interim measures have been identified to address this in the short term to enable full access until the full maintenance and upgrade can be completed.

Individual rooms were seen to be well maintained and in many cases were highly personalised. Care receivers were evidently comfortable and were seen to be

benefiting from their own space, as was freely available to them. It was noted that one care receiver was described as preferring their own company and would routinely seek the privacy of their own room. This was observed in practice on both days but, with encouragement from staff, the care receiver was prepared to be engaged in spending time in the company of others. This type of gentle encouragement to socialise is promoted with all care receivers with a view to reducing the risk of social isolation.

The maintenance schedules and logbook for such matters as fire drills was reviewed. It was apparent that there were good systems in place to ensure that the building is regularly checked for safety and decorative standards. The laundry and kitchen were reviewed briefly and were found to be in good order with all equipment fully working and well maintained.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."
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The home has a comprehensive system of audit and quality assurance frameworks which are overseen by both the manager and senior managers including the Regional Manager, where additional scrutiny or support is necessary.

The manager routinely engages with the Commission and other agencies including Adult Safeguarding, in a timely manner if they have any concerns which require external scrutiny. This level of transparency and engagement with external agencies places advocacy for vulnerable care receivers at the heart of internal processes. This is well documented from the routine notifications and consultation filed by the Commission.

The management of complaints was reviewed in some detail with reference to recent ones which have been addressed by the manager. This included an active complaint which was cited during the inspection visit. Within this process, there are clearly defined processes and procedures and with a standard for response times monitored as part of quality assurance reviews.

It was clearly apparent that robust and effective management systems are incorporated into daily activity of the staff team, with delegated roles and responsibilities being well-defined. This ensures that staff are aware of individual and collective accountability for the work they do.

In the absence of the manager, there is a deputy manager who oversees operational matters and the care which is provided. In addition, senior managers such as the Regional Manager may also be consulted as necessary. With reference to a recent safeguarding alert, it was evident that these processes function well, as external agencies were involved in addressing this issue. The provider's internal investigation and summary points evidenced a comprehensive and detailed approach for such matters.

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 3.5, 3.6</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider must ensure that all recruitment processes and due diligence for all new employees is fully auditable and recorded for inspection</p> <hr/> <p>Response by registered provider:</p> <p>Immediate action was taken to ensure the required evidence was obtained for the staff files checked during the inspection.</p> <p>The issues in the cases identified by the JCC appear to have been caused in part due to the transfer of staff between our two services.</p> <p>The HR Business Partner attended the home in August 2021 to review all of the staff files and actions we have taken in the home, they will also ensure the administrative team have a full understanding of their role requirements. This will continue to be monitored in monthly audits conducted in the home and by the Regional Director when visiting the service.</p> <p>The General Manager has held a meeting with the administrative team to ensure that they understand the shortfalls identified and to embed a robust and methodical approach to the management of the staff files that we hold.</p> <p>The General Manager will sign off and review all staff files prior to the commencement of employment for new staff members to ensure all documents are evidenced.</p>
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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 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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