



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Lakeside**

**Care Home Service**

**La Rue de La Commune  
St Peter  
JE3 7BN**

**22, 23 September and 20 October 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

This is a report of the inspection of Lakeside Care Home. The service is situated in St Peter and is within close proximity to another care home, also operated by the same service provider. The home's registration conditions allow nursing and personal care to be provided to people over the age of 55 years. The home cares for people who have a range of health needs, on a long term or short term basis.

The home is a two storey building with accommodation provided over two floors with communal facilities provided on both floors. The ground floor accommodation primarily supports individuals with personal care needs and the first floor for individuals with nursing care needs. To the rear of the home is a large lake which most of the bedrooms overlook. The front of the home is laid with tarmac for parking and the home is fully wheelchair accessible.

The service became registered with the Commission on 25 June 2019 but had been subject to regulatory inspections under the previous law. This is the third inspection since registration in 2019. Since the last inspection, completed on 17 December 2020, a permanent manager has been appointed and their application to become the Registered Manager is underway.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u>  Type of care: nursing care and personal care  Category of care: Old Age  Maximum number of care receivers: 66  Maximum number in receipt of nursing care: 35 Maximum number in receipt of personal care: 31  Age range of care receivers: 55 years and above

	Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 – 12 and 14 – 28: One person for the provision of personal care only Rooms 31 – 69: One person
Dates of Inspection	22,23 September and 20 October 2021
Times of Inspection	12.30pm – 5.30pm 10.15am – 2.45pm 11.30am – 4.45pm
Type of Inspection	Unannounced on 22 September Announced on 23 September and 20 October
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	63 on 22 September 2021 (31 in receipt of personal care) (32 in receipt of nursing care)

The Care Home is operated by Lakeside Residential Home Limited. Since the last inspection, the Commission has received an application from the registered provider for Marlene Ferrer, a registered nurse, to become the Registered Manager. Ms Ferrer was appointed to the managerial role on 1 April 2021. At the time of inspection, some documents were to be submitted to enable the Commission to complete the registration process.

A visit to the home was undertaken by the Regulation Officer on 6 July 2021 to meet with the Manager to discuss various aspects of the managerial role, to fulfil regulatory obligations. The Commission has received a revised Statement of Purpose from the Manager.

## SUMMARY OF INSPECTION FINDINGS

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

The managerial arrangements in the home have been confirmed, and the Manager has recruited and strengthened the staff team with the appointment of a deputy manager and clinical lead, both of whom are registered nurses.

The Manager has expressed a commitment to developing and improving certain areas within the home's operation, including for example strengthening communications with relatives, enhancing care plans and increasing social activities. There are appropriate governance arrangements in place and the provider's representative visits the home on a monthly basis to report on quality and compliance with Standards.

The home was warm, clean and odour free throughout. A planned programme of refurbishment continues and the dining area on the first floor is to be improved with

the aim of enhancing care receivers' dining experiences. The staff team are aware of their responsibilities in terms of infection prevention practices.

Care receivers and family members who spoke with the Regulation Officer consistently reported that they were happy living in the home and were complimentary of the staff team. They made comments about the kindness and caring qualities of the staff. Immediate family members were appropriately informed of any changes impacting on their relative's condition.

Care receivers spoke about their day to day lives and the social activities on offer. During the inspection visit, the atmosphere in the home was uplifting and some humorous and warm interactions between care receivers and staff were heard and observed. Activities staff are employed and play a role in fulfilling care receivers' social needs. The Regulation Officer observed various activities being directed during each inspection visit. Staff connected well with care receivers as individuals.

Overall, care receiver's needs were well documented in their care plans. The plans were detailed and included care receivers' preferences as to how their care should be provided. An initiative had recently been introduced to increase relatives' feedback and including them in care planning reviews.

A review of complaints received, evidenced an open and responsive approach to issues raised. Care receivers said that they could approach staff, or the Manager, to express any concerns and were confident that issues would be addressed.

There are four improvements required to address staffing levels, as they do not consistently meet the minimum Standards. The staffing rosters must also be made clearer. Further improvements must be made in recruitment practices to evidence that all staff are recruited safely. Whilst there was evidence of appropriate and timely responses to incidents and accidents, the Commission must also be informed of all notifiable events.

## **INSPECTION PROCESS**

This inspection began with an unannounced visit which coincided with the Manager's day off. The second visit carried over from the first day and the final day of the inspection was pre-arranged with the Manager to ensure that she would be available to discuss the home's operational arrangements and inspection findings. The visits were carried out in accordance with the home's infection and prevention protocols.

An unannounced medicines inspection was carried out on 1 July 2021, by a Senior Pharmacist employed by Health and Community Services.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

---

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

This inspection focussed on the following lines of enquiry:

- **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**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of the people who use the service, and their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with twelve care receivers either in the privacy of their bedrooms or in the communal areas. Three relatives, who were visiting at the time of inspection, were also spoken with to allow them the opportunity to express their views of the home. A poster was displayed in the home, informing visitors that an inspection was underway, which invited people to contact the Regulation Officer to share their views, if they wished.

Three health and social care professionals were contacted after the inspection, as part of the inspection process, and a response was received from one person. One health professional who was visiting on the first day of inspection was also spoken with.

During the inspection, records including policies, staff personnel files, staff rosters, care records, medication administration records, incidents, governance reports and complaints were examined. This inspection included a tour of the premises. The Regulation Officer also spent time in the main lounge observing interactions between care receivers and staff.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Manager.

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 focussed inspection, completed on 17 December 2020, there were no areas for improvement identified that required any follow up on this visit.

### **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."

There have been a number of changes in the management arrangements over the past few years. With effect from 1 April 2021, the new Manager has been appointed and the application for her to become registered is nearing completion, pending submission of additional documents to the Commission.

The staff team consists of registered nurses who are over the 24-hour period, and care staff, activities, administrative, domestic, hospitality, catering and maintenance staff.

The Manager is a registered nurse and since her appointment, the team has been strengthened with a deputy manager and clinical lead, both of whom are registered nurses. The first and second day of the inspection coincided with the Manager's time off and the home was being managed by one of the registered nurses. They provided a detailed overview of the nursing care needs of care receivers and gave a broad summary of the types of conditions people are living with and how they are managed in the home.

Samples of personnel files for staff who were recruited this year were examined which showed there were some shortfalls in the recruitment processes undertaken. The deficits in the recruitment practices included two instances where no references had been provided, and one absence of a secondary reference. Some enhanced criminal records checks had been issued after staff members had started work in the home. This is an area for improvement which was brought to the Manager's attention. She acknowledged the deficiencies in terms of evidencing safe recruitment practices and provided an assurance that any new members of staff would be subject to a thorough and comprehensive recruitment process.

All staff go through an induction programme and are provided with training fundamental to their roles before starting work with care receivers. A discussion with two care staff recruited this year, confirmed that they had gone through a detailed induction programme and were provided with training and allocated to work alongside a colleague for initial support. The staffing rotas confirmed that new care staff shadow and work alongside more experienced colleagues when they start work.

Training opportunities are provided for staff and records of all training are maintained. These records were not examined in detail on this occasion. However, the provider's governance arrangements confirms that staff are appropriately trained.

Many positive interactions were observed between staff and care receivers and the interactions were noted to be caring and professional. For example, one of the registered nurses was heard to be speaking with and reassuring an anxious care receiver who appeared to be disorientated in their surroundings. Another care receiver was observed laughing and joking with staff who knew of their past lifestyle and personal interests.

Staff spoken with described good practice around maintaining privacy and dignity and highlighted the importance of respecting care receivers' views and choices. They told the Regulation Officer that a key part of their role is to enhance care receivers' well-being, by taking account their specific care requirements and preferences. Newly recruited care staff said that they had felt welcomed by their colleagues when they started work in the home.

Care receivers spoke highly of the staff team and during conversation they made the following comments to the Regulation Officer;

"The staff help keep your spirits up"

"I've never been treated unkindly and the staff are excellent"

"They're [the staff] very kind and caring and they always help you"

"We're all looked after, they take very good care of you"

"The staff are all very good, nothing is too much trouble and they're always laughing and joking with you"

"The staff are lovely, they treat me very well and they always try to do their best and they help me go for a walk"

"I'm always treated well, the staff are kind and caring. They do anything they can to help you"

"The staff here treat you like a person and not an old lady, they are the true definition of kindness"

"I feel the service is good and you couldn't fault the staff"

A discussion with care staff who were working on the ground floor during the inspection, confirmed that there are three staff allocated to this floor by day and two by night. They confirmed that 31 care receivers were living on this floor and some required support in areas including, but not limited to, personal care and continence management. Some care receivers were assessed as being at risk of falling, or of developing pressure sores. They also confirmed that a number of care receivers have symptoms of dementia, and some are living with long term health conditions, which limits their ability to self-care in many aspects of their daily lives.

The current ratio of staff to care receivers on this floor is scarcely meeting the minimum Standards and by day provides a ratio of one carer to just over 10 care

receivers and two carers to 15 care receivers overnight. It is expected that higher levels of staffing should be provided, based upon care receivers' care requirements as described by the staff team.

Care staff working on the ground floor, told the Regulation Officer that they administer medication in the morning to the majority of care receivers and, if undertaken by one member of staff, that this can take up to two hours to complete. When there are two staff allocated to administer medication, it would usually be completed within one hour. Based upon the needs and care requirements of care receivers, it is a challenge for one member of staff to provide care and support during a peak period of morning activity, whilst medication is being administered.

The provider's dependency tool which is used as part of the arrangements for quality monitoring, and which calculates staffing requirements according to care receivers' dependency levels also highlighted that the staffing provision needs to be increased.

The Regulation Officer reviewed samples of staff rotas over a six week period and discussed the staffing arrangements with nursing and care staff who were delivering care. The rotas showed that on several occasions the staffing levels have fallen short of the minimum requirements on several occasions throughout this period. The Statement of Purpose a total of 10 care staff (including senior care staff) between the hours of 2pm and 8pm. However, the rotas showed that there were less than this number on numerous occasions.

Care staff spoken with said that there are more often than not, four or five carers allocated to the nursing floor during the afternoon. The staff rotas show that there are nine care staff in total rostered for the whole home during the afternoon, which is below the minimum Standards. For nursing care provision, there should be a minimum of one carer to five care receivers and for personal care, a minimum of one carer to 10 care receivers.

In order to meet the minimum Standards in respect of 35 nursing care receivers there should be at least seven care staff by day. The staffing levels and ratio of staff to care receivers in receipt of both nursing and personal care must always meet the minimum Standards and this is area for improvement. This will be kept under review by the Commission.

The staffing allocation, whilst meeting the minimum Standards should also take into consideration the different care requirements for differing circumstances and the size and layout of the home.

The actual and planned rotas do not provide clarity of the shift start and end times and do not clarify the ratios of staff to personal care and nursing care receivers. This is important, as the minimum staffing requirements will differ depending upon the type of care provided and this clarification will demonstrate that the minimum staffing levels are always met and is also an area for improvement.

It was noted that the rotas showed that some staff are working in excess of the recommended 48 hours during the week, although it is recognised that there are staffing challenges in the care sector currently.



The Manager advised that there is a plan in place to carry out appraisals for the staff team.

### **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.”

During the inspection, care receivers were observed taking part in and enjoying small group activities and the activities lead was seen to be encouraging people to converse and participate.

Care receivers looked well-presented in respect of their physical appearance. It was evident that their dignity was consistently supported by the staff team. Some care receivers were observed to be freely walking around the home and accessing the communal lounge on the ground floor. The Regulation Officer observed a number of people taking part in group activities and commented that they enjoyed the various activities offered.

Nursing staff spoke of the range of physical, social and psychological needs and associated care and support requirements for care receivers in receipt of nursing care. At the time of inspection, no care receivers had pressure ulcers. Two people had been admitted into the home with leg and pressure ulcers, both of which had improved following their admission. This was evidenced by photographs in their care records and testimony from one care receiver who commented that “my leg ulcers have improved since I’ve been here”.

Whilst the home is not registered to provide dementia care as a category of care, there are a number of care receivers living in the home with symptoms typically associated with dementia and cognitive impairment. The home had referred care receivers to external health professionals including, GPs, dietician, physiotherapist, and social workers to review changes in their health and care needs.

The Senior Pharmacist employed by Health and Community Services had carried out an unannounced medication inspection on 1 July 2021 and the findings were communicated to both the Commission and the Manager. There were some inconsistencies noted in some of the medication records and the Pharmacist identified that one care receiver should be subjected to a comprehensive medication review. The Manager had followed this up appropriately and had liaised with the care receiver’s GP, Pain Consultant and the Senior Pharmacist to ensure safer medication practices.

The Regulation Officer reviewed a sample of care receivers’ medication administration records (MAR) on the first day of inspection, which correlated with the last week of a four weekly medication cycle. The MARs were fully completed, with staff signatures and relevant codes. Medications were administered as directed by the MAR. Accompanying instructions about the use of ‘as required’ medication were kept, alongside the MAR, for staff to refer to.

The MAR showed that staff had been proactive in contacting one care receiver's GP for a review of their medication after the care receiver had expressed that they no longer wanted to take it. There are systems in place to monitor controlled drug balances which the Regulation Officer found to be accurate. Supplementary records are used to demonstrate the application of transdermal controlled drug medications, which were clear and easy to follow.

Care receivers' medications are supplied from the issuing pharmacy in their original medication packaging and staff are expected to count each medication before and after administration to ensure the stock balances are correct. Care staff commented that this process is extremely time consuming and resulted in prolonged medication rounds, particularly during the morning.

Before the inspection was fully completed, the Commission received contact from a GP about an inaccuracy with regard to one care receiver's stock balance of one type of medication. This was followed up by the Commission with the Manager who subsequently submitted a notification of events and provided a critical incident analysis about the miscalculation. The analysis highlighted some learning points and actions to improve practices and communication amongst the staff team.

Part of the pre inspection planning took account of the notifications that have been submitted to the Commission throughout 2021. Samples of care receivers' records were examined during the inspection and cross-referenced against records retained in the home and those which had been provided to the Commission.

There were a number of incidents, including fall events, one of which had resulted in a fracture, skin lacerations, and other injuries that warranted a GP referral and a review by the ambulance service. Whilst the records showed that timely medical advice and intervention had been sought, the Commission had not been notified of these events as is required by the Regulations. This is an area for improvement discussed with the Manager who accepted this deficit and gave an assurance of the intention to submit timely notifications as the Regulations and Standards require.

Care receivers' needs are assessed prior to admission, upon admission and then reviewed at regular intervals thereafter. The Manager advised that she carries out the pre-admission assessment to consider whether the home is able to meet the care receiver's needs. The Manager provided an example whereby they had received a referral from a health professional which suggested the person's needs could be met under the home's personal care registration. The Manager's assessment included the associated health complexities and predictability of their condition and continual level of assessment that was required, which suggested that the person would be better cared for under the nursing registration.

This showed evidence that prior to accepting care receivers into the home, there is a comprehensive assessment process undertaken. This process identifies specific needs and care requirements and demonstrates the Manager's ability to balance and apply professional clinical knowledge against regulatory requirements.

Samples of care plans for care receivers receiving personal care and nursing care were examined. These demonstrated that care needs were reasonably well documented and that the care plans were relevant to the care receivers' assessed needs. Within the records, it was noted that care receivers had been reviewed by health and social care professionals and their reviews confirmed, "loves it here" and "thoroughly enjoying living here".

The records showed that there had been efforts to contact relatives, where appropriate, to provide opportunities to discuss care and care planning arrangements, which was also explained by the staff team. One relative, who was visiting at the time of inspection referred to the value of this communication, as their relative is unable to provide that level of detail themselves. Other relatives had made comments which included, "it's so lovely to know that she is in a great place with super staff" and "we're happy with everything and have no concerns".

The care plans are reviewed regularly, and this was evidenced by a staff signature and date to confirm review. It would be the view of the Regulation Officer that the effectiveness of the plan should also be recorded as part of the review, and this was discussed with the Manager for further consideration. One example highlighted that one care receiver's weight was being monitored regularly and had been changing over a six month period. The care plan did not detail the impact or significance of the changes in weight, and there was no analysis as to the actions that had been taken. This was discussed with the Manager, who showed additional records held as part of the provider's governance framework, which recorded the weight changes and actions taken by the staff. This level of detail should be recorded as part of the individual's care plan, so that it can be easily referenced.

Meetings are held for care receivers which are facilitated by the Manager and promoted by the activities lead. The minutes from the most recent meeting showed that care receivers provided positive feedback about the home and had expressed their preferences about activities, which led to some changes and variations in activities provided.

Care receivers and relatives spoke to the Regulation Officer of their experiences in the home and made the following comments;

"I'm really happy here, I enjoy living here and I've got no concerns or worries. You can do whatever you want, and I go out to visit my friend when I want to. I've got everything I need and if I had any worries I'd go straight to Marlene"

"We don't have to wear masks anymore, but the staff do, which I think is good as we know they're doing it for us. You can get as much food as you want and the food is excellent. I've got a lovely balcony and I get out onto it and you're never forced to do anything you don't want to. You can join in the entertainment each day which is good, but it's up to you"

"It's not a bad place, I'm certainly not miserable. The food is good"

“The food is acceptable, they always find you something else if you don’t like it. I’m happy enough, they’re all very good and I’d be surprised if you’d find fault here as it’s all good”

“I’m not so happy here as I can’t go for a cigarette when I want. I always wait for my bell to be answered and I wait and wait to be taken for a cigarette”

“I’ve got no worries at all, I’m very happy. They’ve turned my bed round in my room which is better as I can move easier and my room is perfect for me”

“They’re very kind and caring and always chat to you. The nurses help me in the bath and it’s a real treat and I always feel very safe”

“I’m very happy with [name] care and I’ve got no concerns” (from a relative)

“We’re pleased with how things are going, we feel [name] is taken care of very well and [name] seems happy enough” (from a relative)

### **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.”

Care staff told the Regulation Officer that they are allocated to work with the same care receivers so that they know their needs well and which helps to form meaningful relationships. Some care receivers knew the names of the staff who look after them and the care records showed that entries were consistently made by the same staff. There are regular hand over discussions between staff so that they are kept well informed about relevant matters.

The Manager explained that, in addition, there is a daily stand up meeting which discusses various aspects of the home’s operation and relevant information about care receivers. This meeting highlights care receivers’ birthdays and specific catering requirements such as birthday cakes requested of the Chef. It is usual practice that all care receivers’ birthdays are recognised if important to them.

One new member of staff who had started work in the home the week prior to the inspection, told the Regulation Officer about their induction. They made specific comments about adopting robust infection prevention practices, their responsibilities about confidentiality, promotion of care receiver’s dignity and offering choices of daily routines.

One health professional who was visiting the home at the time of inspection told the Regulation Officer that they had noted that verbal and written communication between the home and professionals had improved recently. They said that timely referrals to their service were being made by staff in the home on behalf of care receivers.

Another health and social care professional provided feedback by email which confirmed that they had found the Manager and the team to be very supportive in helping one care receiver move into the home from another care setting. They described the team as being flexible in their approach and direct feedback from the care receiver has confirmed that they are “very happy living in the home, likes the staff and has no complaints about them”. They had noted however, that the care receiver’s bedroom lacked personalisation in some respects.

Two separate safeguarding alerts had been raised recently and are currently being explored further by the Manager and other agencies that have been involved with the care of the individuals. Referrals have been made by the home to relevant agencies where care receivers’ needs have changed.

### **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 home provides single bedroom accommodation over two floors. Care receivers requiring personal care are accommodated on the ground floor and nursing care is provided on the first floor. There are communal facilities including assisted bathrooms, lounges and dining rooms on both floors. All bedrooms are equipped with en-suite toilets and sinks as a minimum; some bedrooms on the ground floor also have level access en-suite showers provided.

On entering the home there is a large, open reception area with a variety of seating options that was seen in use by care receivers who were noted to be observing the coming and goings of visitors and staff. The main lounge was observed to be a hub of activity and was busy with care receivers and visitors at various times of the day.

Some people made comment that they enjoy the various seating and activity options provided, for example one person said they enjoy looking over the lake and another said they liked to sit close to the area which allows them to observe social activities in the lounge.

There is a programme of routine redecoration and renewal of the fabric and decoration of the home. Some bedrooms have recently been decorated with new furniture, curtains and carpets provided and another five bedrooms have been identified to be upgraded. The Manager recognised that the first floor lounge is of a lesser quality than the ground floor lounge and there are plans for it to be improved, with new decorations and furnishings to make it more appealing to care receivers.

Samples of bedrooms on both floors were viewed and it was noted that they were personalised with wall mounted photographs, ornaments and other personal memorabilia. Additionally, profile beds and aids and adaptations were found in bedrooms, such as handling equipment, chair raisers, air mattresses, which would typically be expected in nursing care settings. For care receivers who were in their bedrooms at the time of visit, they had call bells and drinks close at hand. One care receiver who was receiving respite care during the inspection made comment on the

standard of décor in their bedroom and felt that it could be improved, in terms of being more 'welcoming' and the curtains replaced.

The provider has systems in place to ensure that all equipment is safe for use and subject to ongoing maintenance and servicing. The home was found to be clean and housekeeping staff were observed maintaining a hygienic and safe environment.

All staff were wearing face masks and were seen to be washing their hands routinely as part of the home's infection prevention practices.

### **Management of services**

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."
--

The home had been without a Registered Manager for a considerable length of time, although there is now a permanent management arrangement in place, which will undoubtedly lead to positive outcomes for care receivers and offer stability to the staff team. There is a clear line of accountability and the Manager confirmed that she receives support from the company directors.

A deputy manager has been appointed since the last inspection, who will have some allocated supernumerary time to focus on clinical matters and to ensure that safe and effective care is provided. During the inspection, the Manager and the staff team expressed a commitment to providing a good service to care receivers and their families.

An example of the care provider's contract which is provided to care receivers was examined. This confirmed the terms on which care receivers live in the home and explained the arrangements for payments in relation to nursing care related to the National Health Service (NHS) funded nursing care. It also explains the various health care regulatory bodies in England, Scotland and Wales. The contract should be revised and amended to ensure that it is directly applicable to funding mechanisms in Jersey and relevant to local procedures.

The home's brochure has been updated and provides care receivers with information about the home and includes reference to staff uniforms. The staff photograph board on the first floor was noted to include photographs of care staff in the registered nursing section, which is potentially misleading to visitors and should be adjusted to reflect actual job roles and titles. The brochure explains the ways in which concerns and complaints can be made and includes the Commission's contact details. The home's certificate of insurance was displayed in the reception area.

The provider's complaints procedure is displayed in the reception area and provides information about the ways in which concerns and complaints can be escalated and the timelines for responding. The complaints log was examined which showed that the home had received two complaints this year, which were related to clerical and visitor issues. Both complaints were resolved swiftly and the complainants informed and satisfied with the outcome, which demonstrated there is an effective complaints process in place. Neither complaint was in relation to the standard nor quality of

care provided. One complainant was very complimentary of the standard of care provided to their relative. There were no active complaints at the time of inspection.

The home is adhering to the Government of Jersey's guidance in relation to visiting, and screening protocols are in place for all visitors. The home is continuing to participate in the routine screening of staff and care receivers for Covid-19. The Manager demonstrated that Covid-19 vaccination records and routine screening test results were maintained in the home.

## IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered provider must ensure that all staff employed in the home are recruited safely in accordance with the Standards.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.9 Appendix 5 (Care Home Standards)</p> <p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response by registered provider:</b></p> <p>Immediate action was taken to ensure the required evidence was obtained for the staff files checked during the inspection.</p> <p>Management and Admin/HR Team have reviewed all staff files, especially the newly recruited ones, to ensure that all staff have fully completed recruitment files which comply with the standards.</p> <p>The General Manager will hold regular meetings with the administrative team to ensure that safe recruitment strategies will be used in line with the Standards.</p> <p>The General Manager will review, counter check and sign all staff files prior to the commencement of employment for new recruits to ensure all documents are available as per standard.</p> <p>All recruitment processes and files will continue to be monitored in monthly audits conducted in the home and by the Regional Director when visiting the service at least monthly.</p> <p>All audits are visible to the wider Barchester support teams who will monitor and report as required.</p>



	<p>levels, residents' dependency and any recruitment needs.</p> <p>This meeting is formally recorded and submitted to the Regional Director who has oversight of actions and signs completion on the minutes of the meeting. The Regional Director visits the home at least monthly, for audit and support visits, both announced and unannounced visits, at which staffing levels are checked and audited.</p>
--	---

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 21 Standard 4.3</p>	<p>To develop a system to ensure that the Commission is notified of incidents, accidents or other events that have posed or may pose a risk of harm to care receivers.</p>
<p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response by registered provider:</b></p> <p>All recent incidents and accidents were reviewed immediately to ensure that the Commission has received notification of any events that may have been seen as a risk of harm to any residents. The home remains working to the Barchester Clinical Governance system which ensures that all accidents/incidents are recorded in a timely manner and the Commission is informed at the same time. All incidents/accidents and events entered into the Clinical Governance system can be seen by the Clinical Support Teams and the Regional Director, who oversee each report to ensure completeness and accurate reporting. Accidents/Incidents and Events are kept in a central file in the General Manager's Office, along with reports to the JCC, and the Regional Director checks these files as part of the formal monthly audit to ensure that each incident has a full report in both central and JCC folders. We are now using the new JCC Accident/ Incident form which we are finding is more efficient and user friendly.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Appendix 3 (Care Home Standards)</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The staffing rotas should accurately reflect the times of all workers and clearly identify the planned and actual staffing levels for care receivers in receipt of nursing and personal care to demonstrate that the minimum Standards are consistently met.</p>
	<p><b>Response by registered provider:</b></p> <p>We have redesigned our rota to show the allocated staff on each unit to reflect the planned and accurate staffing levels against the minimum Standards. The rota indicates the actual shifts of all workers, 08:00/20:00(LD), 08:00/14:00(E), 14:00/20:00(L) and 20:00/08:00(N)</p> <p>As earlier, this is checked at the monthly Safe Staffing Meeting, or on as needed basis, and overseen by the General Manager and the Regional Director.</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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street, St Helier  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)