



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside

Care Home Service

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

2, 3 and 30 March 2022

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.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: nursing care and personal care Category of care: Adult 60+ Maximum number of care receivers: 66 Maximum number in receipt of nursing care: 35 Maximum number in receipt of personal care: 31

	<p>Age range of care receivers: 55 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 – 12 and 14 – 26: one person for the provision of personal care only Rooms 31 – 69: One person</p> <p><u>Discretionary</u></p> <p>As the registered manager, Marlene Ferrer must complete a Level 5 Diploma in Leadership in Health and Social Care by 9 January 2023.</p>
Dates of Inspection	2, 3 and 30 March 2022
Times of Inspection	12.30pm – 5.15pm 11:15am – 6.00pm 10am – 2.30pm
Type of Inspection	Unannounced on 2 March Announced on 3 March Unannounced on 30 March
Number of areas for improvement	Seven
Number of care receivers accommodated on the day of the inspection	59 on 2 and 3 March 2022 58 on 30 March 2022

Since the last inspection, which was completed on 20 October 2021, the Registered Manager is now registered with the Commission. The Care Home is operated by Lakeside Residential Home Limited. The Registered Manager has made contact with the Commission on occasions to discuss issues and matters relating to the home's operation as they have arisen.

The discretionary condition on the service's registration was discussed and the Registered Manager advised that she is aware of the need to complete the Level 5 Diploma within the expected timeframe.

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.

Feedback from care receivers, family members and health professionals provided supporting evidence of the home being a caring, warm and happy place to live. Care receivers and family members were highly complementary of the staff team and specifically made reference to the kindness and compassion shown by them. They were also assured that any complaint or concern they may have would be listened to and addressed. The staff were seen to be attentive in their interactions with care receivers who were seen to be treated with courtesy and consideration during the inspection.

Whilst there were some positive findings identified during this inspection, there remain some areas for improvement, some of which were also identified during the previous inspection last year. These relate to the need to consistently evidence safe recruitment practices and ensure that staffing levels always meet the minimum Standards. Although there has been an improvement in reporting notifiable events to the Commission since the previous inspection, the home must ensure that all notifications are submitted in a timely manner.

There were some examples of good practice in terms of the positive relationships and strengthened communication between staff and care receivers and their families. However, the care records need to evidence clinical decision making and evaluating the effectiveness of care and support provided. The overall managerial and clinical leadership must be strengthened to demonstrate that the home is led in accordance with the Statement of Purpose.

Training for staff should be extended to include relevant local legislation in relation to the Capacity and Self Determination (Jersey) Law 2016 (CSDL) and applications for significant restrictions on liberty must be made where necessary.

INSPECTION PROCESS

This inspection consisted of three separate visits and was undertaken by one Regulation Officer. The first visit was unannounced and took place during one afternoon and the second visit took place the following day and mainly focused upon

a review of care records in the staff office. The final visit was unannounced where the Regulation Officer spoke with care receivers to gather feedback of their experiences of the home and spoke with a number of care staff also.

On the first two days, the home was closed to non-essential visitors in line with Government guidance, which was due to a number of care receivers having Covid-19. With this in mind, the Regulation Officer returned to the home to speak with care receivers, once the home was fully open and Covid-19 free.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**
- **Staffing levels**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports from 2020 and 2021. 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 eight care receivers and also spoke with five relatives. 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.

The views of six health and social care professionals were requested as part of the inspection process and three people provided a response. An unannounced medicines inspection was undertaken on 7 April 2022 by the Senior Community Pharmacist.

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

During the inspection, records including audits, care records, handover records, incidents, training records, personnel files and staffing rosters were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This was followed with a written summary of the areas for improvement that were identified during the inspection.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, four areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed. The improvement plan was discussed during this inspection and whilst it is acknowledged that improvements had been made to the recruitment process since the last inspection, the home must be able to demonstrate that consistent safe recruitment practices are followed for all staff. This remains an area for improvement

Staffing levels do not consistently reflect the minimum Standards and the Statement of Purpose. A similar finding was made during the previous inspection. It was therefore disappointing that, despite the assurances given by the Provider in response to the last inspection report, that a review of staffing rosters highlighted that some shifts were staffed with insufficient numbers of staff. This repeated area for improvement will be kept under close review by the Commission. However, it was recognised that the staffing rotas were found to be much clearer and legible, in comparison to those reviewed on the last inspection.

Whilst there has been an improvement in reporting notifiable events to the Commission since the previous inspection, there had been delay in submitting some notifications which appears to have been the result of an oversight. This was

discussed with the Registered Manager who gave an assurance that all notifications will be submitted in a timely manner.

The home must be able to demonstrate that legal safeguards are in place to restrict the liberty of care receivers in line with the Capacity and Self-Determination (Jersey) Law 2016. This is an area for improvement. The managerial arrangements for monitoring the quality and safety of care must be strengthened to ensure that the home is managed and led in accordance with the Statement of Purpose.

Some bedrooms require a degree of redecoration and this is an area for improvement.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

During the first two inspection visits, visiting to the home had been suspended to non-essential visitors in line with Government guidance in response to an outbreak of Covid-19. The Regulation Officer underwent a screening process on arrival at the home in line with the home's protocols, and staff described the regular testing programme in place for themselves and visitors also. The home had opened to visitors by the time the inspection had been completed and people were observed coming into the home to see their relatives.

The recruitment process was underway for the position of Deputy Manager and in addition there were registered nurse, care assistant, housekeeper and chef vacancies. Recruitment of staff is continuing, and the Registered Manager confirmed that some vacancies had been filled and that newly recruited staff were waiting to start work. The Provider has voluntarily closed to admissions until the home has its full complement of staff, which is considered by the Commission as a responsible approach to safety.

Samples of personnel records were examined for staff who had been recruited since the last inspection. There had been some noted improvements with the recruitment

process in comparison to the findings from the previous inspection. The majority of safe recruitment checks had been obtained, although there were three staff members who did not have two references provided. The Standards require that a minimum of two references are provided. This was brought to the Registered Manager’s attention, who advised that a more robust system of ensuring all recruitment checks are in place is to be implemented. This is an area for improvement.

There were two areas for improvement made during the last inspection which related to ensuring that the staffing levels consistently meet the minimum Standards and that the staffing rotas were to be made clearer. Samples of staffing rotas over a four month period (November 2021, December 2021, January 2022 and February 2022), including the week of the initial inspection visit were examined which showed that there were insufficient staff on numerous occasions.

The Statement of Purpose confirms that, *“staffing levels are planned based on the needs and dependencies of individual residents and the resident group as a whole and will vary according to assessed needs”*. It also records a minimum of twelve care staff on shift from 8am until 2pm, and a minimum of ten care staff between 2pm and 8pm and *“we comply with the minimum staffing numbers at all times”*. The Provider’s response to the last inspection report in relation to staffing provision was, *“we have immediately reviewed our staffing levels to ensure that the required number of staff are available as per the Standards”*.

It was therefore disappointing to note that the staffing levels had fallen short of the minimum Standards and outside of the Statement of Purpose as evidenced on the following dates;

Date	Time	Number of care staff in total
13 November 2021	2pm – 8pm	8
14 & 22 November 2021	2pm – 8pm	9
23 November 2021	8am – 2pm	10
23 November 2021	2pm – 8pm	7

25 & 26 November 2021	2pm – 8pm	8
27 November 2021	8am – 2pm	9
2 December 2021	2pm – 8pm	8
5 December 2021	2pm – 8pm	9
6 & 12 December 2021	2pm – 8pm	8
5 January 2022	8am – 2pm	8
5 January 2022	2pm – 8pm	7
6 January 2022	8am – 2pm	8
6 & 8 January 2022	2pm – 8pm	7
8 & 9 January 2022	8am – 2pm	8
12 & 16 January 2022	2pm – 8pm	8
15 January 2022	2pm – 8pm	7
3 February 2022	2pm – 4pm 4pm – 8pm	6 7
21 & 25 February 2022	2pm – 4pm 4pm - 8pm	8 9
26 February 2022	2pm – 8pm	7
2 & 3 March 2022	2pm – 4pm 4pm – 8pm	8 9
13 March 2022	2pm – 8pm	8

A number of staff expressed the view that on many occasions they felt “pushed” and “short staffed” which led them to feel unable to provide quality time with care receivers or to deliver care which is fully in line with care receivers’ wishes and expectations. Discussions with registered nurses highlighted that a high percentage of care receivers need physical support with their meals and required two staff to support their moving and handling needs. Some care receivers were described as being able to self-care in some aspects of their lives, but on the whole, a number of them needed varying levels of assistance from staff. This included, but was not limited to, assistance with medication, moving and handling needs, support with nutrition and hydration, continence promotion and pressure ulcer treatment and prevention.

The Provider’s December 2021 quality monitoring report highlighted that two additional staff were needed. The Provider’s improvement report also noted that “the

majority of staff felt tired and overworked”, which had been attributed to staff shortages.

Feedback from two health professionals and one family member indicated that there are not enough staff at times. Comments included “you can never find staff easily on the floor and I know they’re always busy in the rooms, you sometimes have to wait ages to find staff”, and “I am aware that staffing levels and the pandemic have not always made it easy to meet every resident’s needs, but going forward it needs to be higher on the agenda”. One relative told the Regulation Officer that “the staffing levels aren’t quite there and staff are just firefighting at times”. They explained that on occasions, they have had to address their relative’s urinary incontinence needs themselves as they had waited extended periods of time for staff to respond to the call bell.

The home has not been able to evidence how they had reached the judgment that the correct amount of staff had been rostered as set out in the table on page 8 which is at odds with the Statement of Purpose. The staffing levels must meet the minimum staffing Standards at all times. This fails to meet a previous area for improvement and therefore will be kept under close review by the Commission with a view to taking more formal action² in line with the Commission’s Escalation, Enforcement and Review Policy. A staffing policy/ staffing strategy should be developed to demonstrate that the number and skill mix of staff meets the Standards, having regard to the needs of care receivers, size and layout of the home.

A revised Statement of Purpose was submitted to the Commission on 30 March 2022 setting out the minimum number of staff that will be working over the 24 hour period. It was reassuring to note that the staffing levels will include two registered nurses by day and one overnight, eleven care staff by day which includes senior care staff with vocational training at Level 2 or above and five carers overnight. Prior to the conclusion of the inspection process, it was also positive to note that

² The Escalation, Enforcement and Review Policy can be accessed on the Commission’s website and can be accessed at <https://carecommission.je/policies-and-legislation/>

recruitment of staff is continuing and has been effective. Care staff told the Regulation Officer on the final day of inspection that they felt reassured that the staffing levels were being increased. It is recognised that there were some vacancies in the home and the Provider confirmed, during the inspection process, that the home's occupancy levels would remain below the maximum until the staffing complement is increased. The overall managerial leadership must be strengthened to demonstrate that the home is led in accordance with the Statement of Purpose and this is an area for improvement.

During one of the inspection visits, the Regulation Officer was informed that staff working that day had not received any form of handover from the staff member in charge on the previous shift. This was because the staff member had left one hour earlier than their shift finish time which was communicated to the Registered Manager by the Regulation Officer for their immediate review. On the final inspection visit, staff described and demonstrated a written, comprehensive handover tool that is to be completed and discussed between outgoing and incoming staff and confirmed that, in addition, a verbal handover is always given between shifts and at other times throughout the day.

On the final day of the inspection, care staff described a situation the previous day, whereby one care receiver had left the home which concerned them as the care receiver could not maintain their own safety whilst unaccompanied outdoors. The Regulation Officer reviewed the incident record that had been completed and established with staff that they would try and dissuade the care receiver from leaving the home unaccompanied in view of risks to their safety.

This was discussed with the Registered Manager who advised that the care receiver required a more secure environment and would be subsequently making arrangements for this to happen. The Commission had not been notified of this event until after the inspection. It was apparent that the care receiver was not subject to any restrictions pertaining to their freedom to leave the home of their own accord. The Registered Manager must ensure compliance with the Capacity and Self-Determination (Jersey) Law 2016 and make applications where appropriate, to ensure that any restrictions on liberty are properly authorised.

Samples of service records were examined which showed a comprehensive, safe approach is taken to health and safety matters. Equipment such as hoists, slings, passenger lift and kitchen catering equipment are serviced regularly by external contractors. Water management systems include testing for the presence of Legionella and ensuring hot water outlets are safe are also routinely checked. Fire safety measures include routine testing of fire alarms, emergency lighting, door closures and fire extinguishers and simulated drills for all staff.

The Provider's complaints policy is displayed in the main reception area and there are no formal complaints subject to current review. Discussions with care receivers and family members confirmed that whilst they had no reason to complain or raise concerns, they felt assured that any issues would be taken on board and addressed.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

The Regulation Officer observed kind and respectful interactions by staff with care receivers which were seen as caring and attentive. Some care receivers were observed mobilising around the ground floor, some were resting in their bedrooms, others were chatting with each other or taking part in a small group activity in the main lounge. Observations were made of the dining experience and it was noted that meals were served in adequate portions which appeared appetising and nutritious. Care receivers said that lunch times were sociable for them, as it allowed them to speak with their friends and enjoy a glass of wine if they wished. They were complimentary of the standard and choices of foods available and also said they were offered plenty of snacks and drinks throughout the day.

The Regulation Officer spoke with care receivers and family members to gain their views and experiences of the home and they consistently described immense satisfaction with the standard and quality of care provided to them. They described the staff team as being very kind and caring and added that they could not praise the staff team enough. Some of the comments made by care receivers are as follows;

“We have a laugh, the food is very good and I’m very happy here. I could absolutely speak to someone if I needed to, I’ve got no concerns though”

“It’s lovely and really nice here. I haven’t been here long, but they’re very nice so far and they look after you”

“It’s fine living here, there’s no problems. The staff are as good as gold”

“I’m pretty well satisfied, the staff are very good to me and I couldn’t wish for better. I get on well with them and we all have a chat”

“It’s a very good place to be, you have some good and not so good days, but the staff try to cheer you up when you’re having an off day. They pop their head round the door and always check if you’re ok in your room. We have a laugh here, that’s the one thing we always do”

“It’s lovely, it’s as good as your own home. There’s plenty to do and the staff are absolutely marvellous and they treat you very well”

“I’m fine here and I’m quite happy”

Some comments from family members included;

“I find the home very good to be honest, the staff are excellent and they’re very good to me and X, and X is looked after very well, I’ve got no concerns in that respect. We can’t fault it and I think the care is marvellous and I know the staff are under pressure as they’re always working hard but I’ve never had any reason to complain. I’d like you to give the staff my compliments because they’re all wonderful”

“The home is head and shoulders above the others and the staff are a lovely bunch. I was shown round the home before X moved in and felt really welcomed. I love it how the balcony door can be left open, as X loves to feel the fresh air. The staff always listen to me and take on board what I suggest. I feel the staff are genuine in their efforts and some are absolutely amazing, incredible and efficient”

“I find the carers lovely and very caring towards X. When I visit I always see them popping in to check and they are genuinely interested in X’s welfare. I have total confidence in the staff team and their abilities to look after X to the extent that I don’t feel I need to visit all the time to check on X. I would recommend Lakeside to anyone as the care is good and there’s a lovely atmosphere”

Other relatives described their positive experiences also and provided specific examples of the sincere efforts the care team had gone to in making their relative’s lives more meaningful, memorable and of better-quality. One person described that their relative had been admitted into the home with poor health but since moving in their health and overall wellbeing had improved drastically. They reported “they’ve done wonders with X and I’ve got nothing by praise for them as to how they’ve given X and my family a better quality of life”

Another relative described how the staff team had made significant efforts to organise a birthday party which allowed family members to spend time together and be reunited for the first time in a few years. The family member told the Regulation Officer that they considered the staff team to be sincere in their care and support and that this had been a memorable occasion for the family. One person did indicate that their relative did not always have adequate supplies of a specific product in their bedroom, which the Regulation Officer communicated to the Registered Manager.

Health care professionals told the Regulation Officer that they considered the staff team to be very engaging, knowledgeable and willing to provide good care. They described the Registered Manager as being very approachable and one person said they “have confidence in respect of the management of the home” and another commented “I find the manager very responsive, and she will always get back to me promptly. I’ve never had any issues at all and the staff and manager are very approachable and I’m confident if I had any issues, they would be addressed”.

The health and social care professionals have received positive feedback from family members about the care provided to their relatives. One professional did comment however, that some families have noted that there are limited opportunities for care

receivers to go outside for some fresh air and walk round the gardens, and that this would be of benefit to them.

At the last inspection, the requirement to notify the Commission of incidents, accidents and other notifiable events was made and some progress has been noted in this regard. The Commission has received several notifications and had noted that there was an increase in the number of notifications submitted which detailed the development and deterioration of some care receivers' pressure ulcers. This contrasted with the findings relating to tissue viability identified during the previous two previous inspections in 2020 and 2021, which had informed this inspection, constituting a specific area of focus. The Commission will continue to monitor the details of all notifications submitted and liaise with the Registered Manager where necessary.

Some individual care records pertaining to pressure ulcer management showed that the Commission should have been notified earlier than had happened; based upon information contained within the records. The notification of incidents received by the Commission relating to pressure damage were cross referenced with samples of care records which found that there were records made and treatment plans implemented to promote healing. However, some showed gaps in recording the grade of the pressure ulcer according to the wound chart and others showed photographs of skin damage but it was difficult to identify the exact location of the body on the photograph.

There were recognised risk assessment tools for the monitoring of malnutrition and skin integrity and these completed regularly, and where necessary referrals made to the Dietician and other health professionals. However, there were inconsistencies and gaps in implementing, making changes and evaluating plans following the assessment of risk to evidence how best to minimise further harm. For example, there was an ongoing, escalating increase in one care receivers' risk of pressure ulcer development, although there was no corresponding prevention plan implemented to demonstrate what preventative measures were taken.

One person's care records showed that their risk of developing a pressure ulcer using a recognised assessment tool had been shown to be increasing month on month. However, there was no evidence to suggest that this had been formally evaluated or that the plan had been adjusted to implement additional preventative measures.

Feedback from one health professional suggested that there were some gaps in general wound management knowledge and whilst staff are very good at making referrals for specialist advice, it is apparent that referrals could be made at an earlier stage.

During the inspection process, the Provider had recognised that there was a development need relating to the management of pressure ulcers and it was positive to note that they had arranged for relevant, clinical training to be provided by a registered nurse to the staff team.

The records showed evidence of routine weight monitoring and analysis of the records from January to February 2022 highlighted that some care receivers on the nursing floor had lost weight. The records showed that referrals had been made to the Dietician and GP. However, there were gaps in the records in that it was not consistently apparent as to whether the degree of weight loss had been of significance for the individual and the care plans did not show that there was a specific plan weight reduction. The care plans did not show what actions had been taken as a consequence, although in discussion with staff, it was clear that they had implemented monitoring records to record care receivers' nutritional intake.

There was a good example of an evaluation of one care receivers care records. This took account of noting and recording a change relating to their health, liaising with relevant persons and gaining the individual's views about how they wanted this to be addressed.

On the whole, the evaluation of care was seen to be procedural rather than analytical and methodical and did not always demonstrate that changes to interventions were borne out of changes in assessments. There was also a lack of clinical decision

making and effectiveness of practice evident in the records related to care receivers receiving nursing care. The records need to be strengthened in terms of the quality of evaluation to demonstrate the nursing process more clearly and this is an area for improvement.

Family members that were spoken with outlined the excellent communications that they had received from the staff team, both on a regular basis, and at a time when visiting restrictions were in place. They all described to the Regulation Officer that they are kept up to date about ongoing reviews of health and conditions and that their views are sought as part of the review process. Comments included;

“when the home was closed, they kept me informed of X’s condition” and “they keep me updated all the time, they phone me once a month and ask how things are and when the home was closed I was able to Skype and see X”.

Another relative said, “I get a monthly call from the staff to explain how X is and I’m always asked if I think anything else is needed. I find this really helpful and in between times, I know the staff will ring me and let me know if there are any other changes”. This is an area of good practice.

A safeguarding alert was raised by a health professional in December 2021. The Regulation Officer participated in a multi-professional safeguarding discussion on 5th January 2022, where it was noted and recorded by attending health professionals that the home had made proper provision to address and optimise the individual’s health and wellbeing. There was no evidence to suggest that the home had provided an inadequate level of care. The case coordinator acknowledged that the efforts of the staff team had led to improvements in the individual’s willingness to accept certain aspects of support.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

All staff are provided with a comprehensive 12 week induction programme to introduce them to their roles. This consists of a combination of face to face practical training as well as e-learning. Two staff recently recruited were spoken with during the inspection and described what their initial induction into the home had been like. They were both clear in describing and recognising their limitations in providing certain aspects of care as additional training was required and this was recognised as an area of good practice. Their individual records were cross referenced which reflected the verbal account they had provided both said that they had been made to feel welcome by their colleagues and appeared keen and motivated to learn about aspects of their role.

The Provider has an in house trainer who delivers certain aspects of mandatory training to the staff team. She explained that she had recently been provided with accredited training to enable her to deliver emergency First Aid training and the certificates confirmed the course content and learning outcomes. Training provided to staff also encompasses an assessment of their learning about how they apply learning into practice.

An example of this was provided which related to safeguarding training which included reflecting upon a real life case scenario published in the national media which illustrates certain types of abuse and the impact upon care receivers.

During the inspection, the in house trainer described that, following the delivery of pressure ulcer training by the Provider's clinical nurse, they had also formulated a plan to evaluate the effectiveness of training. This included face to face discussions and reference to photographs of various grades of pressure ulcers and using this as a tool to aid learning.

The Provider maintains a training log and in addition, the in-house trainer monitors the effectiveness of training by undertaking observations of staff whilst going about

their work. This includes observations relating to practices relating to infection control, communication and nutrition and hydration. A sample of records were examined which showed the effectiveness of practice and recorded where improvements in quality were needed. Discussions with care staff highlighted that there was a development need to ensure all staff understand the meaning and responsibilities of the Capacity and Self Determination (Jersey) Law (2016), and the associated processes relating to Significant Restrictions on Liberty. This is an area for improvement.

There are opportunities for staff to undertake vocational training such as the Regulated Qualifications Framework. At the time of inspection there were thirty six staff who had completed training to at least Level 2 and some had completed a Level 3 award. All staff who administer medication have completed further training as the Standards require.

Three health and social care professionals commented on the willingness of the staff team to work in partnership with external professionals and described a confidence in their abilities. One person said “they know my client very well and can always provide updated information” and another said “when I have been to the home to carry out reviews (sometimes with doctors and other healthcare professionals), nursing staff have always been helpful, providing the clients file and care notes for us to see as well as talking through any concerns they have had”.

Environment

The Standards outline that the environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.
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Whilst the general environment was found to be comfortable and homely, there were three bedrooms that were found to be in poor decorative order. This was evidenced by chipped and scuffed paintwork and a broken radiator cover in one of the bedrooms. Whilst it is recognised that the home has a planned programme of refurbishment in place, the need to redecorate and improve these bedrooms is an area for improvement.

IMPROVEMENT PLAN

There were seven 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>Ref: Regulation 5 (2)</p> <p>To be completed by: immediately</p>	<p>The managerial and leadership arrangements must be strengthened to lead the home in accordance with the Statement of Purpose.</p> <hr/> <p>Response by registered provider:</p> <p>The General Manager (GM) is managing the home with support from a Senior Registered General Manager in the care village who provides a regular clinical and managerial support.</p> <p>Guidance and professional expert advice is also provided by the Regional Director (RD), Regional Clinical Development Nurse (CDN), Managing Director (MD) and the wider Barchester support team. This is evidenced by regular (face to face/ virtual) meetings, weekly and monthly reporting and CDN/ RD/Quality Assurance Team inspections/visits.</p> <p>The recruitment for a Deputy Manager (DM)/Clinical Lead Nurse (CLN) is underway.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3.9 Appendix 5 (Care Home Standards)</p> <p>To be completed by: immediately</p>	<p>The Provider must ensure that the home is staffed at all times at or above the minimum level specified in the Statement of Purpose and in accordance with the minimum staffing levels.</p> <hr/> <p>Response by registered provider:</p> <p>The General Manager will ensure that the home is staffed at or above minimum staffing levels.</p> <p>The General Manager will follow the Statement of Purpose and the Barchester Safe Staffing Policy to ensure safety of residents at all time. The Safe Staffing Policy allows for the whole home approach to be implemented in times of crisis/short notice absences and this will be reported immediately to the Regional Director for support and further intervention as required.</p>

Area for Improvement 3 Ref: Standard 3.6 To be completed by: immediately	The Provider must evidence that all safer recruitment employment checks are in place for all newly recruited staff.
	Response by registered provider: The Recruitment process has been fully reviewed by the GM, the Administration Team, and HR Team and all actions have been supervised by the Regional Director. The GM will ensure that a strict compliance with the recruitment policies and procedures will be followed as per standard. The GM will conduct a final review of all prospective recruits' electronic and paper files to ensure they are fully completed and verified prior to them commencing employment. Internal weekly meetings with GM and Home Admin team remain in place to discuss progress of each application and ensure the appropriate checks are made. Weekly meetings via Zoom with Barchester Recruitment and Regional Director will continue to ensure that the home is in compliance with all safe employment checks and processes.

Area for Improvement 4 Ref: Regulation 21 Standard 4.3 To be completed by: immediately	The Provider must ensure that the Commission is made aware of all notifiable events within 2 working days of the event.
	Response by registered provider: The GM will ensure that all notifiable events are submitted to the Commission in a timely manner. All staff have been made aware of notifiable events and the protocols to follow to ensure that events are reported and can be investigated and reported within 2 working days of the event. In the absence of the GM and a DM, the RD will be notified to ensure that the notification is submitted.

<p>Area for Improvement 5</p> <p>Ref: Standard 2.4</p> <p>To be completed by: immediately</p>	<p>Personal plans will be reviewed and evaluated to evidence the effectiveness of nursing interventions.</p>
	<p>Response by registered provider:</p> <p>A full review of all residents' personal care plans is now underway to ensure evidence of nursing interventions is planned, reviewed and evaluated in full. This is being actioned by the GM and nursing team with support of the Regional Clinical Development Nurse.</p> <p>An additional document has been implemented within the Care Plan which specifically records any acute medical problems and details the actions in place.</p> <p>Any conditions needing nursing interventions are reported on the Clinical Governance System, which is reviewed by the CDN and the RD for actions and progress.</p> <p>The Care Plan Audit is in place and the Regional Director undertakes spot checks of care plans through announced and unannounced visits to the home.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 7.1</p> <p>To be completed by: 2 months from the date of this inspection (30 May 2022)</p>	<p>The décor in the bedrooms identified to the Registered Manager at inspection must be improved upon.</p>
	<p>Response by registered provider:</p> <p>The home maintenance team are undertaking the redecoration of the specified rooms and carpets and furniture have been ordered with a plan to have all these rooms completed by end of May 2022.</p>

<p>Area for Improvement 7</p> <p>Ref: Standard 3.11</p> <p>To be completed by: 3 months from the date of this inspection (30 June 2022)</p>	<p>Staff must be provided with training in relation to the Capacity and Self Determination (Jersey) Law 2016.</p>
	<p>Response by registered provider:</p> <p>The General Manager has contacted the SRoL Training Educator to arrange a date to conduct Capacity and Self Determination Law. This date is to be confirmed.</p>

	<p>The General Manager will discuss principles of this Law with all staff at Staff Meeting planned for May to ensure general knowledge and awareness prior to this training date being confirmed.</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 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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