



Jersey Care
Commission

Summary Report

Lakeside

Care Home Service

La Rue de La Commune

St Peter

JE3 7BN

2, 3 and 30 March 2022

The full report can be accessed from [here](#).

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 complimentary 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.

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> <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> <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>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.6</p>	<p>The Provider must evidence that all safer recruitment employment checks are in place for all newly recruited staff.</p>
<p>To be completed by: immediately</p>	<p>Response by registered provider:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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

<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>
--	---