



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside Manor

Care Home Service

Rue de la Commune,

St Peter

JE3 7BN

1, 2 and 14 July 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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 Manor Care Home. The service is situated in the parish of St Peter adjacent to another care home which is owned by the same provider. There is a bus stop outside the entrance to the home which facilitates routes to both Red Houses and the town centre.

The accommodation is split over three floors. The ground floor provides support to both residential and nursing care, focusing on individuals who require support with their mobility. However, a significant number of the care receivers have a diagnosis of dementia. The first and second floor support individuals who are living with dementia and require specialist support.

In addition to individual en-suite bedrooms, each floor has communal lounges, dining areas, assisted bathrooms and quiet seating areas in recesses within the corridors. There is a secure balcony area on the first floor, a patio on the ground floor and enclosed gardens to the rear of the care home. The ground floor also has a café area where care receivers, family members and visitors can spend time socialising.

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 essential to the provision of safe systems of support for residents who may exhibit confusion and disorientation to time and place.

The home was last inspected on 17 and 22 June 2021.

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| Regulated Activity | Care home |
| Conditions of Registration | <p><u>Mandatory</u></p> <p>Type of care: personal care, nursing care</p> <p>Category of care: dementia, adult 60+</p> <p>Maximum number of care receivers: 65</p> <p>Maximum number in receipt of personal care: 55</p> <p>Maximum number in receipt of nursing care: 10</p> <p>Age range of care receivers: 55 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Ground floor: 1 – 24 (no 13) one person</p> <p>First floor: 1 – 29 (no 13) one person</p> <p>Second floor: 1-15 (no 13) one person</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions</p> |
| Dates of Inspection | 1, 2 and 14 July 2022 |
| Times of Inspection | 07:30 to 14:10, 12:00 to 16:45, 09:00 to 17:00 |
| Type of Inspection | Unannounced |
| Number of areas for improvement | Two |
| Number of care receivers accommodated on the day of the inspection | 65 |

The Care Home is operated by Barchester Healthcare Homes Limited and the Registered Manager is Rosie Goulding.

Since the last inspection on 17 and 22 June 2021, the Commission received an updated copy of the service's Statement of Purpose. This was submitted in March 2022 due to changes in corporate terminology and changes to staffing numbers.

The Regulation Officer reviewed the Statement of Purpose as part of the inspection process and it was found to be generally reflective of the services provided. The Registered Manager explained that the document is currently under review and an updated copy will be submitted in August 2022 if required.

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 findings from this inspection were positive. All staff involved in the process engaged fully and provided the Regulation Officer with a comprehensive overview of the home and its working practices.

Care receivers were welcoming and willing to engage in conversation. The Regulation Officer noted through general observations, several examples of positive interactions between staff and care receivers. The needs of care receivers were understood and actions taken to respond when enquiries were made or intervention was required. Family members provided constructive feedback which was complimentary of the level of care provided to their relatives.

Safe systems of work were evidenced through the home's safe recruitment practices, policies and procedures, maintenance schedules, risk assessments and audit programmes.

There is a comprehensive induction and training schedule in place for all staff which clearly identifies the mandatory training requirements for the service.

Staff are supported to undertake dementia specific training to support their knowledge and understanding of caring for individuals who have dementia. Regular supervision and appraisal is also in place to support staff in their roles.

Personal plans were examined in detail and all relevant care plans and risk assessments were found to be in place which were informative, giving a good overview of individual needs. However, it was noted that there were no specific care plans in place for the administration of certain types of 'as required' medication. The benefit of having such care plans would be that they would provide guidance to staff on the early intervention methods required and the circumstances in which 'as required' medication should be given. This an area for improvement.

The home completes "getting to know me" booklets that are based on information gathered at the point of admission. These are not developed as more is known and understood about individuals. In order to be effective, booklets need to be considered as live documents which are added to as more information is discovered about care receivers' lives, wishes and preferences. This is an area for improvement.

INSPECTION PROCESS

This inspection was unannounced; therefore, no notice of the inspection was given to the Registered Manager prior to the first visit on 1 July 2022. Visits on 2 and 14 July were pre-arranged. This was to ensure that the Registered Manager would be available.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed including the previous inspection report, the service's Statement of Purpose, communication records, safeguarding alerts, complaints and notifications of incidents to the Commission.

The Regulation Officer sought the views of the people who use the service, and / or their representatives, and spoke with managerial and other staff.

During the inspection, the Regulation Officer spoke with the Registered Manager, Training Officer, Maintenance Officer and Chef. Five members of the care team also provided feedback.

There were also opportunities to meet with six family members who were visiting the home. Discussions were held with three care receivers, as well as opportunities to observe care receivers participating in their daily routines and interacting with those around them.

Posters were displayed at the front entrance of the home and in the staff office informing people that an inspection was taking place and inviting people to get in touch with the Regulation Officer to provide feedback.

Communications were sent to adult social care and older adult mental health services seeking feedback from professionals who have had contact with the home.

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

During the inspection, records including policies, care records, recruitment files, training records, maintenance files, incidents, complaints and audits were examined. This inspection also included a tour of the premises with dedicated time spent on each floor.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to the Registered Manager. This was followed by final written feedback six days after the final inspection visit.

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, one area for improvement was 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 it was positive to note that all of the improvements had been made. This means that there was evidence that all recruitment processes are auditable and recorded.

Lakeside Manor has a large staff team which comprises both care and ancillary staff teams. As well as the Registered Manager and Deputy Manager, there were four nursing posts, six senior care workers and 25 care workers in post at the time of inspection. There are 12 to 13 staff on duty each day and six at night. There are currently several vacancies across all areas of the care team.

The home also has teams of staff supporting housekeeping, kitchens, maintenance and training.

The Registered Manager reported that there had been difficulties in recruiting of new staff which prompted the organisation to explore a wider range of recruitment opportunities. It is anticipated that the home will return to optimum staffing levels by the end of the year.

Safety

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| <p>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.</p> |
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Recruitment files for six members of staff employed since the last inspection were reviewed. All safe recruitment checks were found to be in place and personnel files had the relevant information required as set out in the Care Home Standards. There was also evidence of a clear process for assessing and managing risks when safer recruitment checks highlight the need for further scrutiny.

The Regulation Officer discussed with the Registered Manager the processes in place to manage staff issues in relation to performance. The Registered Manager described the range of mechanisms in place to identify and manage performance which are linked to the disciplinary policy. Examples were also given of the supportive measures taken to help staff improve their practice.

A review of policies and procedures in place to support the operation of the home provided reassurance that the requirements detailed in Standard 1.6 of the Care Home Standards were being met. Policies are reviewed regularly to incorporate best practice and learning outcomes.

The home has received two formal complaints since the last inspection. Both were dealt with under the complaints policy with written outcomes being provided to the complainants. Any informal complaints are brought to the attention of the Registered Manager who will investigate and provide feedback. This was supported by relatives spoken to during the inspection visit who stated that any issues raised are dealt with in a timely manner.

There was also evidence within care receivers' files which documented concerns raised by relatives and staff were able to explain what action had been taken to resolve matters.

There have been five safeguarding alerts raised since the last inspection. The Registered Manager was able to demonstrate the learning following alerts and the steps taken by the home to change or improve practice. A policy is in place and safeguarding training is included within the mandatory training for the service.

Notifications to the Commission since the last inspection were reviewed by the Regulation Officer prior to the inspection, with accident and incident logs for the home examined as part of the inspection visit. The Registered Manager was able to demonstrate her knowledge and understanding of the thresholds for notification submissions to the Commission and this was evidenced through the notifications received. At the end of each month, the Registered Manager undertakes a review of all incidents looking at common themes and lessons learned. This information provides evidence which informs policy reviews and updates, as well as identifying areas where practice can be improved.

There are clear processes in place for the management of falls. All staff understand the process to be followed when falls occur. The Regulation Officer witnessed such an event on the third inspection visit. All protocols were followed to assess for injury and a plan put in place to ensure appropriate medical follow up and observation following the incident. The Registered Manager explained that all falls' events are monitored and a root cause analysis undertaken when multiple falls are reported, with action taken to address any issues identified.

The Regulation Officer noted a balanced approach to risk management within the home. Several examples were observed and provided of dynamic risk assessment practices. The Registered Manager also provided examples where providing a less restrictive environment for some care receivers with dementia, who were assessed as requiring a secure environment, had more positive outcomes. Risk assessment and management plans are kept under continual review and updated as required. This is an area of good practice.

At the time of the inspection, there were 30 Significant Restriction of Liberty (SROL) authorisations in place. Training in Capacity and Self Determination (Jersey) Law 2016 (CSDL) has been undertaken by established members of the team with training currently being sourced for newly recruited members of staff. The Registered Manager expressed that she had faced some difficulties with the SROL application and authorisation process which she has raised directly with the CSDL team.

The environment of the home is maintained to a high standard with communal areas appropriately furnished and decorated. Bedrooms are also well maintained with care receivers' personal belongings set out as they choose. The Registered Manager highlighted several planned improvement projects, such as a new kitchen area on the second floor. The patio on the ground floor is in need of some immediate attention as the paving is uneven. The Registered Manager reported that she is awaiting a start date to be confirmed by the contractor.

All maintenance and fire logs for the home were viewed and discussed with the maintenance officer who is also the Health and Safety representative for the home. Regular and detailed safety checks are in place and a number of contractors are also engaged to undertake a variety of specialist safety checks within the home. All fire checks were found to meet the requirements of the fire logbook as stipulated by the fire service.

The Provider undertakes a comprehensive schedule of audits within the home. This includes quality assurance, medication and call bells on a monthly basis. Other audits are carried out at various time frames throughout the year and include dementia care, infection control, nutrition and dining and health and safety.

Registered nurses and senior care workers all undertake mandatory first aid training and it is offered as an optional course for care workers. First Aid boxes are available on each floor. The Registered Manager described a recent event where emergency first aid was required. Reflections after the event highlighted the need to make some adjustments to the equipment stored along with the first aid boxes which will make it

easier for staff to access in an emergency and potential changes in policy to take account of the learning. This is an area of good practice.

There is a clear management structure in place with defined reporting lines for staff within each floor. This is supported by the Deputy Manager and Registered Manager who oversee all management issues within the home. The Regulation Officer noted a clear presence of both the Deputy Manager and Registered Manager on all floors. They were observed to have good rapport with all care receivers and staff. Management were described by staff as very supportive, with one staff member commenting on their willingness to “get their sleeves rolled up”. It was also noted that the Registered Manager creates opportunities for teaching and learning every day.

In addition, there were several initiatives in place to support effective communication and improve practice on a daily basis. Handovers take place at each shift change where an update is given on each care receiver and any health or medical needs discussed and actioned. A “stand up” meeting takes place each morning involving care, domestic, kitchen, maintenance and training team members. This provides oversight of what is happening in the home and tasks are delegated to each department as required. The Registered Manager undertakes daily walk rounds and observations are checked against a set of pre-determined standards.

The Registered Manager confirmed that Lakeside Manor is registered with the Jersey Office of the Information Commissioner (JOIC)

Care and support

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.

An initial assessment is undertaken prior to admission and a copy is available within each care receiver's care plan. The Registered Manager explained that she must be satisfied that the home can appropriately meet the needs of individuals before a placement is offered.

A sample of care plans from each floor were examined in detail by the Regulation Officer. They were found to be very detailed, taking account of the specific needs of each individual. It was evident that staff knew care receivers well and reflected their specific preferences in relation to how their care needs would be met. This was also highlighted for those care receivers with dementia. Clear details were given relating to routines that some individuals like to follow and the reasons why this was important to them.

Care plan reviews are undertaken monthly and relatives are contacted as part of the process to share their views. The Registered Manager reported that this helped to improve communication with relatives and is effective in resolving any issues promptly. More formal reviews are held with families on a six-monthly basis and all feedback is recorded within the care plan. This an area of good practice.

There is a diverse range of care needs within the home and there is different types of care delivery evident within each floor. Staff have a good understanding of the requirements within each floor and are able to adapt accordingly.

The Regulation Officer noted the degree of respect which was demonstrated in working with care receivers with dementia, recognising the impacts of the condition on the individual and not forgetting how they would wish to be treated. Examples of this included, how people were addressed when being spoken to, ensuring that their appearance matched their wishes and preferences and displaying empathy when individuals were experiencing periods of confusion or disorientation.

The home has a dementia policy in place for the care and support of those living with dementia. The areas covered within the policy include training, delivery of person-centred care, reducing distress, engagement nutrition and dementia friendly environments. There are also three dementia champions whose roles are to promote best practice within the home.

Initiatives include the use of therapy pets and dolls, activity stations with objects of reference in the corridors, photo albums and personal history books, a regular programme of individual and group activities and the importance of promoting good family support.

Each care receiver has a “getting to know me” booklet within their care plan and some have “personal life history” profiles. This type of information was demonstrated as being invaluable in helping staff to understand and interpret the presentation of care receivers who have dementia, which in turn assists staff in developing strategies to better support individuals, leading to better outcomes. An example of this was supporting an individual to reduce their anxiety by showing them their old home on Google maps.

However, it was noted that the booklets were filled in at the point of admission but not developed as staff get to know care receivers and their families better and wishes, preferences and past histories become better known. Booklets should be seen as live documents. This is an area for improvement.

Some care receivers with dementia have been prescribed ‘as required’ medication for administration during periods of agitation. When asked, staff were very knowledgeable of the circumstances under which such medication would be administered and provided practical examples, but this was not easily identifiable within the care plans. It is important that each care receiver who is prescribed ‘as required’ medication for periods of agitation has a care plan which clearly details the primary preventative strategies to be put in place to manage such instances, for example, distraction/redirection and the specific circumstances for which ‘as

required' medication is to be administered. This will ensure consistency in approach within the care team. This is an area for improvement.

A review of the staffing rotas identified appropriate staffing levels on the first and second floors of the home in relation to the categories of care provided. A short care needs analysis was undertaken with the Registered Manager in relation to the ground floor. This determined that minimum staffing levels were being met. However, this requires to be kept under review as care needs can fluctuate and new admissions can impact upon overall workloads. This was acknowledged by the Registered Manager.

Staff demonstrated a good understanding of their roles and responsibilities and were able to explain the different types of health needs they may be required to provide support for, what interventions may be required and when they would access the support of professionals or specialist services. This was particularly evident in relation to pressure care.

A high level of understanding was also demonstrated in the importance of maintaining the nutritional needs of care receivers. Menus are displayed at the entrance to each dining room and care receivers are always offered a choice. Staff were observed bringing plates to the table to provide a visual choice for care receivers with dementia. A list of the nutritional needs of care receivers is shared with the kitchen and care staff each week. This includes information relating to any supplements prescribed by the dietician. Care plans were generally informative of individual dietary needs however, it would be beneficial to have some more detail relating to supplements required and when to give them. One staff member gave an example of a care receiver preferring to have a supplement added to their hot drink. This was known amongst the staff team but would benefit from being written in the care plan. This was brought to the attention of the Registered Manager for further consideration.

It was reported by some relatives that personal items of clothing had gone missing when sent to the home's laundry. Generally, items were later recovered but it was a source of frustration for families. This was discussed with the Registered Manager

who acknowledged the difficulties and explained that work was currently being undertaken to provide extra training and improve working practices in this area.

There is an activities co-ordinator employed for 36 hours per week plus a zero-hour member of staff who provides cover for activities out with the home. Posters detailing the weekly activities are displayed throughout the home and offer a variety of options. Relatives provided very positive feedback on the quality of the activities and commented on how open the home was to families joining in.

There was also consistent praise for the activity co-ordinator who was described as being enthusiastic and motivated. One staff member described the positive difference that having regular structured activities within the home has made. One care receiver and their relative shared photographs and videos of activities that they had participated in. The care receiver smiled and talked about familiar faces while watching the video. The Regulation Officer observed an interactive sing-along session on the ground floor which was well attended.

Staff attitudes and approaches to the care they provide was noted be very positive. All staff spoken to during feedback displayed positive attitudes and demonstrated a commitment to high standards. Family members praised the commitment of the staff commenting on their patience and positivity and willingness to work with families to achieve positive outcomes.

Training

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| <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> |
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There is an established induction programme in place for all new members of staff. The first week of employment is classroom based where a number of training courses are undertaken including fire awareness, health and safety, food safety, infection control and moving and handling. Staff will then undergo a period of shadowing within the home and will work through further training within the first 12 weeks of employment.

There is a clear mandatory training programme in place for all staff which comprises of both online and practical teaching sessions. Training is updated at regular intervals, as determined by best practice and trainers' recommendations.

The home has a full-time training officer who is responsible for ensuring that training for all staff is kept up to date and also delivers elements of the training programme within the home. The Training Officer has responsibility for undertaking competency checks, providing advice and support and developing development plans where required.

Supervision is provided to all staff every two months. Appraisals are undertaken annually with mid-year reviews in place.

The Registered Manager reported that there is eight members of staff who have a Level 2 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care, with two staff undergoing the award and three due to start in September 2021. A further eight members of staff have a Level 3 RQF/NVQ, with one undertaking the award. This constitutes over 50% of the total staff team, which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

Medication training is undertaken as part of the RQF award. Once completed staff undergo annual competency checks. Nurses and senior care workers also undertake additional training delivered by the pharmacy who supplies medications.

In relation to specific categories of care for which the service is registered to provide, online dementia training is available for all staff. This is a comprehensive course, comprising of seven modules which cover different aspects of dementia care.

Staff will undergo training for specialist or delegated tasks as and when required. This includes blood sugar monitoring and catheter care.

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>To be completed by: 1 months from the date of inspection (14 August 2022).</p> | <p>The Registered Manager must ensure that each care receiver who is prescribed 'as required' medication for periods of agitation has a care plan which clearly details the strategies to be put in place and the specific circumstances for which 'as required' medication is to be administered.</p> <hr/> <p>Response by registered provider:</p> <p>Whilst we use specific assessment tools and care plans for periods of distress behaviours, we have enhanced our practice by implementing care plans for the use of "as required medication" for periods of agitation.</p> <p>These include the use of non -pharmaceutical interventions that are specific to the individual.</p> |
| <p>Area for Improvement 2</p> <p>Ref: Standard 5.3, 9.1</p> <p>To be completed by: 4 months from the date of inspection (14 November 2022).</p> | <p>The Registered Provider must ensure that the use of communication and life history tools are used consistently, acting as live documents which are developed as care receivers wishes, preferences and past histories become known to those supporting them.</p> <hr/> <p>Response by registered provider:</p> <p>We will continue to review these documents on a monthly basis.</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
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je