



**Jersey Care  
Commission**

## **Summary Report**

**Lakeside Manor**

**Care Home Service**

**Rue de la Commune**

**St Peter**

**JE3 7BN**

**1, 2 and 14 July 2022**

## 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.

## 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.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>To be completed by:</b> 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> <p><b>Response by registered provider:</b></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><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 5.3, 9.1</p> <p><b>To be completed by:</b> 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> <p><b>Response by registered provider:</b></p> <p>We will continue to review these documents on a monthly basis.</p>

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