



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside

Care Home Service

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

28 September 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

	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 – 26: one person for the provision of personal care only Rooms 31 – 69: One person
Date of Inspection	28 September 2022
Time of Inspection	12.30pm – 3.30pm
Type of Inspection	Unannounced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	56 (21 nursing and 35 personal care)

On 14 July 2022, the Commission received correspondence from the Provider which advised of their intention to vary the conditions on the home's registration which related to a decrease in the number of nursing beds. The Commission have requested further information relating to the outcomes of assessments undertaken to determine care receivers' health and care needs before a decision is made in this regard.

The Commission received a notification of absence of the Registered Manager in July 2022 which included details of the interim managerial arrangements. The Commission received a further notification in September 2022 advising of a change to the Interim Manager. The Registered Manager position is currently vacant.

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.

There have been changes to the home's managerial arrangements, following the last inspection. The Registered Manager's position is currently vacant and there is an Interim Manager in post. The Provider must provide the Commission with details of

the arrangements to appoint a new Registered Manager is one area for improvement resulting from this inspection.

Overall, there was evidence that progress and improvements have been made to address the areas of improvement that were made during the March 2022 inspection. The governance arrangements have been strengthened to include support from clinical development nurses, which has proven to be beneficial in terms of learning and development and improving aspects of record keeping standards. The Provider is kept informed of the home's performance through the outcome of audits, clinical governance records and through visits by Provider representatives.

The staffing levels have improved so that they meet the minimum staffing Standards and reflect the Statement of Purpose. Two registered nurses have been recruited to the staff team since the last inspection and recruitment for care and housekeeping staff continues. There was evidence of safe recruitment practices.

The requirement to notify the Commission of events within the home has improved and the home has been transparent and open with the Commission relating to operational and staffing matters.

All the staff team have been provided with practical basic life support training lately and there has been an emphasis placed on advanced care planning, so that care receivers' end of life wishes are established and recorded.

INSPECTION PROCESS

This was an unannounced follow up inspection, completed to assess compliance with the areas for areas identified at the last inspection which was completed on 30 March 2022. The Provider has maintained contact with the Commission to advise of operational issues as they have arisen, and the Regulation Officer had visited the home on three separate occasions in between inspection visits. These visits took place on 15 July, 1 August and 26 August 2022.

The visit completed on 15 July 2022 was for was for the purpose of reviewing records in relation to a safeguarding alert that the home had raised. The Regulation Officer attended two safeguarding discussion meetings in July and August 2022 also.

At the last inspection, seven areas for improvement were identified and an improvement plan was submitted by the Registered Provider setting out how these areas would be addressed. The Improvement Plan was discussed during this inspection with the Interim Manager and Interim Deputy Manager. There was evidence that progress has been made to address the areas for improvement, and one new area for improvement is made from this inspection.

Records including samples of staff recruitment records, handover records, care records, training records and off duty rotas were examined.

This report sets out our findings and 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, seven areas for improvement were identified and the improvement plan was discussed during this inspection. It was positive to note that progress and compliance has been noted in all of the areas as noted below:

Area for improvement 1:

The managerial and leadership arrangements must be strengthened to lead the home in accordance with the Statement of Purpose.

Since the last inspection, there have been changes to the home's management. There is currently no Registered Manager in post and there have been two interim managers appointed since July 2022. The Interim Manager, who is well known to the staff team, was present during the inspection visit and described the key areas of

focus which has included; staffing levels and planning of rosters, recruitment, advanced care planning, leadership and staff training. The Interim Manager has been in regular contact with the Commission since being appointed.

At the time of the inspection visit, a new interim Deputy Manager was in post who, along with the Interim Manager, helped to facilitate the inspection process. The Deputy described one of their key objectives as helping to provide direction and leadership to the staff team. They described the ways of ensuring that staff are constantly improving and working towards meeting standards.

A meeting was scheduled to take place with Barchester representatives and the Commission in October to discuss the plans for a permanent manager to be appointed, however this had to be postponed until November. The need to have a permanent manager appointed is an area for improvement arising from this inspection.

Additional support to the staff team has been provided over the past few months by clinical development nurses who have helped to strengthen clinical practice issues and improve the staff team's approach to aspects of record keeping. A sample of care records were reviewed during the visit on 15 July 2022, which contained more detailed information relating to pressure sore management than was noted during the March inspection.

The Provider's Clinical Nurse Manager and health and safety support team have also visited the home over the past few months as part of the enhanced governance arrangements put in place. The Commission considers this to have been valuable, particularly whilst the home has been without a Registered Manager and would encourage this level of additional governance to continue.

The Interim Manager has, in conjunction with the registered nurses and clinical development nurses, reviewed and reassessed care receivers' needs, which has led to some care receivers moving to alternative care settings. This demonstrated that the home is operating in line with the conditions of registration, specifically relating the category of care that the registration permits.

The home has been operating at below its maximum occupancy over the past few months and at the time of inspection there were 10 unoccupied beds. The Provider has taken a measured and cautious approach with regard to accepting admissions into the home until the staffing levels increase, managerial arrangements are stabilised, and the areas of improvement are addressed.

In response to an event in the home in July 2022, it was identified that the staff team had not all received training in basic life support. It was positive to note that at the time of inspection, almost all the whole staff team had been provided with practical basic life support training. The management team spoke of an emergency situation, which occurred in the home which was resolved successfully and evidenced the effectiveness of training provided.

Area for improvement 2:

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.

A sample of staffing rosters were examined which showed that the home is meeting the staffing Standards to reflect to occupancy levels in the home and in accordance with the Statement of Purpose. Recruitment of staff is ongoing and since the last inspection, registered nurses and care assistants have been employed to the staff team. Staffing rosters are now devised some six weeks in advance and were reviewed during the inspection visit.

Area for improvement 3:

The Provider must evidence that all safer recruitment employment checks are in place for all newly recruited staff.

A sample of personnel folders were reviewed which found that all necessary recruitment checks had been provided as part of pre-employment screening and the recruitment process was in line with the Standards.

Area for improvement 4:

The Provider must ensure that the Commission is made aware of all notifiable events within 2 working days of the event.

There has been a marked improvement in the submission of notifications since the Interim Manager has been appointed. The Commission has regularly been receiving notifications of events in the home and the Interim Deputy Manager is aware of the process and of the requirement to notify.

Area for improvement 5:

Personal plans will be reviewed and evaluated to evidence the effectiveness of nursing interventions.

Upon the Regulation Officer's arrival into the home to carry out the inspection, the Deputy Manager was in the process of reviewing a sample of care folders and auditing information contained in the care plans. She explained and demonstrated that the care plan audit included cross referencing all information relevant to care receivers' needs to judge whether the care plans were personalised, up to date and provided evidence of assessment, plans and evaluations.

During the inspection visit on 15 July, the Regulation Officer sampled records which related to care receivers who had pressure ulcers. The information within the records showed that a greater level of detail had been recorded relating to their management and evidenced the effectiveness of clinical and nursing interventions. During this visit, one of the registered nurses described and showed the Regulation Officer visual images relating to the classification and ongoing management of pressure ulcers that the team had developed and benefitted from.

Enhancing the content of care records remains a work in progress, however the governance framework is showing that improvements are being made in line with the Standards for record keeping. Improvements have also been made in relation to the handover process so that staff can communicate relevant information to their colleagues on the next shift.

A key area of focus in relation to care planning has been to develop advance care planning processes. The primary outcome of this work has been to establish and record care receivers' end of life wishes and record their wishes in consultation with discussion with family members and GPs. Information pertaining to individual wishes relating to DNACPR (Do not attempt cardiopulmonary resuscitation) decisions is recorded in care records and improved communication systems to ensure the whole staff team is aware of these decisions.

Reviews of some care receivers' needs have been undertaken by registered nurses in the home as part of the Provider's request to vary the conditions on registration. The Commission will discuss this with the Provider during the meeting in November before a decision is made about approving this request.

Area for improvement 6:

The décor in the bedrooms identified to the Registered Manager at inspection must be improved upon.

The bedrooms that were identified for redecoration have been done, with the exception of one; with a clear rationale for this. The home's maintenance team have redecorated five other bedrooms during the week of the inspection and the Interim Manager has identified that the provision of new bedroom carpets, curtains and furniture is required in some bedrooms.

Area for improvement 7:

Staff must be provided with training in relation to the Capacity and Self Determination (Jersey) Law 2016.
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This remains outstanding; however it was apparent that the home's management had made contact with the Legislation Team locally to request that training be provided. The Interim Manager acknowledged that this would be followed up. The Regulation Officer was satisfied that the home's management understands their responsibilities in relation to the above legislation and alternative arrangements have been made where the safety of care receivers cannot be maintained in the home.

IMPROVEMENT PLAN

There is one area for improvement identified during this inspection. The table below is the registered Provider's response to the inspection findings.

Area for Improvement 1 Regulation 27 4(c) 27 (6)	The Registered Provider must provide the Commission with details of the arrangements that have been made to appoint a new Registered Manager.
To be completed by: 2 months of the date of this inspection (29 November 2022)	Response by registered provider: We are currently interviewing candidates for the General Manager post with both experience of management and Jersey regulation, we hope to be in a position to announce an appointment by 2 nd November.

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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