



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Lakeside Manor**

**Care Home Service**

**Rue de la Commune,**

**St Peter**

**JE3 7BN**

**19,21,22,23 and 30 May 2023**

## **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 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. The first and second-floor support individuals 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 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 socialise.

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 care, adult 60+</p> <p>Maximum number of care receivers: 65</p> <p>Maximum number in receipt of personal care: 54</p> <p>Maximum number in receipt of nursing care: 11</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  First floor: 1 – 29 (no 13)            one person  Second floor: 1-15 (no 13)            one person</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions</p>
Dates of Inspection	19,21,22,23 and 30 May 2023
Times of Inspection	12:30pm to 4:30pm, 11:30am to 2:30pm, 12:30pm to 5pm, 4:30pm to 9pm, 12:30pm to 6pm
Type of Inspection	Unannounced and announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	65

Barchester Ltd operates Lakeside Manor, and a registered manager is in place.

Since the last inspection on 1,2 and 14 July 2022, the Commission received an application from the Registered Manager to vary a condition on the service's registration. The purpose of the application was to increase the number of nursing beds in the home. This enabled an existing care receiver with changing needs to remain at Lakeside Manor. An updated Statement of Purpose was submitted to support the application.

## **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 Regulation Officer visited the home on five separate occasions. The purpose of multiple visits was to ensure that time could be spent on each floor of the home observing practice and meeting with care receivers, staff and relatives. Times were varied to incorporate both daytime and evening visits.

There is a strong managerial presence, with the Registered Manager leading and supporting the team to deliver a high standard of person-centred care. All care receivers regularly interact with the Registered Manager, who ensures they visit each floor daily.

Care receivers and relatives generally reported high satisfaction with the care and support provided; however, some relatives gave feedback on how specific areas of care delivery could be improved.

The staff team receive a comprehensive programme of training which also encompasses an in-depth course for dementia care. In addition, the staff team are supported by an onsite trainer.

Staff were observed to be knowledgeable, respectful and compassionate to the needs of care receivers, some of whom have complex care needs.

There are robust governance frameworks that include policies, audits, thematic reviews and competencies that monitor the standards of care delivery and identify areas for learning and improvement.

It was noted that staffing levels within the home require review concerning the categories of care provided and the minimum requirements set out in the Home Care Standards. This an area for improvement.

## INSPECTION PROCESS

This inspection was unannounced on the first visit on 19 May 2023. It was announced for subsequent visits to ensure that the Registered Manager would be available and that a cross-section of the staff team could contribute to the inspection process.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Before 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 and notifications of incidents to the Commission.

During the inspection visits, the Regulation Officer spoke with the Registered Manager, Deputy manager and twelve care team members.

Seven care receivers, and four relatives who were visiting the home, provided feedback. In addition, posters were placed in the home informing people of the inspection and inviting feedback.

The views of four professionals were also sought as part of the inspection process.

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

Records, including care records, risk assessments, incidents / accidents, staff training and audits, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officer gave initial feedback to the Registered Manager, with final written feedback provided two days after the last inspection visit.

This report outlines 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, two 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 it was positive to note that all improvements had been made. This means there was evidence of clear guidance for the safe administration of 'as required' medication. There was also evidence of the implementation of more user-friendly life history and communication tools.

## Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

Lakeside Manor provides residential and nursing care to adults aged 55 and over. There is also a provision to facilitate the delivery of specialist dementia care.

The staffing structure was found to be proportionate to the size of the home. The team comprises the Registered Manager, Deputy Manager, senior carers and carers. The care team is supported by a range of ancillary staff consisting of catering, housekeeping maintenance and an in-house trainer.

The Registered Manager has a visible presence within the home and was found to be accessible to care receivers, relatives and staff members. It was observed that the Registered Manager had detailed knowledge of the needs of all care receivers living in the home and would provide direct support when required.

A staffing level review was undertaken, measured against the minimum staffing requirements set out in the Care Home Standards and the home's Statement of Purpose.

Correct staffing levels were found to be in place to meet the requirements of the nursing care beds. The Regulation Officer noted that there was no clear indication within the home's Statement of Purpose of how many beds within the home were for dementia care; therefore, it was difficult to determine what the minimum staffing levels should be. One professional commented that they sometimes found it difficult to locate staff members when they visited, leading them to question the staffing requirements.

It was discussed with the Registered Manager that the current staffing levels concerning the categories of care provided should be reviewed to ensure the minimum staffing requirements detailed in the Care Home Standards are met.

Details of staffing levels then need to be more clearly defined within the home's Statement of Purpose. This is an area for improvement.

The Registered Manager and staff team recognised the importance of effective communication. This is supported by handovers at the change of each shift. A daily meeting is also held each morning with all heads of departments and senior staff from each floor. This meeting provides an opportunity to discuss any issues identified, events in the home and specific care needs which require action. Senior staff and department heads will then relay information to their respective areas.

Staff are encouraged to raise any issues or concerns at the earliest opportunity, and there are clear lines of reporting within the home. The Provider also operates a confidential helpline for staff. Training has recently been offered to a staff member to become a 'speak up' champion, providing staff with another avenue to raise any concerns they may have.

All staff receive an annual appraisal and recorded supervision sessions that meet the Care Home Standards requirements. Staff have the option to choose who undertakes their supervision, and this can be interchangeable.

During feedback, staff spoke positively of the systems in place to support them in their role, which included access to the Registered Manager, Deputy Manager and Training Coordinator when required.

Various professionals interact with the home daily, including Family Nursing and Home Care, GPs and Older Adult Mental Health Team. Visits can occur at any time of the day, with some being unannounced. One professional spoke of the openness and transparency of the team, who are always willing to work collaboratively. Another highlighted that when issues are raised, the Registered Manager will work collaboratively to resolve matters.

There have been no formal complaints raised since the last inspection. The Registered Manager does keep a log of any concerns raised and the actions taken to resolve matters. This was reviewed by the Regulation Officer.



Relatives confirmed that when they bring anything to the team's attention, it is generally dealt with promptly by the staff team; therefore, they do not need to discuss further with the Registered Manager.

There have been six safeguarding referrals made by the Registered Manager since the last inspection, all of which were investigated by the safeguarding team and learning outcomes were identified. The Regulation Officer focused on the outcomes of one referral which highlighted the need for staff to be aware of their responsibilities and immediately report any safeguarding concerns they may have.

All staff spoken to were able to identify circumstances that would constitute a safeguarding concern and the need for prompt reporting to a senior staff member. It was also noted that there is a comprehensive safeguarding policy in place, and training is undertaken by all staff which is updated at regular intervals.

A transparent culture within the home was identified, with staff demonstrating their commitment to reporting, investigating and learning from incidents when they occur. This an area of good practice.

The Regulation Officer reviewed a recent investigation report following a fall which had resulted in medical attention being sought. The report identified areas for improvement and actions required to improve the quality of care.

There was an opportunity for the Regulation Officer to discuss the outcomes with the care receiver's relative, who reported that while the incident was concerning, they were happy with how their concerns had been addressed and the outcomes identified.

A review of notifications to the Commission was undertaken before the inspection visits. It was noted by the Regulation Officer that there is no underreporting of notifiable incidents to the commission. However, a high volume of falls reporting was identified, prompting a review of the processes to manage falls.

All falls are reported via an internal accident reporting system and sent to the Registered Manager for review. A post-fall assessment guides the actions and observations to be undertaken depending on the type of fall and potential injury sustained. For any care receiver who experiences recurrent falls, there is a clear pathway for action and analysis to reduce future risk.

The home's Statement of Purpose details the range of governance and quality assurance arrangements to support safe and effective care. Evidence was presented to support all the identified processes, including a range of clinical audits, monthly clinical governance meetings, quarterly quality improvement reports, management action plans and unannounced site visits.

The Provider has a range of company policies and procedures in place. The Regulation Officer reviewed a sample, including safeguarding, recruitment, supervision and fire safety. There was evidence of regular updates being undertaken.

Fire procedures were examined. In addition to the fire policy, there was a comprehensive fire evacuation plan and guidelines for the process to be followed when conducting fire drills. The Fire logbook was found to be up to date. However, it was noted that the instructions within the logbook did not reference fire service requirements in Jersey. This was brought to the attention of the Registered Manager, who took immediate steps to notify the Provider of this.

Training records for staff identified fire drills, and fire training was undertaken by all staff at the required intervals.

There is a comprehensive staff training programme in place which the Training Coordinator oversees. There was evidence of a mandatory and statutory training programme for all staff offering a blended approach to learning with both online and face-to-face training.

A sample of training records were viewed, showing a rolling training programme in areas such as moving and handling, safeguarding, food hygiene and infection prevention. A comprehensive training programme is also offered in dementia care.

The Registered Manager reported that 18 staff members hold either a level 2 or 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care.

### **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.

The Regulation Officer had several opportunities to observe practice within the home and spent time chatting with care receivers, relatives and staff on each floor.

Staff demonstrated a professional and compassionate approach in their interactions with care receivers. Responses to care receivers with complex care needs were sensitive. The Regulation Officer identified that practices and techniques used by staff were evident within the care plans.

One care receiver was observed helping to greet visitors to the building. This helped to reduce their anxieties and gave them a sense of purpose during the day. Another care receiver was anxious to speak with their relative, and staff immediately supported them to make a phone call so that they could talk with them. Time was also spent providing orientation and reassurance where required.

During mealtimes, staff understood individual needs well and adapted accordingly. Examples included giving visual choices of the menu options and adapting to meet the needs of individuals who found it challenging to sit down for extended periods.

Care receivers spoke fondly of the care team. One person stated, "*I like it here; they are all very friendly*". Close relationships between care receivers were also observed, with time to socialise and chat very much valued.

All staff spoken to demonstrated a good understanding of their role and the support required to meet the needs of care receivers. Comments included,

*'There is a good team here, and they work very hard'.*

*'Management is very approachable and will give good advice'.*

*'If I don't know something, I can ask, and I will be shown how to do things properly'.*

*'I am pleased with the care my relative receives; it is a good fit for him.'*

During feedback, most staff highlighted that they felt there could be more staff, particularly at certain times of the day, for example, mornings, mealtimes, and staff breaks. This was discussed with the Registered Manager, who agreed that this would be considered part of the identified staffing review.

A sample of care receiver files was reviewed on each floor for both nursing and residential care receivers. Each file contains a comprehensive pre-admission assessment. Care plans are based on the activities of daily living, and appropriate assessments are carried out to determine the level of care required. Examples include oral health, pressure care, manual handling and nutrition assessments.

All care plans are reviewed monthly, and relatives' views are included. There is a provision for daily notes, which are kept up to date. The Registered Manager explained that work was currently being undertaken with staff to ensure that social aspects are included, as well as health and medical needs. This is an area of good practice.

Files were found to be very person-centred, taking account of individual wishes and preferences to reflect their personalities. Conversation clouds have recently been introduced, giving an at-a-glance view of personal likes and dislikes and what is important to them. This ranged from how they like their tea to preferences on appearance and dress or preferred activities.

The home has a dementia care and wellbeing policy which provides a framework for supporting people living with dementia and the specialist assessment tools to support their care needs, several of which were found to be in use within the home. The team also have access to a dementia advisor who provides advice and support to staff and conducts periodic audits.

Relatives' feedback was generally positive. Close relationships have been formed with the staff team, and families are encouraged to visit at any time. They are always made to feel welcome and contribute to their relative's care. One relative spoke of the importance of having a consistent staff team which they felt was particularly important for people with complex care needs and gave an example of the impact on their relative when familiar staff are not on duty. This was discussed with the Registered Manager, who welcomed the feedback.

Other comments from relatives included,

*'The staff have very good communication with the residents'.*

*'Xxx runs a very good shift. The team follow their example'.*

*'The carers are lovely. I am very happy'.*

Feedback provided by professionals was generally positive, with the following comments captured as part of the inspection,

*'The partnership and link working is good. There is always good record keeping which is kept up to date. Staff are knowledgeable, and their experience in dementia care stands out'. I have had several contacts from families who have provided positive feedback on their experiences'.*

*'Any issues, such as safeguarding or challenging behaviour, are always reported appropriately. There is transparency in the home and with other departments / professionals. It is a breath of fresh air'.*

*'There is never any sense of panic. The staff deal with things calmly. The attitude is that we will try and work with care receivers when things aren't going so well, as opposed to we can't meet their needs'.*

## **Choice and safety**

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.
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Recruitment practices were examined by reviewing four recruitment files. All safe recruitment checks, including references and Disclosure and Barring Service (DBS) certificates, were present.

Recruits are supported by a robust induction process, which includes an initial three days of classroom-based training and a shadowing period.

Induction takes place over 12 weeks. During that time, a workbook and online training is completed with oversight from a senior carer. Once complete, there is a final review and sign-off by the Registered Manager.

There is continuous support in practice for all staff. The Training Coordinator undertakes practice observations on each floor approximately every six weeks and records their findings. All identified learning is then shared with the staff team.

A review of medication management confirmed an up-to-date medication policy in place. The nurse team or senior carers administer medication. All senior carers have a level 3 RQF qualification in medication administration.

A review of medication management confirmed an up-to-date medication policy was in place. The medication folder contains a section for each care receiver comprising an individual profile. The profile has information about the person's GP, allergies and difficulties experienced with administration. Details of any supplements or as-required medication are highlighted and recorded when administered.

The dispensing pharmacy supplied medication administration records. Records were appropriately completed with accurate use of codes when medication was not administered. All medication was found to be properly stored and administered in line with the Care Home Standards.

The Registered Manager reported that 40 Significant Restriction of Liberty (SROL) authorisations were in place. The Registered Manager knows their responsibilities for SROL applications, renewals and the actions required when SROL applications are authorised.

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 has two activity coordinators who provide a timetable of weekly activities. This can range from indoor sessions, such as arts and crafts, to visiting musicians and trips to local community events.

There was consistent praise for the activity coordinators and the events they arranged. One coordinator described how they would endeavour to discover care receivers' preferences and incorporate them into the weekly timetable. They will also organise new activities to allow care receivers to try new things.

Singing and music were highlighted as popular activities, and care receivers and relatives echoed this. The Regulation Officer witnessed several such activities in which care receivers fully engaged. Relatives are also encouraged to attend events.

A copy of the most recent newsletter was viewed. It contained information and photographs of the recent coronation celebrations. The newsletter also included details of upcoming events.

The team supports care receivers to maintain their independence as far as is practicable. There is also a focus on understanding the importance of self-identity, purpose and inclusion, and the right to feel safe within the home environment.

The home environment has many areas that allow people to come together and socialise. The café area on the ground floor enables families to come together and spend time with their relatives.

The home is well maintained, and there is a robust schedule for maintenance and repair, with clear records of all interventions / actions taken. Work is also scheduled to take place in the coming months, including roof repairs and a new kitchen area on one of the floors.



## IMPROVEMENT PLAN

There was one area 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 1.1 and 3.9</p> <p><b>To be completed by:</b> 4 months from the date of inspection (30 September 2023).</p>	<p>A review of the current staffing levels in relation to the categories of care provided to ensure the minimum staffing requirements detailed in the Care Home Standards are being met.</p> <p>The number of dementia care beds should be clearly defined within the home's Statement of Purpose together with the staffing levels required to support each category of care provided.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Prior to the inspection, in April 2023 an extensive review was commenced within the home as we recognise that our residents needs change. Consequently, we need to ensure that our registration and resources are aligned with any such changes.</p> <p>The scope of the review considers our care environment, how it is organised and what care support and environmental changes are needed as residents' needs change.</p> <p>The review includes an examination of our current registration, evaluation of residents' care needs, our care environment and staffing resource including training and educational programmes.</p> <p>This allows us to continually develop our service and ensure that we continually provide an evolving and developing specialist care service that meets the changing needs of our residents who are with us for many years.</p> <p>After the inspection Area of improvement 1</p> <p>i. A review of current staffing levels in relation to the categories of care provided to ensure the minimum staffing requirements detailed in the Care Home standards are met.</p> <p>The initial findings of our review demonstrates that under our current registration, the home meets the minimal standards for staffing.</p>

	<p>However, we intend to amend our current registration for dementia care and register for additional 14 dementia residential care service beds. This will naturally require consideration and review of our staffing levels to ensure that we meet statutory staffing levels and we will inform the Jersey Care Commission of changes to our staffing resource by the 30<sup>th</sup> of September.</p> <p>ii. The number of dementia care beds should be clearly defined within the home's Statement of Purpose, together with the staffing levels required to support each category of care provided.</p> <p>Consequently, the enhancement of our dementia service will be reflected in our Statement of Purpose which will define the changes to our registration and our service developments. This will be submitted to the Jersey Care Commission by the 30<sup>th</sup> of September.</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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