



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside Care Home

Care Home Service

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

26 July, 1 and 15 August 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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 close to another care home 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 is a two-storey building with accommodation over two floors and communal facilities on both floors. The ground floor accommodation primarily supports individuals with personal care needs, and the first floor is for individuals with nursing and personal 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 is entirely 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 Number in receipt of personal care: 46, number in receipt of nursing care: 20

	<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>Rooms: 1-28 (no 13) Personal care only Rooms: 31-69 Personal or nursing care</p> <p><u>Discretionary</u></p> <p>None</p>
Dates of Inspection	26 July, 1 and 15 August 2023
Times of Inspection	07:30-15:50, 10:55-16:25 and 09:00-15:50
Type of Inspection	Unannounced on 26 July 2023 Announced on 1 and 15 August 2023
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	66 on 26 July 64 on 1 August (2 care receivers in JGH) 64 on 15 August

Lakeside Residential Home Limited operates the Care Home, and a Registered Manager is in place.

Since the last inspection on 28 September 2022, the Commission received a new registered manager application in March 2023, this was approved, and the Commission's register was updated on 12 April 2023.

There have been two applications to the Commission to vary the conditions on the home's registration, which related to a decrease in the number of nursing beds and a consequent increase in personal care beds. The first variation decreased the number of nursing beds from 35 to 22, with an increase in personal care from 31 to 44. The Commission on 15 December 2022 approved this. The second variation decreased the nursing beds from 22 to 20, with an increase in personal care from 44 to 46. The Commission on 4 April 2023 approved this. An updated copy of the service's Statement of Purpose was submitted with each variation application.

The home's values are listed in the Statement of Purpose as: 'respect, integrity, responsibility, passion, and empowerment.'

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 were appropriate governance arrangements in place to ensure oversight of the service. The Registered Manager has a strong presence within the home. Staff, care receivers, and their families, all expressed confidence in the Registered Manager's abilities. Staff spoke of supportive teamwork and talked positively concerning their training and induction. There was evidence of regular supervision and appraisal for staff to promote best practice and identify any training needs.

Staffing levels met the minimum standards but feedback and evidence from the inspection highlighted high care dependency needs, for example with respect to cognition and mental health needs. In addition, twenty-eight care receivers have a Significant Restriction of Liberty (SRoL) in place. It is an area for improvement to undertake a review of the current client group to ensure compliance with categories of care under registration. In addition, to ensure that staffing levels are reflective of care dependency needs which may mean higher staffing levels than the minimum requirement as per Appendix 5 in the Care Home Standards.

Care receivers and health care professionals described a caring and professional staff team. Care plans were clearly organised and 'the resident of the day' promoted a holistic review and regular feedback from individual care receivers and their families. This is an area of good practice. It was also positive to note the varied activities that are offered to care receivers within the home.

Staff handover was happening regularly, but this needed to be improved to ensure effective communication and is discussed further under the heading of 'care and support'. This is an area for improvement.

There was evidence of appropriate medication procedures and policy within the home. In addition, that staff are recruited safely, with the appropriate safe recruitment checks in place prior to staff commencing employment.

The home environment was welcoming, homely and comfortable with communal areas thoughtfully arranged and a café/dining area where care receivers and visitors could help themselves to refreshments. There were however some areas within the home that could pose a potential risk to staff and/or care receivers and refurbishment/review of these areas are an area for improvement and are highlighted further under the heading of 'choice and safety'.

There was one additional area for improvement concerning secure storage of service records, this was addressed by the Registered Manager prior to the third visit.

INSPECTION PROCESS

This inspection consisted of three separate visits. The first visit was unannounced and was undertaken by two Regulation Officers. The Regulation Officers undertook a tour of the home's internal and external environment and spent time gathering feedback from staff and care receivers. One of the Regulation Officers returned the following week and mainly focused on a review of care records. The final visit was to meet with the Registered Manager, who had not been available during the first two visits, and to undertake a review of medication management within the home. One Regulation Officer and the Pharmacist Inspector undertook this visit.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

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

The Regulation Officers established contact with five care receivers, this contact was made face to face during the inspection visits. Contact with eight relatives was made by face-to-face, email and by phone. The Regulation Officers spoke with the chef, the full-time activity co-ordinator, the administration assistant and eight staff members in addition to the Deputy Manager and Site Manager on the first visit. Two staff members were spoken with during the second and third visits, in addition to the Registered Manager.

The views of four healthcare professionals were also sought as part of the inspection process. Feedback was received from three of the professionals at the time of writing this report and additional feedback received indirectly from one additional professional.

A poster was displayed in the home, informing visitors, staff and care receivers that an inspection was underway, which invited people to contact the Regulation Officer to share their views, if they wished.

During the inspection, records including policies, care records, incidents and medication administration charts (MAR) were examined.

At the conclusion of the first and second inspection visits, the Regulation Officer provided feedback to the Deputy Manager and final feedback was provided to the Registered Manager on the third 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 this area would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made and there was a Registered Manager in place.

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.

The home has a clear management structure in place led by the Registered Manager and the Deputy Manager. The Registered Manager reports to the Site Manager for both homes carried on by the same provider.

The provider has a clear quality governance framework in place to protect the safety of care receivers and to maintain oversight. The Site Manager demonstrated the electronic system for incident reporting including pressure ulcers and falls and the clinical audit schedule. This schedule includes for example documentation audits, medication audits and infection control audits. At the end of each month, a report is generated and a quality dashboard, which is reviewed and compares data with other homes, carried on by the same provider. The management team also hold monthly

clinical governance meetings with nursing staff and carry out regular unannounced site visits. Both the Registered Manager and the Deputy Manager were clear of those incidents, which required notification to the Commission. There was evidence of three unannounced site visits since the Registered Manager had been in post, all of which were graded as good. This is an area of good practice.

The Regional Director visits monthly to carry out a quality assurance monthly report. The Regulation Officer reviewed the reports for January, July, and August. The detailed report included sections on governance, staffing, and engagement. At the report's end are agreed actions and an action plan. The Regional Director observed in the July report some dependency issues regards dementia, which is also a finding from this inspection and is discussed in more detail under the heading of 'care and support.'

There is a blended approach to training for staff. The home benefits from a designated trainer who undertakes much of the face-to-face training for staff. The statutory and mandatory training was in line with the Care Home Standards, and there was evidence of service-specific training. An example of service-specific training is dementia training; the head chef described to the Regulation Officers how valuable this training had been in his interactions with care receivers. Newly recruited staff members expressed their induction as "good" and stated that it involved three days of intense training, a period of "bespoke shadowing", and completing a competency book. Staff are not allocated a specific staff member as a mentor. Staff commented that this would have improved their induction process. This feedback was provided to the Registered Manager following the inspection visits.

The Deputy Manager and the designated trainer confirmed that staff have supervision every two months and an annual appraisal. Supervision sessions are also recorded on the dashboard and an alert would be raised if a staff member were behind on supervision. The designated trainer commented that supervision might occur when working with a member of staff, as well on a one-to-one basis or a group setting. The Regulation Officer reviewed the supervision policy, as evidence.

Staff were clear about their roles and responsibilities. The staff team was cohesive, and there was a good mix of experienced and more recently recruited staff. All staff spoken with during the inspection also described a supportive, hands-on, and approachable Registered Manager and Deputy Manager. Staff also spoke positively concerning their training and development opportunities within the home.

The Registered Manager described the complaints procedures within the service and identified only one informal complaint recently, which was resolved satisfactorily. The Registered Manager operates an "open door policy" that encourages relatives and/or care receivers to share concerns. The Registered Manager also described how they carry out a "walk around" of the home at least once daily to check on care receivers, staff, and the environment. In addition, the Registered Manager regularly checks response times by staff to call bells throughout the home. Feedback from staff and care receivers described the Registered Manager as being visible and involved within the home. They also remarked that since the Registered Manager commenced employment in March 2023, the home's running had improved.

Care and support

<p>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.</p>

Before admission to the home, a pre-admission assessment is completed, and a visit to the home is encouraged. There was evidence of the pre-admission assessments in the care plans. These were found to be detailed and contained sections on communication and social and spiritual preferences.

The Regulation Officer reviewed a random sample of care plans from both floors of the home. Care plans are stored in hard copy format, but the Registered Manager discussed plans to move these to an electronic system soon. The care plans were well organised but bulky to navigate. There was evidence of regular monthly reviews and daily updates. There was a column next to the daily updates for the care plan number that the update related to, which aided reader understanding. There was also evidence of appropriate risk assessments and screening tools.

Pressure area care was discussed with a nursing staff member, and pressure ulcers, grade 2 and above, were notified to the Commission. Each resident has a skin integrity check carried out within 24 hours of being admitted to the home, and a Waterlow Risk Assessment score (an estimated risk for the development of a pressure ulcer) is completed. If a care receiver is identified as having a pressure ulcer, the Barchester Classification of pressure ulcers paperwork is used. Appropriate pressure relieving equipment would be put in place, and a referral made to the Tissue Viability Nurse (TVN) or District Nurses at Family Nursing and Homecare (FNHC) if required. For all grade 2 and above pressure sores, a root cause analysis (RCA) is also completed. A Jersey-wide pressure ulcer framework was recently introduced, but staff needed to be made aware of this. This was discussed with the Registered Manager in the final feedback as to whether this is something that the home would be adopting.

There was also evidence of appropriate documentation/risk assessment of falls, with falls diaries and monthly reassessments. If a care receiver has three falls within one month, an RCA would be carried out.

Care receivers' oral health is assessed using an oral health assessment tool. This uses a scoring system, and if a score of 1 or 2 is achieved for any category, then referral to a dental practitioner is advised. This is good practice. However, one relative provided feedback that staff needed reminding to assist their relative in brushing their teeth. The Regulation Officers found evidence in the care plans, under personal hygiene, of guidance for staff to prompt and/or help care receivers clean their teeth when required.

Staff handover was observed on the first visit. This involved the nurse and senior carer on night duty handing over to the day staff about both floors of the home. Handover is conducted in one of the communal areas of the ground floor, usually in the dining/café area. However, a couple of care receivers were seated in this area when the handover commenced. The Regulation Officers waited to see if the care receivers would be asked/assisted to leave the room before the report started.

This did not happen. One care receiver then got up and started to wander across the room. One member of staff was deployed to assist. The Regulation Officers requested that the handover be suspended. It was not appropriate for care receivers to be present, as it was negatively affecting dignity, confidentiality, and effective communication. One of the Regulation Officers assisted the care receiver, who was wandering to leave the room and the handover was recommenced.

The handover was addressed with the Deputy Manager immediately afterward and in the feedback at the end of the first day. The Deputy Manager advised that staff try to keep the handover brief and to limit confidential information. In addition, the staff were aware of the above issues and had been considering restructuring the handover. It was discussed that handover needs to occur in a confidential space, and staff should have protected time with other staff allocated to care for care receivers during this period.

During the inspection process, feedback from two relatives provided examples where staff were unaware of the vital mobility and dietary requirements of certain care receivers. It was apparent that communication/handover was only sometimes happening, as it should. This is an area of improvement. The Regulation Officers also attended 'the stand-up meeting' at 10:30 for staff and heads of department. Each head of department gave handover and then the focus was more clinical for the care staff. The staff also discussed 'the resident of the day', this means that at least once a month one resident receives a complete review of their room/environment, care plans, what they would like to do for the day and staff liaise with their family. This is an area of good practice as it promotes holistic care and encourages engagement/feedback.

At the third visit, it was positive to note that the Registered Manager informed the Regulation Officer that they are looking at another location for handover and the idea of allocating two of the day staff to support care receivers between 08:00-08:15 while the remainder of staff are in handover. These two members of staff would then receive handover separately. The Registered Manager explained that a handover sheet is provided to staff to aid communication and the template was provided to the Regulation Officer.

The Regulation Officers spent time with the head chef and in the dining areas of the home. The dining room on the ground floor was nicely laid out, with a daily lunch and evening menu on each table. The chef discussed a rolling four-week menu with the use of local produce. Lunch and dinner consisted of three courses, but care receivers could choose a lighter alternative if they would like. Following a recent inspection by environmental health, the kitchen had achieved a rating of five stars.

As part of the inspection process, the Deputy Manager completed a care needs analysis, which explored the levels and types of dependency present within the home. This questionnaire highlighted the high levels of support required by most care receivers within the home, particularly concerning cognitive function (including dementia and mental health needs), personal hygiene, and skin care. There was feedback from a visiting health professional that they had observed the additional challenges for staff managing the care and support of care receivers with such differing levels of cognition/mental health needs, and this was, indeed, what the Regulation Officers had observed at the first visit. Some staff expressed concern regarding staffing levels, especially first thing in the morning when several care receivers also require assistance eating breakfast, and the Registered Nurses (RNs) are busy with medication administration. Feedback from relatives concerning the home was generally positive, but a number commented regarding staffing shortages and staff being stretched.

The Regulation Officer reviewed three months of duty rota with the care needs dependency questionnaire. The Registered Manager advised that the provider has their own care needs dependency scoring system called DICE. A screenshot of this was provided to the Regulation Officer as evidence. The outcome of the staffing review is discussed further under the heading of 'Choice and safety.'

Feedback from care receivers regarding the home was generally positive. Examples of what was reported to the Regulation Officers are given below.

“I am happy here; in particular I like the management. I have just had to complete a survey about the home and it was favourable. I like the activities and going out but the minibus is broken at the moment.”

“The manager met with me in hospital prior to discharge, this meant a smooth transition to the home. All the staff are very good; you are given a choice regarding food and activities”.

“Staff are very pleasant, the food variety is limited – jelly everyday”. The staff are busy, short staffed at times”.

“I like to sit in reception and watch people coming and going. I am happy here and I like the manager”.

There was feedback from some of the care receivers concerning meals being served between 45 minutes and an hour late at times. However, one relative commented that this had improved recently. This was discussed with the Registered Manager at final feedback. The Registered Manager was unaware of this but explained that the home sought to recruit an additional hostess, although carers were primarily responsible for meal delivery.

Feedback from relatives was also generally good. Relatives confirmed that they are kept informed by staff of any changes in their relatives' condition. Further feedback included.

“The whole team are “amazing, loving and caring”.

“I do not feel that they could improve on anything but rather that they do everything well”.

“I admire the dedication of all the staff enormously - some are truly exceptional, with amazing experience, skills and kindness. I am always amazed at their care. All have always treated xxxx well within the pressures they face. A lot of small things regarding care or unhappiness can sometimes go overlooked as staff must hurry on to the next beeping call”.

“Communication is improved but could be improved further. The manager is hands on, willing to stop and talk”. “There is a need for more one-to-one activities and time for staff just to sit and talk with residents”.

“The staff are fantastic”.

The Registered Manager also confirmed that there are monthly care receiver and relatives’ meetings, they commented that they had just attended the third meeting since taking up their role as Registered Manager.

Health care professional feedback included.

“There are always staff around and staff are very well informed and supportive. The residents appear very well looked after and generally happy”.

“I have received positive feedback from residents who had been placed there, who were unsettled elsewhere but after a short period in Lakeside were settled and calling it home. Residents feel welcomed and supported.”

“I would want to say that the Registered Manager and Deputy Manager are doing a very professional job in leading the staff – they are committed to a high level of care. Both have been open and friendly towards me, which fosters a good professional relationship. Overall, I think Lakeside - given the limitations of the building provides a good standard of care to its residents and that they work within the scope of their registration – the standard of physical – hands on care are high”.

Choice and safety

<p>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.</p>

The home employs one part-time and one full-time activity coordinator; the care receivers can access many meaningful activities and usually a minibus for outings.

Unfortunately, the minibus was awaiting repair during the inspection, and a part had been ordered from the UK. At the first inspection visit, a sports day was planned for that afternoon, and on the day before the inspection, there were visiting musicians. Other examples of activities given to the Regulation Officers were jazz music evenings and a barbeque lunch. The activity coordinator also described the use of rummage boards and reminiscence for care receivers diagnosed with dementia. The activity coordinator also regularly links in with other colleagues in the UK employed by the same provider to share ideas. Care receivers are involved in the planning of activities at monthly meetings. A number of care receivers provided positive feedback concerning their enjoyment of activities within the home.

The Regulation Officer reviewed a sample of five staff recruitment files. These were found to be organised and to contain the appropriate pre-employment checks.

A selection of policies were reviewed during the inspection process, including the Management of Medicine Policy, Supervision Policy, and Anti-bribery and Corruption Policy. These were found to have clear issue dates and evidence of regular updates/reviews.

On the third visit, the pharmacist inspector reviewed medication management within the home with the Regulation Officer. The storage and administration of medications were found to be generally good. The medication administration charts (MAR) were completed appropriately, and the running total for randomly sampled controlled drug (CD) medication was correct. The review highlighted some issues brought to the management team's attention. These were.

- No running balances of any 'as required' medication
- Inappropriate use of DenKit (drug denaturing kit)
- X2 specimen fridges that were not working properly

The Deputy Manager and the Registered Manager addressed these issues. The transcribing guidance in the medication folder should have included local advice. Therefore, after inspection, a copy of the community transcribing guidance was forwarded to the Deputy Manager.

The Regulation Officer reviewed three months of staffing rota. Staffing levels were found to meet the minimum requirements in the Care Home Standards. The Registered Manager discussed how there were currently three vacancies for care staff within the home and how reaching the maximum staffing quota was one of their goals for the first year as a Registered Manager. The Regulation Officer reviewed the staffing rotas in conjunction with the care needs questionnaire, and staffing levels were discussed with the Registered Manager concerning the care category. The provider uses a care dependency score called DICE, which includes cognition as a dependency score, although this is not a recognised/validated tool. This score currently suggests staffing levels of thirteen for the home, one registered nurse, three senior carers, and nine carers.

The Registered Manager commented to the Regulation Officer that there was significant pressure on managers to accept admissions and that it had been challenging, especially for care receivers with mental health and nursing needs. The Regulation Officer discussed that the Registered Manager needed to ensure that the care receiver group within the home complied with the categories of care under registration (Adult 60+). In addition, that the home's assessment process identifies the predominant need of the person referred in order to prevent inappropriate referrals. Also, that care receivers' care dependency needs should be taken into account when looking at the staffing, and currently, that is increased due to the cognitive and mental health needs of some care receivers. This will be an area for improvement.

On the third visit, the Regulation Officer met with the head of maintenance and the health and safety champion. Several champions work within the home in different roles, for example, the nutrition champion, dementia champion and infection control champion. This is an area of good practice.

The fire procedures and checks were discussed with the head of maintenance, and the fire log was examined as evidence. However, it was noted that the instructions within the logbook did not reference fire service requirements in Jersey. It was discussed and agreed that the fire drills for staff needed to be per the Jersey Fire and Rescue Logbook recommendations. A copy of this was forwarded electronically

immediately after inspection. The site manager discussed that staff now do a combined drill and evacuation. In addition, weekly fire checks had not occurred for the last two weeks as the head of maintenance had been on leave. Two new staff members were in training to ensure that this is handed over in the future.

Two safeguarding concerns had been escalated to the Commission; one was closed after an initial planning meeting as it was felt that staff had taken reasonable actions. An internal investigation was underway concerning the second referral during the inspection.

Environment

The Standards outline that the environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.
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The Regulation Officers undertook a tour of the home's internal and external environment. The internal environment was welcoming, with spacious communal areas and appropriate furnishings. The communal lounge downstairs was thoughtfully laid out with small groups of chairs and quiet spaces within the lounge and TV areas. There is a large dining room on the ground floor and a smaller one on the first floor for care receivers. It was observed that some of the bedrooms needed redecorating, and the Registered Manager confirmed to the Regulation Officer that there is a plan to address this. The home's kitchen was clean and well-presented, with appropriate cleaning schedules and food temperature checks.

The laundry is in the home's basement; a stairway from the ground floor accesses this. There is a lock on the gate to the stairway, but this was unlocked when the Regulation Officers went to access the stairway. The staff changing room is located in the basement and urgently needed redecorating. There were lockers for staff, but this needs to be a more pleasant space. The basement is also used for storage. The Regulation Officers found boxes of confidential care receiver service records, which must be stored securely. This is in breach of Regulation 23 and is an immediate area for improvement. At the third visit, the Registered Manager advised that they discussed a plan to securely store the notes for one year at the home and then move them to storage.

The old boiler room was also housed in the basement; the door was unlocked, and several wires were exposed. It was discussed with the Deputy Manager that the current basement posed several risks and needed review and/or refurbishment. It was positive to note that after the first visit, the Regional Manager advised that the provider had already sought a quote for a significant upgrade.

One of the assisted bathrooms on the first floor was found to have tiles missing and had signage in place stating that the bathroom was faulty/not in use. The fault was apparently due to the water temperature control. This was brought to the attention of the Deputy Manager at the end of the first visit.

The Regulation Officers also noticed a smell in the rear fire escape leading from the dining room that was immediately brought to the Deputy Manager's attention at the end of the first visit. This was investigated, but no cause was identified.

The Regulation Officers also conducted a tour of the external premises. There is a lovely patio area to the rear of the home with lake views. There is a summerhouse at the back of this area, which is no longer used but has been changed to a storage area, and as this is unlocked, this poses a potential risk. To the left of the summerhouse is a pathway. The Regulation Officers followed the path toward the lake. Although appropriate fencing is in place to protect care receivers from the lake, this area was found to be marsh-like and, again, a potential hazard.

At the third visit, the Registered Manager advised that a power outlet in the summerhouse needed to be removed, which would then be replaced and/or secured. The Registered Manager had reviewed the path but had yet to identify any marsh-like areas but would keep this under review, and it was discussed whether access to this area needs to be made more secure for care receivers. In view of the environmental findings, this will be an area for improvement – Standard 4, 4.7. 'The risks of harm to people receiving care and care/support workers will be minimised.'

IMPROVEMENT PLAN

There were four 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: Standard 3.9, Regulation 7 (a)</p> <p>To be completed by: one month from the date of inspection.</p>	<p>The Registered Provider must ensure that rotas have time scheduled to ensure that handovers occur without compromising the overall care or dignity of care receivers or effective communication.</p> <hr/> <p>Response of Registered Provider:</p> <p>This has been addressed. Handovers are now in the main lounge, prior to it being used by care receivers (0800 to 0815). Should a resident be using the lounge, the handover will take place in the main dining room. The commission were concerned that residents could potentially be in the same area as staff and therefore compromise their privacy in relation to information being disclosed / discussed. Staff have now been instructed to avoid any potential for this by managing the handover in an area where residents are absent, primarily the lounge, however in the very rare event that a resident is using the lounge, the handover will be held in the dining area which is not used by residents at this time.</p> <p>Stand-up meetings are held daily at 1030 in the ground floor small lounge. Previously the stand-up meetings were held in the managers office however as this is not large enough to hold this meeting, we have moved this to the ground floor small lounge which is not used by residents. This is an additional communication opportunity for staff to relay and receive information relevant to their role.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 4.7</p> <p>To be completed by: six months from the date of</p>	<p>The Registered Provider must ensure that the risks of harm to people receiving care and care/support workers will be minimised with respect to the environment.</p> <p>These risks included;</p> <ul style="list-style-type: none"> • Cluttered basement, staff changing room in need of refurbishment
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<p>inspection (15 February 2024).</p>	<ul style="list-style-type: none"> • External environment – summer house unlocked and full of clutter • Pathway to the left of the summerhouse leading to a marsh like area – potential risk
	<p>Response of Registered Provider:</p> <p>-Staff Changing room – planning and funding have been sought to carry out the required upgrade within the timeframe suggested by the Commission. Two areas in the basement, both small cupboard ‘rooms’, were used to store boxes containing files. These boxes have now been removed to an external storage facility (operated by G4S). The basement has been decluttered with the aim of keeping this area free, and the plan to expanding the laundry function into this area.</p> <p>-External environment – summer house has been cleared, and is locked with no access for unauthorised staff or care receivers.</p> <p>-Pathway to the left of summerhouse is not marsh-like currently, however we have made plans to cordon off the area to prevent access, this will be completed within the next 4 to 6 weeks (end of November – ahead of the timeframe suggested by the Commission).</p>

<p>Area for Improvement 3</p> <p>Ref: Regulation 23 (2)</p>	<p>The service records must be kept in a secure place and be available for inspection by the Commission at any time.</p>
<p>To be completed by: one month from the date of inspection.</p>	<p>Response of Registered Provider:</p> <p>-Records for care receivers are stored in cupboards in both ground floor and upstairs offices which are locked when not in use.</p> <p>-All historic records which were previously stored in a basement room have been removed and are in an external storage facility (G4S). The home will retain notes for all current residents, and will retain records for former residents for one year, then move them to the external facility.</p> <p>-All residents records are stored in the admin office in appropriate storage cabinets. .</p>

<p>Area for Improvement 4</p> <p>Ref: Regulation 3 (1) (d) (j)</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must review the current client group to ensure compliance with the categories of care under which the home is registered. In addition, care receivers' care dependency should be considered when rotas are being planned. Currently the home should be staffed to take account of care receivers' increased cognitive and mental health needs.</p>
	<p>Response of Registered Provider:</p> <p>Significant Restriction of Liberty – The current active SROL is 20, these are predominantly in place to allow care to be delivered, as the care-receivers are unable to make decisions regarding their care. Additionally, some are in place to allow us to use movement detectors, movement mats and bedrails.</p> <p>Two care receivers are on SROL due to their potential to leave the building unaccompanied. For both of these care-receivers, care plans are in place to manage this risk, additionally, one care receiver has been referred for a placement review as their presentation has deteriorated over the past three months. This placement review has included the care receivers family, and the MDT.</p> <p>The second care-receiver subject of an SROL of this nature had made one attempt to leave subsequent to their admission to Lakeside, however has appeared to have settled very well into the home and has not made any attempts to exit other than to walk outside in the garden. The family have expressed their belief that their relative is doing very well and is being well cared for at Lakeside. In both cases, there have not been any incidents where the care receiver has appeared to be in distress.</p> <p>-The current rota, and staff ratio does account for care receivers with memory impairment – however should this impairment result in an increase of distress, the home will make appropriate adjustments to ensure the best interests of the care receiver are being met, including if required, a referral to a dementia care specialist centre such as Lakeside Manors' Memory Lane.</p> <p>Existing staff ratios are determined by DICE – Dependency Indicated Care Equation. The home runs consistently in line with DICE in terms of staff ratios. The ratio of staff are based on assessed,</p>

	<p>presenting variables and the care required to meet these in a safe way.</p> <p>DICE will determine whether more staff are required or less, depending on the assessed variables of residents' care.</p> <p>DICE will automatically flag up any changes required in terms of staff ratio. This is reviewed weekly with the regional director and addressed immediately should any flexing of the rota be required.</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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