



**Jersey Care
Commission**

Summary Report

Lakeside Care Home

Care Home Service

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

26 July, 1 and 15 August 2023

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.

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