



**Jersey Care
Commission**

INSPECTION REPORT

Lakeside Manor

Care Home Service

Rue de la Commune,

St Peter

JE3 7BN

11, 15, and 18 April 2024

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 Manor Care Home. The service is situated within St Peter's parish, adjacent to another care facility operated by the same provider. Conveniently, the local bus service offers direct access to the home, with a stop located outside its entrance. Spanning three floors, the care home caters to individuals requiring residential, nursing, and dementia care. Every room in the facility features en-suite facilities, while each floor hosts communal lounges, dining spaces, and peaceful areas. The ground floor has a café area, enabling social interaction among residents and visitors.

| Regulated Activity | Care Home Service |
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| Mandatory Conditions of Registration | Type of care: personal care, nursing care Category of care: dementia care, adult 60+ Maximum number of care receivers: 65 Maximum number in receipt of personal care: 55 Maximum number in receipt of nursing care: 10 |

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| | <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>There are no discretionary conditions</p> |
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| Dates of Inspection | 11, 15, and 18 April 2024 |
| Times of Inspection | 9.30-16.30, 9.00-15.45, 8.30-14.00 |
| Type of Inspection | Announced |
| Number of areas for improvement | None |
| Number of care receivers using the service on the day of the inspection | 62 |

The Care Home service is operated by Barchester Healthcare, and there is a Registered Manager in place.

Since the last inspection on 30 May 2023 the Commission has received an updated copy of the service’s Statement of Purpose on 11 April 2024. This was submitted as part of a variation application, reducing the number of nursing beds within the home from twelve to ten.

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.

Lakeside Manor prioritises resident well-being by conducting and regularly reviewing risk assessments. The thorough review of personnel files ensured compliance with regulatory standards, and participation in an overseas nursing programme supplements staffing levels. However, there's a noted need for improved timely DBS checks to be undertaken for longer standing staff members.

Lakeside Manor conducts comprehensive care assessments before admitting residents and regularly reviews care plans to accommodate changing needs. Delegation of certain tasks to external partners ensures residents receive specialised support. The regulation officer made recommendations for improvement include consent procedures, and documentation practices, with an anticipated transition to electronic records to enhance efficiency.

Caring practices at Lakeside Manor involve personalised care plans and rooms tailored to individual preferences. Proactive engagement in recreational activities ensures all residents feel included, while staff receive regular supervisions and support, fostering a positive work environment. Additionally, the staff fund initiative where residents and relatives can make voluntary donations, contributes to staff morale and camaraderie.

The Registered Manager demonstrates a commitment to transparency and accountability through clear channels for staff to raise concerns. Robust Quality Assurance processes drive continuous improvement, and feedback mechanisms ensure resident-centred care and service development. Addressing complaints and providing a comprehensive welcome pack promotes transparency and communication with residents and families.

INSPECTION PROCESS

This inspection was announced and took place during the 11, 15, and 18 April 2024. Two Regulation Officers attended on the first day, whilst one Regulation Officer completed the subsequent two days.

Notice of the inspection was given to the Registered Manager seven days before the inspection. This was to ensure that the Registered Manager would be available during the inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

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

The Regulation Officer gathered feedback from three care receivers and five representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, records including policies, care records, incidents and complaints were examined.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager.

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, 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 all improvements had been made. This means that there was evidence that the home's Statement of Purpose outlines the number of dementia beds together with the staffing levels required to support each category of care provided.

Is the Service Safe

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

During the inspection, the Regulation Officers focused on how the home manages and stores risk assessments records for its residents.

The officers found that the risk assessments, essential for ensuring residents' safety and well-being, are filled out by the nurse who admits them to the home. This approach helps identify potential risks and to put measures in place to help minimise them.

The risk assessments covered many areas related to residents' physical and mental health. They also considered risks to the individual resident and others in the home.

The assessments are stored securely in each resident's paper file and kept in a locked office. This protects sensitive information and ensures only authorised people can access it, respecting residents' privacy and dignity.

Each resident's file includes a front sheet that staff must sign after reviewing and understanding the care plans and risk assessments. This helps ensure accountability; everyone knows how to provide care by following the guidelines.

During the inspection there was evidence that risk assessments are regularly reviewed and updated by the nurse in charge, who supervises these reviews monthly whenever there are changes. This helps keep the risk assessments up-to-date and relevant to the resident's changing needs.

Information about risk assessments is shared effectively through two channels, initially via morning stand-up meetings. These meetings, attended by department heads, discuss important issues, including updates on risk assessments. This ensures everyone knows about changes or concerns related to resident care and safety, allowing for coordinated decision-making.

Secondly, afternoon huddle meetings are for care staff and provide a chance to share information directly with those involved in day-to-day care. By discussing risk assessments during these sessions, care staff are better prepared to address residents' needs and implement appropriate measures.

During the inspection's second day, Regulation Officers thoroughly examined the personnel files of four new staff members. These files provided a comprehensive overview, including their Jersey registration, qualifications, Nursing and Midwifery Council (NMC) registration status, and a checklist ensuring all necessary documentation was complete. Additionally, the files included copies of identification, interview records, professional references, Disclosure and Barring Service (DBS) checks, employment offers and contracts.

It was evident from the documentation that references, and DBS checks had been completed before employment.

On the third day of inspection, Regulation Officers reviewed staff files, including long-serving employees. While these files contained all relevant information and documentation, triennial DBS checks and yearly self-disclosure checks were not evident. During the period of inspection, the Registered Manager took immediate action to carry out DBS checks where required.

Lakeside Manor employs 62 staff members, with an average tenure of 4.3 years. The home participates in an overseas nursing programme to supplement its workforce, providing additional training to nurses from abroad to meet NMC requirements. Despite ongoing challenges with recruitment and retention, the home has successfully maintained staffing levels to meet service demands.

Diversity is valued, with a staff team representing various ethnicities and cultures. However, there is a notable gap in accessibility, as company policies are not readily available in staff members' first languages, which would be an advantage to the staff and overall service.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.

During the inspection of care assessments at the care home, we thoroughly examined the documentation and noted several vital findings; before residents are admitted, the Registered Manager oversees comprehensive care assessments to understand each resident's needs and preferences, aiding in the planning and providing personalised care upon their arrival.

Each resident possesses a detailed case file containing crucial information about their care and well-being, facilitating informed decision-making, and ensuring continuity of care.

An alert page is placed at the front of each resident's folder, indicating their 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) status and 'Personal Emergency Evacuation Plan' (PEEP). This allows staff to access vital medical information quickly during emergencies.

The home utilises a personalised document titled "Getting to Know You" to gather information about each resident's lifestyle, hobbies, interests, and preferences, aiding in understanding them as individuals and tailoring care accordingly.

Care files encompass various care plans and risk assessments covering different aspects of a resident's well-being, including oral health, continence, fall risk, dementia care, and more.

Monthly reviews and updates are conducted for each resident's case file, allowing for revisions to care plans and risk assessments, ensuring responsiveness to changing needs and promoting quality care and continuity.

The Registered Manager's approach to task delegation refers specific responsibilities to Family Nursing and Home Care (FNHC) for residents occupying non-nursing beds. This collaborative arrangement ensures that residents receive nursing support for their individual needs. In such instances, the Registered Manager clarified that the delegation primarily revolves around specialised medical tasks, such as wound care, which may fall outside the scope of routine residential care responsibilities. Therefore, although specific tasks are delegated to external partners, the Registered Manager emphasised that such delegations typically do not extend beyond specialised medical interventions.

During the inspection of consent procedures, a discussion with one of the staff members provided insights into the facility's approach to obtaining consent for website photos; according to the staff member interviewed during the inspection, it was affirmed that consent is consistently sought from care receivers for photographs to be placed on the Barchester website. This approach demonstrates a commitment to respecting the privacy and dignity of the individuals residing within the home.

During the inspection of case files, it was evident that case notes were integrated with care plans using a number system that links to the corresponding care plan, reflecting a cohesive approach to resident care management. However, it was discovered that not all staff members in the service maintain consistent practices in documenting case notes. While some diligently link notes to care plan activities, there was evidence of other staff providing more generalised statements about the care provided.

The inspection evidenced a need for greater clarity regarding residents' capacity to consent to care interventions. While instances of good practice were observed in documenting consent or the necessity of best-interest decisions, this consistency was not universal across all case files.

While Lakeside Manor exhibited pockets of good practice in these areas, the inconsistency noted during the inspection highlighted the importance of implementing standardised protocols to ensure a high standard of documentation and care provision across all residents.

The Registered Manager informed the Regulation Officer that the home is expected to undergo a significant transition in its record-keeping procedures. Specifically, by 2025, the care home plans to migrate from traditional paper-based documentation to electronic records.

The implementation of electronic records is expected to streamline the recording process, facilitating more efficient and accurate documentation of resident information, care interventions, and other essential details, therefore, addressing the issues identified.

Staff members will have handheld devices with user-friendly interfaces. These devices will be invaluable tools for inputting data directly into the electronic system as tasks are performed. This real-time data entry capability ensures that information is promptly captured, reducing delays and improving the timeliness of record updates.

In addition to enhancing information recording, the migration to electronic records will support the potential for facilitating data analysis. By consolidating resident data in a digital format, Lakeside Manor will be better positioned to conduct comprehensive analyses, identify trends, and derive actionable insights to inform decision-making processes.

Records of advance care planning were documented within the care receiver files. These records capture the individual's preferences and wishes regarding their medical care, treatment options, and end-of-life decisions.

Relatives of care receivers were contacted as part of the inspection process and they made the following comments:

“There are some core staff who have true relationships with the residents and who really care.”

“Housing keeping and admin staff are absolutely brilliant.”

“If anything, ever happens I get called straight away.”

“Staff make an effort to get to know me (as a relative) it feels very personal”

Is the Service Caring

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| Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff. |
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During the inspection, a sample of care receivers' files were reviewed, and their individualised care plans were examined. Each resident's journey and unique needs were documented, and reflected a tailored approach to care provision that prioritises individual preferences, routines, and requirements.

The personalisation of care extends into the physical environment, as residents' rooms are thoughtfully personalised to create a familiar and comforting space that reflects their tastes and preferences.

Lakeside Manor's commitment to personalised care was evidenced through its approach to recreational activities. While group activities are a vibrant aspect of life within the care home, there was evidence that activities coordinators make efforts to ensure that residents who may not participate in group settings are not overlooked. Regular reviews identify residents who have yet to engage in group activities, prompting the proactive offer of individualised activities tailored to their interests and capabilities. This personalised approach promotes social engagement and adopts a sense of inclusivity and belonging among all residents, irrespective of their preferences or abilities; this is an area of good practice.

During the inspection, it was found that the care home adhered to standards regarding the frequency and quality of supervisions and appraisals, maintaining a robust staff support and development system since the last inspection.

Supervisions and appraisals were conducted regularly throughout the year, ensuring that staff members received the necessary guidance, feedback, and opportunities for professional growth.

The Registered Manager's approach to staff support incorporates reflective supervision and group sessions into their practices. These sessions allow staff members to reflect on their experiences, share insights, and learn from one another's perspectives by encouraging self-reflection and peer collaboration.

The presence of an in-house trainer who conducts observational supervision while care staff are working adds another layer of support and quality assurance. These observations encourage care which is delivered to a high standard, with immediate feedback provided to staff members to address any areas for improvement. Additionally, these observations serve as a platform for identifying staff training needs, enabling the Registered Manager to offer targeted and relevant training opportunities to enhance staff competencies and skills.

Care receivers who use the service were spoken to at the time of inspection and gave the following feedback:

“Activity coordinators are brilliant they transform the place.”

“The food is always really nice.”

“I feel very settled, the home is short staffed but isn't everywhere.”

A sample of three months duty rotas were examined during the inspection and staffing level met the Care Home standards.

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.

During interactions with staff, it was evident they clearly understood the appropriate channels for addressing any concerns or issues that may arise in their workplace. Each staff member demonstrated awareness of whom to approach if they encountered problems, highlighting the care home's emphasis on maintaining open lines of communication and fostering a supportive work environment.

Staff members were well-informed about the role of the 'Speak Up Champion', which evidenced the services commitment to promoting transparency and accountability within the organisation. The presence of a designated 'Speak Up Champion' serves as a resource for staff members, providing them with a confidential avenue through which they can raise concerns or voice grievances without fear of reprisal.

Additionally, staff members exhibited a good understanding of the process for escalating issues to senior levels within the organisation. Whether through direct communication with management or utilising the company intranet, staff members were equipped with the knowledge and resources necessary to address their concerns promptly and effectively.

The accessibility of the company intranet plays a vital role in facilitating the whistleblowing process, allowing staff members to access policies and procedures quickly.

During discussions with staff members, it was evident that they feel valued and supported in their roles. Management was consistently described as understanding and accommodating staff's commitments, fostering a positive and inclusive work environment.

Staff members expressed gratitude for the support they receive from management, professionally and personally. They noted that management acknowledges their hard work and dedication, providing recognition for jobs well done while also offering constructive feedback when improvement is needed.

A demonstration of support is evident in the staff fund initiative. Relatives and residents make voluntary contributions to this fund, and then staff collectively decide on purchases; the fund is used to enhance the staff room environment and organise social events. Past purchases include a coffee machine, which has enhanced staff morale and camaraderie. Additionally, the fund was utilised to cover expenses for the annual Christmas party. The Home has a policy regarding receiving gifts on an individual basis which states staff are not permitted to receive personal gifts, this is why they have the fund.

During the inspection, a robust Quality Assurance (QA) framework was presented, demonstrating a commitment to care provision. Monthly audits were reviewed, which included care standards, staffing levels, clinical governance, dementia care, and feedback mechanisms.

Lakeside Manor undergoes at least two unannounced audits annually conducted by the provider's Quality Improvement Review (QIR) team.

To ensure systematic oversight, a visual aid in a chart on the wall outlines the daily, weekly, monthly, and annual QA activities to be undertaken, providing clear guidance for staff. The Registered Manager undertakes daily walkabouts, noting any actions or concerns on a central improvement spreadsheet for systematic tracking and follow-up, demonstrating proactive management.

The Regional Director reviews QA activities monthly during their visits, providing an additional layer of oversight and accountability. Every quarter, Lakeside Manor conducts comprehensive audits of all clinical governance tasks, encompassing the quality of records, preadmission planning, and care planning processes. Action plans are formulated and centrally monitored to drive continuous improvement.

Monthly audits are conducted to evaluate the home's environment, housekeeping standards, and clinical governance, with the Registered Manager overseeing the creation and implementation of action plans to address any identified areas for improvement.

In addition to regular audits, the Registered Manager conducts site visit audits outside regular working hours, ensuring thorough oversight and identifying potential concerns or areas for improvement. An observation tool is employed every four months to capture care receivers' experiences, particularly those with communication difficulties, providing valuable insights for care planning and customisation.

Monthly medication audits are conducted on 10% of the care receivers, ensuring adherence to medication protocols and promoting medication safety. The Lakeside Manor 'Speak Up' Champion meets with the Regional Director during their monthly visits, facilitating open communication and addressing any concerns or feedback from staff.

Internal call bell and alerta systems use are audited by the Register Manager to guarantee prompt responses and enhance outcomes, particularly in emergencies. The Registered Manager conducts monthly Infection Control Audits to maintain stringent infection prevention measures.

Since the last inspection, Barchester Healthcare has introduced five new QA activities, focusing on safe care delivery, staff engagement, continuous improvement, nutrition, dining experiences, and family involvement. Activities are evaluated through reports, considering their purpose, care receivers' experiences, and outcomes, ensuring meaningful engagement and fulfilment.

Monthly life enrichment newsletters are distributed to care receivers and family members, promoting engagement and communication. Lakeside Manor reviews actions from annual surveys and conducts clinical analyses of falls, fractures, and pressure ulcers, ensuring a proactive approach to resident safety and well-being.

Complaints and feedback folders contain appropriately addressed complaints within policy timeframes. However, the acceptance of responses remains uncertain due to no response from complainants, indicating a need for improved communication.

A structured meeting schedule includes community engagement, staffing reviews, home clinical governance, care receiver activities, health and safety, dementia champion, and residents and families meetings, fostering collaboration and communication.

The registered provider has refurbishment plans underway, with a dedicated project manager appointed to minimise the impact on care receivers, demonstrating a commitment to resident-centred care.

Feedback mechanisms include monthly care receiver and relative meetings, with recorded actions ensuring accountability and responsiveness. The feedback folder contains messages of satisfaction and positive feedback from care receivers and families, acknowledging the valuable contributions of all staff members.

Lastly, care receivers and families receive a comprehensive welcome pack containing information about the home, expectations, and how to raise concerns or complaints, fostering transparency and communication.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan is not required.

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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