

## **Summary Report**

## Lakeside Manor

**Care Home Service** 

Rue de la Commune, St Peter JE3 7BN

11, 15, and 18 April 2024

## 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.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

The full report can be accessed from here.