



**Jersey Care
Commission**

Summary Report

Lakeside Care Home

Care Home Service

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

**30 September, 1 & 21 October
2024**

**Publication Date
21 November 2024**

SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

At the last inspection, four areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission, setting out how these areas would be addressed (areas for improvement will now be identified as areas for development).

The improvement plan was discussed during this inspection, and it was positive to note that all improvements had been made, this included:

- The safe storage of records retained in the home and those relocated to an external locked storage facility.
- Handovers have been moved to the dining room, creating a confidential space at the times they are conducted.
- The staff changing room has been cleared of clutter and is part of a refurbishment bid to be presented by the Registered Manager to the Provider in October. Staff adhere to infection control measures by arriving at work in clothes and changing into their uniforms on site. The staff room has been relocated, providing staff with ample space to relax, and has the dual purpose of being a meeting room. The basement has been cleared of clutter and continues to be used as a storage facility. The summer house is locked, and a locked gate prevents access to the marsh-like area.
- Staff ratios continue to be determined by the Dependency Indicated Care Equation (DICE), which depends on assessed need, presenting variables and care required to deliver safe care.

The regulation officers were impressed by the Registered Manager's response to the last inspection and how they had addressed the four areas for development.

4.2 Observations and overall findings from this inspection

On entering the home, there was a warm, happy and welcoming atmosphere. Music was playing in the entrance area which was furnished with comfortable seats where care receivers were seen to be relaxing. Care receivers are supported by the staff team and empowered to be as independent as possible.

Feedback received from family members:

“They know Xxx are safe and the staff are caring and compassionate.”

The regulation officers were given a tour of the home and grounds, including the areas which were identified for improvement in 2023, which have been addressed. There is a pebble footpath around the outside of the lake's perimeter fence that accompanied care receivers can enjoy, and a small grass area with outdoor chairs and a table.

It was clear to the regulation officers that the Registered Manager is held in high regard by care receivers and their families, and an observation made by a family member was, *“The Registered Manager has a good rapport with staff and seems an excellent manager. They are visible in the home and chat with my mother. The home is brilliant, the staff are amazing, and they work hard.”*

Care receiver feedback:

“Staff are wonderful and are like my family.”

The regulation officers witnessed staff being kind, caring, and engaging with care receivers.

The home has a clear management structure, and the Registered Manager was grateful for the support they received from the Provider. Staff were also complimentary of the Registered Manager, and their dedication to the service and leadership was apparent to the regulation officers. The Registered Manager is visible within the home and operates an open-door policy, valuing feedback to improve the service.

Recent feedback highlighted that toast served at breakfast on the second floor was cold. In response to the feedback, a rarely used small lounge on the second floor will be repurposed into a small kitchen so that the toast served remains warm.

DEVELOPMENT PLAN

There was one area for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: Care Home Standard 6.6 and appendix 9</p>	<p>The Registered Provider must ensure that staff adhere to safe administration of medication and contemporaneous recording of medication given on the medicine administration chart. The Providers Management of Medicine Policy is currently being adapted to meet the requirements of Medicines (Jersey) Law 1995.</p>
<p>To be completed: 02 January 2025</p>	<p>Response by registered provider:</p> <p>All practitioners employed by the care home, who administer medication must have completed and must evidence appropriate clinical qualifications. Additionally, they must complete further mandatory company training and demonstrate to the general manager that they are competent with the administration of medicine, safe handling of medicines, have completed the Care of Medicines Foundation eLearning, and BHC Drug Assessment. The competency and knowledge of each individual practitioner is reviewed on an annual basis.</p> <p>Clinical supervision is provided in the interim to practitioners at regular intervals throughout the year and reflect the findings of the monthly audits of the management of medicines procedures in the home.</p> <p>In the event of a medication error, the care home has a protocol for the management of errors which provides a clear framework for resident safety and incorporates duty of candour principles. The medical error protocol provides</p>

	<p>clear steps that practitioners must follow to ensure the well-being of residents and to address any performance issues. Central to the protocol is a risk assessment of actual or potential risk of harm to residents and the accountability of practitioners to address and minimise risk.</p> <p>The Company is in the process of developing and ratifying a management of medicine policy that is based on the appropriate Jersey legislation.</p>
--	--

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