Jersey Care Commission

INSPECTION REPORT

Lakeside Manor Care Home

Care Home Service

La Rue de la Commune
St Peter
JE3 7BN

Inspection Dates
6, 8 and 9 July 2026

12 August 2026

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Lakeside Manor Care Home. The Care and support services with accommodation is operated by Lakeside Residential Home Limited and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home
Mandatory Conditions of Registration	
Categories of care	Adult 60+, dementia care
Maximum number of care receivers	66
Maximum number in receipt of nursing care	20
Age range of care receivers	55 and above
Maximum number of care receivers that can be accommodated in each room	Ground floor rooms: 1-24 (no 13) one person First floor rooms: 1-29 (no 13) one person Second floor rooms: 1-15 (no 13) one person
Discretionary Conditions of Registration	
None	
Additional information	
A variation application was received on 6 August 2025 to reconfigure Suite 1 into two rooms, resulting in an increase in the number of nursing beds from 12 to 13. A further variation application was received on 23 October 2025 requesting an increase in nursing beds to 20 and a corresponding reduction in residential care beds to 46 when the rooms are being occupied by residents requiring nursing.	

As part of the inspection process, the Regulation Officers evaluated the home's compliance with the mandatory conditions of registration required under the Law. The Regulation Officers concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was unannounced. This enabled the Regulation Officer to observe and assess aspects of the homes day-to-day operation of the home at the time of the visit, including staffing arrangements, care practices, and the lived experience of care receivers. The findings in this report are based on the evidence gathered during the inspection and the Registered Provider's compliance with regulatory requirements.

Two regulation officers were present for the first visit and one for the second and third visits. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'

Inspection information	Detail
Dates and times of this inspection	6 July 2026- 09:15 – 15:50 8 July 2026- 09:00 – 15:30 9 July 2026- 19:20 – 20:50
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	66
Date of previous inspection	5 June 2025
Areas for improvement noted at the last inspection	None
Link to the previous inspection report	RPT_LKSM_Inspection_20250605.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

The staff team adopts a whole-home approach to care, working across different areas of the home to ensure all care receivers are well known to them. Although staff are allocated specific floors during each shift, they regularly support care receivers throughout the home, promoting positive relationships and enabling the delivery of consistent, person-centred care.

The Registered Manager conducts unannounced night-time spot checks, verified by staff, to monitor care standards and ensure effective oversight of the home. This was identified as an area of good practice.

The management team completes regular audits, including reviews of nutrition and dining experiences, to ensure residents' dietary needs, preferences, and requirements are effectively identified and communicated to staff.

Staff receive ongoing training to ensure they have the skills and knowledge to meet care receivers' needs safely and effectively. Mandatory training is completed during induction and refreshed regularly in line with organisational requirements.

Nutrition and hydration are actively promoted throughout the home, with care receivers having access to a range of refreshments, including popular homemade fruit smoothies. The kitchen has also maintained a five-star Eat Safe rating, demonstrating high standards of food hygiene and safety.

The home recognises falls as a key risk for care receivers living with a cognitive impairment and has measures in place to reduce and monitor this risk. Following any fall, a 48-hour review is completed, appropriate referrals are considered, and preventative measures such as sensor mats and movement alerts are used to support care receivers at higher risk of falling.

Due to a significant number of care receivers' lacking capacity to provide meaningful feedback to the home, this is often obtained through family members and representatives. The home supports engagement through quarterly residents' and relatives' meetings and encourages families to take an active role in the home by attending events and entertainment activities.

The home's medication management systems were found to be well organised and in line with expected standards. The Regulation Officer verified that the two actions identified during the Pharmacist Inspector's focused inspection in March 2026 had been successfully addressed, with appropriate arrangements in place for the safe storage, administration, recording, and ordering of medicines.

The organisation has effective systems for reporting, reviewing, and analysing accidents, incidents, and near misses. Records demonstrated that incidents were appropriately managed, trends were monitored to support learning and improvement, and all notifiable events had been reported to the Commission in line with regulatory requirements.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation Standards were referenced throughout the inspection.[1]

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, the Statement of Purpose, the medication inspection report, variation requests and notification of incidents.

The Regulation Officer was unable to gather feedback from the care receivers due to their lack of capacity to meaningfully participate in the feedback process. However, five representatives of some of the care receivers provided their feedback. They also had discussions with the service's management and other staff members gave their feedback. Additionally, feedback was provided by seven professionals external to the service.

As part of the inspection process, documents including policies, care records, incidents, audits and training matrixes were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 10 July 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

[1] All Care Standards can be accessed on the Commission's website at https://carecommission.je/

5.2 Sources of evidence.

Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Training matrix with compliance Supervision records Care Plans Risk assessments Policies Medication management Staffing rotas Safe recruitment processes Environment
Is the service effective and responsive	Training matrix Initial health assessments Stand up daily meeting observations Policies and procedures Out of hours visit Feedback Complaints process
Is the service caring	Stand up daily meeting observations Employee handbook Observations of the care delivery Environment Daily menus Feedback
Is the service well-led	Induction process Handover observations Policies and procedures Audit processes Environment Staffing rotas Statement of purpose Feedback

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer's reviewed a sample of staff recruitment files and found that robust safe recruitment processes were in place. Evidence within the files demonstrated that the home consistently followed its recruitment procedures before staff commenced employment. This included the completion of employment application forms, verification of identity, and confirmation of employment history to account for any gaps in service. Appropriate references had been obtained and reviewed, providing assurance regarding applicants' suitability, character, and previous work performance. Disclosure and Barring Service checks had been completed to help ensure individuals were suitable to work with vulnerable adults. The files also contained evidence of interview processes and checks of relevant qualifications and professional registrations where applicable. Overall, the records reviewed provided assurance that standards around safe recruitment practices are followed.

Duty rotas were reviewed to ensure that sufficient numbers of staff were deployed on each shift to meet the assessed needs of the care receivers. The organisation utilises an embedded dependency assessment tool within its electronic management system, which calculates the staffing levels required based on the individual needs, levels of dependency, and support requirements of the people living in the home. Staffing numbers are allocated in line with the outcomes of this assessment tool, providing assurance that there are sufficient staff available to deliver safe and effective care. The rotas reviewed demonstrated that staffing levels were planned and maintained in accordance with these assessed requirements, helping to ensure that care receivers receive timely support and their needs can be met consistently.

The Regulation Officer reviewed safeguarding concerns raised since the last inspection and found that these had been managed appropriately. Concerns had been reported and escalated in a timely manner, with investigations undertaken where required. The Registered Manager demonstrated a good understanding of safeguarding responsibilities and appropriately referred cases to the local safeguarding authorities when necessary. Records provided evidence of safe practice, clear decision-making, and appropriate actions to protect care receivers.

The organisation has clear processes, supported by a policy, for reporting accidents, incidents, and near misses. These events are recorded, reviewed, and managed by the head office team, which undertakes analysis to identify trends, recurring events, and any emerging themes. This oversight supports learning and the implementation of measures to reduce the risk of similar incidents occurring in the future. A review of records demonstrated that incidents meeting the threshold for notification to the Commission had been appropriately reported, as evidenced through cross-referencing notifications with the corresponding incident documentation. This provided assurance that incidents were managed effectively and that regulatory reporting requirements were being met.

The organisation offers a comprehensive induction programme for all new employees joining the home. The induction is delivered over a 12-week period to ensure staff are equipped with the knowledge, skills, and support required for their role. During the first two weeks, new staff members work in a supernumerary capacity, allowing them to complete the organisation's mandatory online and face-to-face training programmes while becoming familiar with company policies, procedures, and values. Following this initial period, staff undertake a structured programme of shadowing experienced senior colleagues and receive further role-specific, face-to-face training. Each new employee is assigned a dedicated buddy who provides guidance and support throughout their induction. The buddy remains with the new staff member for their first month of employment, helping them to develop confidence and competence within their role.

The home received a focused medication inspection from the Pharmacist Inspector on 16 March 2026. Two actions were identified during the inspection relating to transcribing guidance and the ordering of prescribed medication to reduce waste. The Regulation Officer reviewed the home's medication management systems and was able to verify that both actions had been addressed and implemented. It was also noted that medication management processes were well organised, with appropriate systems in place to support the safe storage, administration, recording, and ordering of medicines. Overall, medication practices were observed to be in line with expected standards.

The home has an in-house maintenance team, and the Regulation Officer met with the Head of Maintenance to review maintenance records and logbooks. A comprehensive programme of health and safety checks is in place, including fire safety, water management, and the maintenance of both medical and non-medical equipment. Records demonstrated that daily, weekly, and monthly inspections and checks are completed and documented appropriately.

Fire safety procedures were found to be robust and were being adhered to consistently. The Regulation Officer noted that an unannounced fire drill had taken place the day prior to the inspection. The Head of Maintenance explained that fire drills are coordinated almost monthly to ensure all staff, including night and weekend workers, have the opportunity to participate and demonstrate their understanding of emergency procedures. In addition, the home has identified and trained 14 members of staff as Fire Marshals to support fire safety arrangements across the home. Based on the evidence reviewed, discussions with staff, and the systems in place, the Regulation Officer was satisfied that the home's fire safety arrangements were meeting the required standards.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The Regulation Officer's and the Registered Manager reviewed all complaints received since the last inspection. The home has a robust complaints policy in place which supports a clear and effective complaints process. The Registered Manager aims to respond promptly to concerns and, where possible, resolve complaints at the initial stage. Where further investigation is required, complaints are appropriately escalated to the Registered Provider, who is responsible for responding, investigating, and ensuring satisfactory resolution. Evidence reviewed during the inspection demonstrated that this process is being followed consistently and effectively.

It can be challenging to obtain meaningful feedback directly from most care receivers due to their lack of capacity. However, the home actively seeks feedback from family members and representatives of the care receivers who are able to share their views on the quality of care and support being provided. The Registered Manager facilitates quarterly resident and relatives' meetings, providing opportunities for individuals to share their views, raise concerns, and contribute to the ongoing development of the home. Relatives and friends are also encouraged to participate in the life of the home and are invited to attend weekend entertainment events, such as performances by visiting musicians or entertainers.

Feedback received from residents, relatives, and staff is used to drive improvements within the home. A 'You Said, We Did' board is displayed in the reception area, clearly demonstrating how feedback has been listened to and acted upon. This provides a visible record of changes and improvements made in response to suggestions and comments, promoting transparency and encouraging continued engagement from all stakeholders.

The home employs two activity coordinators who provide a weekly programme of activities and entertainment tailored to the needs of care receivers living with dementia, and other conditions that impact on their capacity. The Regulation Officer observed residents engaging with the 'Magic Table', an interactive sensory projection system. The Activity Coordinator supported care receivers to participate in activities such as 'spot the difference', promoting observation, memory, and social interaction. Care receivers also benefit from a range of other opportunities, including a weekly sports and wellness day, therapy dog visits, church services, community outings, and regular live entertainment from singers and musicians. These activities support care receivers' physical, emotional, social, and cognitive wellbeing.

The inspection included a tour of the home, which is arranged over three floors and supports care receivers with varying levels of cognitive impairment, needs and abilities. The first floor is dedicated to supporting care receivers with more significant cognitive needs, ensuring that care and support can be tailored appropriately to individual requirements.

The staff team works across all areas of the home to promote a whole-home approach to care delivery. While staff are allocated specific floors during each shift, they routinely work throughout the home, enabling them to develop positive relationships with all care receivers. This approach helps to ensure that individuals are well known to the staff team and supports the delivery of consistent, person-centred care.

Externally, the home benefits from extensive outdoor space, including a sensory garden, large, landscaped gardens with areas for walking and relaxation, and spacious communal balconies where care receivers can sit and enjoy the outdoors. These facilities provide valuable opportunities for recreation, stimulation, and access to fresh air in a safe and accessible environment.

A review of the notifications submitted to the Commission, together with discussions with the Registered Manager, identified that the home reports a relatively high number of falls. The organisation recognises this as a significant risk area due to the nature of the resident group, all of whom are living with a cognitive impairment and may be more susceptible to poor coordination, impaired judgement, and reduced stability. Following any fall event, a 48-hour post-fall review is undertaken to monitor the care receiver and identify any contributory factors. Consideration is given to referrals to occupational therapy and community physiotherapy services where these are not already in place, and referrals are made to the district nursing service where injuries have been sustained. Additional preventative measures include the use of sensor mats and movement alert systems for some residents who are assessed as being at higher risk of falls.

The Registered Manager reported that the home currently has no Grade 2 or above pressure ulcers. This was attributed to the promotion of mobility and independence wherever possible, alongside effective pressure area care and preventative strategies for residents who are less mobile or bedbound.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

The home has recently benefited from a refurbishment of the communal areas across all three floors, which has enhanced the overall environment and presentation of the home. Throughout the inspection, the home appeared clean, well-presented, and well maintained, creating a welcoming and comfortable atmosphere for care receivers, visitors, and staff. The refreshed communal spaces were bright and inviting, contributing positively to the overall ambience of the home.
The exterior of the property is also undergoing a programme of maintenance and redecoration works, including painting, which was in progress at the time of the visit. These improvements demonstrate the provider's ongoing commitment to maintaining

the home to a high standard and ensuring the environment remains pleasant and fit for purpose.

Training is available to staff on an ongoing basis to ensure they have the knowledge and skills required to meet the needs of care receivers safely and effectively. Mandatory training is completed during the induction period for all new employees and is refreshed periodically across the staff team in line with the requirements set by the training provider.

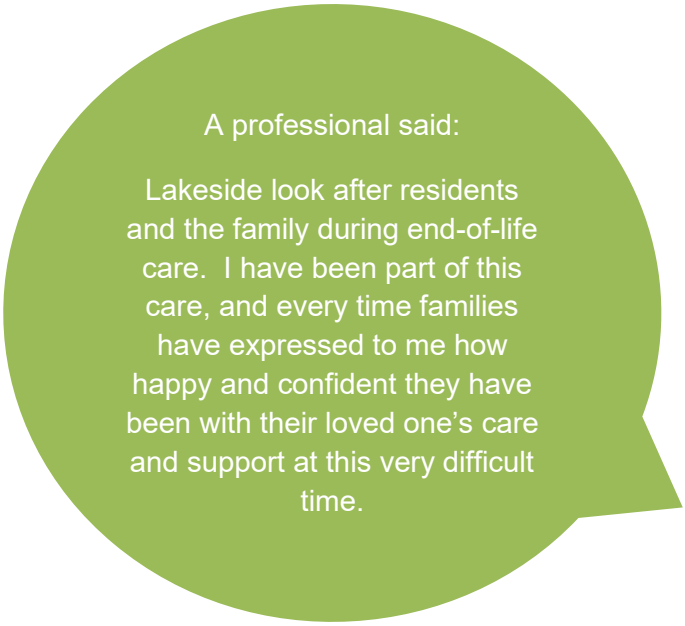
The organisation employs in-house trainers who travel from the UK to deliver face-to-face training in key areas such as moving and handling and basic life support. Additional training is completed online, while more specialist courses are sourced locally to support specific service needs. Examples of specialist training undertaken by staff include end-of-life care, dementia care, and Level 3 medication management.

Evidence reviewed during the inspection confirmed that senior staff responsible for administering medication had completed Level 3 Regulated Qualification Framework (RQF) medication management training. Records also demonstrated that annual medication competency assessments were undertaken for staff that are administering medications.

Daily menus are displayed outside each dining area, and care receivers are offered a choice of two three-course meals each day. Alternative meals can also be prepared to meet individual preferences, dietary requirements, or for those who prefer a simpler option. The Head Chef and kitchen team were described as accommodating and committed to meeting the needs of care receivers.

Nutrition and hydration are promoted throughout the home. During one inspection visit, homemade fruit smoothies were available and were reported to be a popular option, particularly during the warm weather. The kitchen has maintained its five-star Eat Safe rating, demonstrating continued compliance with high standards of food hygiene and safety.

The home provides end-of-life care and utilises training and support from the local hospice service to ensure staff are equipped to deliver compassionate, person-centred care. This includes training in advance care planning and supporting care receivers and their families during the last stages of life. A review of care receiver records demonstrated that advance care plans were in place and regularly considered. These plans clearly documented the wishes and preferences of care receivers where possible and incorporated the views of family members or representatives.



Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

It has been over a year since the appointment of the current Registered Manager. Although the change in management initially resulted in a period of uncertainty and adjustment, this was temporary. Feedback received from staff, relatives, and external professionals has been consistently positive, reflecting confidence in the leadership of the home and recognising the professionalism and quality of the service provided.

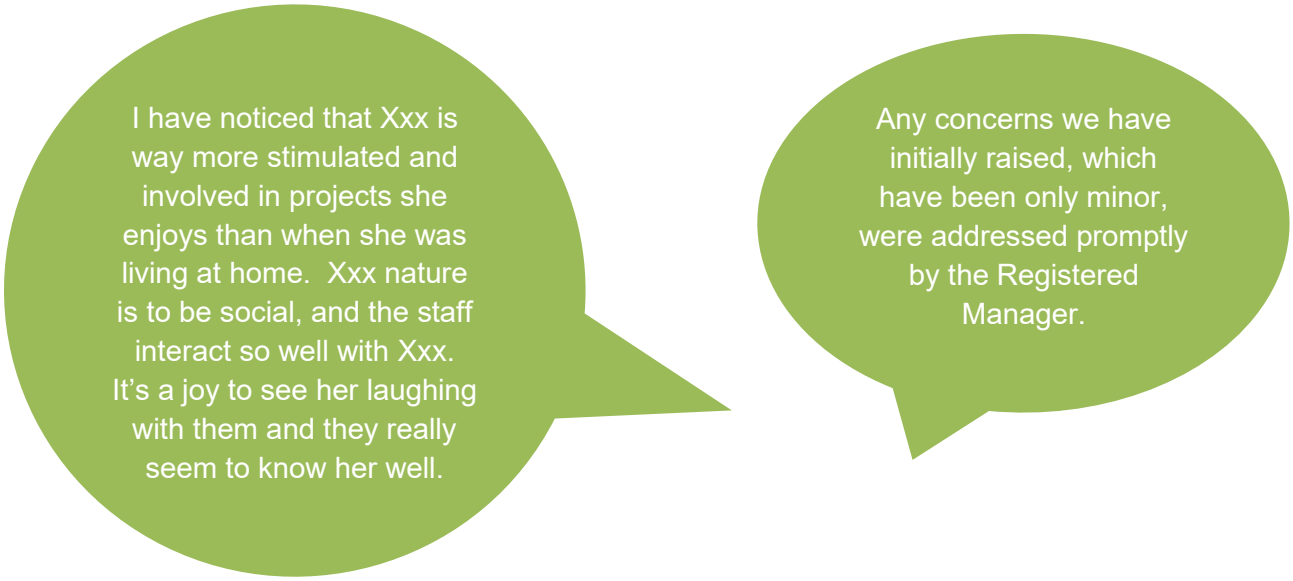
The management team completes extensive auditing programmes on a monthly and quarterly basis. The audit findings are submitted to the Compliance Team in the UK, where the data is analysed and monitored. One example of an audit reviewed by the Regulation Officer was the Nutrition Care and Dining Experience Audit**.** This audit looked to see that the nutritional needs of care receivers was being considered and examined and how the kitchen staff are informed of any specific dietary requirements, including allergies, cultural needs, and personal preferences. A resident dietary requirements board is maintained in the kitchen and updated as required. In addition, care receivers may have individual diet sheets and support plans in place to clearly identify and communicate their dietary needs and requirements.

Staff receive supervision on a quarterly basis, conducted by senior staff and the Registered Manager. A supervision matrix and supervision records demonstrated compliance with the organisation's quarterly supervision requirements. New employees also receive an appraisal within their first month of employment. This includes a one-to-one review meeting with a member of the management team to discuss progress, support needs, and development goals. The home also facilitates group supervision sessions following significant events where additional support, reflection, and learning may be required. These sessions provide staff with an opportunity to discuss the event, share experiences, enhance understanding, and identify any lessons learnt.

The staff team includes three dementia champions who have completed an enhanced training programme provided by the organisation. They share their knowledge and learning with the wider staff team, helping to promote good practice in dementia care. The training includes a strong focus on effective communication and person-centred approaches when supporting individuals living with dementia. The Registered Manager is also exploring additional training opportunities with a local dementia specialist service to further enhance staff knowledge and skills.

As part of the home's quality assurance processes, the Registered Manager undertakes spot checks of operational practice and service delivery. This includes conducting unannounced monthly visits during night shifts to monitor standards of care and staff practice. The Registered Manager explained that they carry out these checks at varying times, including during the early hours of the morning, to provide effective oversight of the home outside of normal working hours. This practice was verified by night staff, who confirmed that they receive unannounced visits from the Registered Manager at any time during the night, demonstrating the manager's active involvement in monitoring the quality and safety of the home. This is an area of good practice.

What representatives of the care receivers said:



Xxx was amazing. Xxx was approachable, open and transparent and made me feel at ease with the transition.

The staff are professional and helpful. I find the nurses are respectful and kind to Xxx.

I am very happy with the staff at Lakeside Manor, they all love Xxx and look after Xxx well, Xxx runs it well, I can't wish for better.

Views from staff members:

Xxx has put so much effort and care into building a strong caring community and I enjoy working with Xxx they are easy to talk to, always listens, and is great with residents and their families.

The workplace provides appropriate training and encourages continuous learning, helping staff develop their skills and confidence.

I would recommend this workplace to anyone who is passionate about caring for others and wants to work in a respectful and supportive environment.

I am very happy here and feel very supported from Xxx and the senior team. I was made to feel very welcome and felt all staff were approachable and listen if I have questions.

The nursing and senior healthcare assistant's team have worked hard to improve standards of care and create a calmer environment for the residents in which they feel safe.

I love working here, I feel very supported by my manager and by my team, anything I need they are there for me.

Some professional's views of the home:

Staff appear friendly, caring and knowledgeable, not only in their interactions with residents but also relatives.

I am always very impressed with how well the staff know their residents.

I found the home to be open, transparent, and proactive in sharing information, which greatly supports effective multidisciplinary working and positive outcomes for residents.

My own observations show kind, calm and patient staff.

I find the records and the care plans are generally very good and I witness residents and their needs being dealt with effectively and appropriately.

A genuine kindness is shown by all the staff, from the smiling face on reception to the carers, auxiliary staff, nurses and Xxx themselves.

What a kind and professional home it is to visit.

Often families are very involved in decision making, communication with families is a high priority at Lakeside.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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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