Jersey Care Commission

INSPECTION REPORT

Lakeside Care Home

Care Home Service

La Rue de la Commune
St Peter
JE3 7BN

Inspection Dates
14, 15 and 16 July 2026

Date Published
25 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 Care Home. The home 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	
Category of care	Adult 60 +
Maximum number of care receivers	66
Maximum number in receipt of nursing care	23
Age range of care receivers	55 and above
Maximum number of care receivers that can be accommodated in each room	One Rooms 1-28 (no 13) residential care only Rooms 31-69 residential or nursing care
Discretionary Conditions of Registration	
None	
Additional information	
Since the previous inspection, the following variations to registration were approved: • 11 December 2025 – increase in registered nursing beds to 22 and reduction of personal care beds to 44. • 20 January 2026 – approval to accommodate one individual aged 52 years and above. • 22 May 2026 – increase in registered nursing beds to 23 and reduction of personal care beds to 43. An updated Statement of Purpose was submitted to the Commission on the 9 July 2026.	

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

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was unannounced and took place without prior notice to the service. The Commission carries out unannounced inspections as part of its regulatory approach to observe services in their usual operating conditions, and Lakeside Care Home was selected for inspection in line with this approach. The Registered Manager was present during the unannounced visit. A further two visits took place which the Registered Manager was aware of and present for.

Two regulation officers were present for the first visit and one for the second and third days. 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	14 July 2026 09:00-15:00 15 July 2026 17:00-20:30 16 July 2026 07:00-12:00
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	64 (Day one) 65 (Day two)
Date of previous inspection	21 August 2025, 09:30-16:40 27 August 2025, 09:00-17:25 28 August 2025, 09:15-17:00 03 September 2025, 13:40-17:10
Areas for improvement noted at the last inspection	One
Link to the previous inspection report	RPT_LKS_Inspection_20250903.pdf

3.2 Focus for this inspection

This inspection included a focus on the area for improvement identified at the previous inspection, as well as 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, one area for improvement was identified, relating to medicines management within the home. An improvement plan was submitted to the Commission by the Registered Provider, setting out how this would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the required improvement had been made. Following the previous inspection, the home reviewed medication training for senior carers, strengthened management oversight of medication administration, introduced additional supervision processes, and implemented monthly inter-home medication reviews to provide further independent scrutiny.

A medication inspection undertaken in February 2026 identified a number of actions and recommendations relating to medicines management. A subsequent monitoring medication inspection was completed in May 2026, which confirmed that all required actions had been addressed and that no further actions were required.

A focused medication inspection undertaken in February 2026 identified a number of actions and recommendations relating to medicines management. A follow-up review completed in May 2026 confirmed that all required actions had been addressed and that no further action was required.

Improvements included strengthened systems for transcribing medication, management of medical devices, covert administration documentation, medication manipulation authorisations, medication review tracking and audit processes. The evidence reviewed during this inspection provided assurance that the previous area for improvement had been addressed and that medicines management arrangements within the home were operating effectively.

4.2 Observations and overall findings from this inspection

The Regulation Officer reviewed a range of information, including care records, governance information and feedback from people connected with the service, and spoke with the Registered Manager and staff team.

Lakeside Care Home provides nursing and personal care for up to 66 adults, many of whom have physical health needs, frailty, cognitive impairment, diabetes, mobility difficulties and increasing dependency. The inspection found that the home was effectively meeting the needs of care receivers through robust leadership, effective governance arrangements and a person-centred approach to care. Evidence reviewed demonstrated that systems were not only established but embedded in everyday practice.

The home benefits from multiple layers of governance and oversight at local, regional and corporate level. Daily meetings, handovers and governance reviews provided evidence of effective oversight of the service. These processes supported the ongoing monitoring of risks, staffing and care receivers' wellbeing.

Feedback obtained during the inspection was consistently positive. Care receivers, relatives, staff and professionals described a caring, responsive and well-managed home. Observations throughout the inspection supported this feedback. Care receivers appeared relaxed, comfortable and engaged within the home environment, and interactions between staff and care receivers were observed to be warm, respectful and person centred.

The inspection also identified a number of examples of good practice, particularly in relation to governance, safeguarding culture, staffing development, activities provision and multidisciplinary working.

Whilst the inspection was positive overall, discussions took place regarding continued monitoring of staffing arrangements in light of the home's high dependency levels and physical environment, together with opportunities to further strengthen governance analysis and reflective learning processes.

Overall, Lakeside Care Home was found to be a well-managed service that supports individuals with significant healthcare needs whilst maintaining a focus on dignity, choice, safety and quality of life.

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 reports, the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from 13 care receivers and four of their 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, documents including policies, care records, incidents and complaints were examined.

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

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 24 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.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Medication management	• February 2026 Medication Inspection report • May 2026 Medication Inspection follow-up review • Medication audit records • Medication management policies and procedures
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	• Sample of recruitment records and staff files • Recruitment and selection policy • Induction and competency records • Training - learning and development records • Safeguarding records and safeguarding policy • Notification records and analysis • Risk assessments and care records • Staffing rotas and dependency analysis (DICE) • Health and safety policy and audits • Observations of the environment and care delivery
Is the service effective and responsive	• Statement of Purpose • Pre-admission assessments • Sample of care records and monthly reviews • Risk assessments • Communication and decision-making records • Capacity and consent policy • Significant Restriction on Liberty (SROL) records • Nutrition assessments and nutrition meeting records • Access to healthcare arrangements (GP, dentist, chiropodist, dietitian, and external nursing provision) • Activities programme and activities records • Resident of the day reviews • Care needs analysis • Observations of mealtimes and handovers

Is the service caring	• Sample of care records reviewed • Care receivers and families' involvement in care planning and reviews • Advance care planning records • Personal preferences, wishes and life history information • Observations of staff interactions with care receivers • Observations of mealtime support and daily routines • Activities and social engagement records • Feedback from care receivers and relatives • Feedback from staff and external professionals
Is the service well-led	• Governance and quality assurance policy • Governance meeting records • Regional director quality assurance visit reports (May–July 2026) • Clinical governance reviews • Audit schedules and action plans • Staffing reviews and workforce planning records • Supervision and appraisal records • Training compliance reports • Compliments, concerns and complaints policy • Care receivers and relative meeting minutes • Surveys and feedback records • Notification records and governance oversight processes • Discussions with the Registered Manager, Deputy Manager and staff team

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Care receivers were supported by staff who had been recruited through established and robust recruitment processes. The regulation officers reviewed a sample of staff files, that demonstrated appropriate pre-employment checks, including references, criminal record checks, identification verification and employment history reviews. Recruitment systems were supported by a comprehensive recruitment policy and structured induction programme.

Training compliance was high, above 98 per cent overall. Face-to-face training, practical assessments and competency observations formed part of the home's approach to workforce development. Training reflected the needs of the care receivers' and included safeguarding, moving and handling, tissue viability, infection prevention and control, medication management, capacity and self-determination, and end-of-life care.

The safeguarding culture within the home was positive and proactive. Staff demonstrated an understanding of safeguarding responsibilities and reporting procedures. Safeguarding concerns had been appropriately identified, investigated and referred where required. Closed safeguarding referrals demonstrated evidence of learning and management oversight.

The management of capacity and SROLs was well developed. Twenty-one care receivers were subject to authorised restrictions. Documentation was easily accessible, staff demonstrated a good understanding of individual restrictions, and restrictions were proportionate to assessed risks. Although the number of SROLs in place was relatively high, the restrictions applied were generally low level and appropriate to the care home environment, supporting care receivers' safety while maintaining their rights and freedoms. Care receivers with capacity retained freedom of movement, and restrictions were reviewed through established governance arrangements.

Notifications relating to falls, pressure ulcers, deterioration in health, deaths and SROLs were reviewed. Evidence demonstrated that incidents were recognised, escalated appropriately and reviewed through established governance processes. Falls analysis showed that incidents were largely associated with frailty, mobility difficulties and cognitive impairment, with appropriate professional involvement and clinical follow-up consistently evident. During the inspection, the Regulation Officer identified a potential theme relating to the timing of falls, with a number occurring during mealtimes or staff handover periods.

This observation was discussed with the Registered Manager and subsequently shared with the provider's governance team. The governance team welcomed the feedback and confirmed that timing analysis would be incorporated into future falls oversight and trend analysis. This demonstrated a positive and responsive approach to continuous improvement and organisational learning.

Risks relating to mobility, skin integrity, nutrition, continence, diabetes and deterioration were identified through assessment and reviewed regularly. The home demonstrated effective partnership working with external agencies, tissue viability specialists, speech and language therapists, dietitians and medical practitioners.

The Regulation Officer reviewed environmental safety arrangements. Equipment servicing, fire safety systems, infection prevention controls, health and safety audits, maintenance arrangements and emergency procedures were all appropriately managed.

Staffing levels were generally responsive to the needs of care receivers and were determined using the provider's dependency-based staffing tool. However, review of staffing arrangements identified that staffing levels were slightly below the required Standards during afternoon and night shifts.

The Registered Manager escalated these concerns to the provider's governance team, which reviewed the findings and agreed to enhance staffing during the periods of the day where increased care needs are required. The Registered Manager confirmed that these changes would be implemented within two weeks of the inspection. This proactive and immediate response provided assurance that the provider was willing to review staffing arrangements, respond to inspection findings and take timely action to further strengthen support for care receivers.

Overall, care receivers were protected from avoidable harm through effective recruitment, training, safeguarding, risk management and governance arrangements.

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 home demonstrated an understanding of the needs of its care receivers' and operated within its registration conditions. Admission decisions were underpinned by appropriate assessment, and the Registered Manager demonstrated awareness of the home's responsibilities when accepting new care receivers.

Care planning processes were detailed and person centred. Seven care records were reviewed and demonstrated comprehensive assessments, personalised care plans, regular reviews and effective risk management arrangements. Records reflected individual preferences, goals, routines, health needs and aspirations. Families were involved where appropriate, and care plans incorporated advice from health and social care professionals.

Care receivers' communication needs were considered throughout assessment and care planning processes. Information relating to communication, sensory impairments, capacity and decision-making was documented and accessible to staff.

The home promoted meaningful occupation and social engagement. The activities team provided a varied programme of individual and group activities designed around care receivers' interests, abilities and preferences. Activities included crafts, quizzes, music, religious services, outings, themed events, celebrations and community engagement opportunities. The programme demonstrated creativity and flexibility, with evidence that care receivers and families influenced activities provided.

One notable example involved the planning of a surprise seventieth wedding anniversary celebration in partnership with family members, reflecting the home's focus on meaningful personal experiences.

Social wellbeing was further supported through unrestricted visiting arrangements, family involvement and flexible visiting at the end of life. Families were encouraged to remain active participants in care receivers' lives and were welcomed throughout the home.

The home demonstrated oversight of nutrition and hydration. Nutritional assessments were undertaken on admission and reviewed regularly. Monthly nutrition meetings involving senior staff and catering staff ensured ongoing monitoring of nutritional risk. Care receivers had access to specialist support from dietitians and speech and language therapists where required.

Access to healthcare services was prompt and well-coordinated. Evidence demonstrated effective engagement with GPs, external nursing provisions for the residential care receivers, dentists, chiropodists, therapists and hospital teams. Records showed that changes in care receivers' needs were recognised early and escalated appropriately.

The inspection found evidence of responsiveness to deteriorating health and changing needs. There were processes for identifying when care receivers required increased support, nursing care, healthcare intervention or review of existing care arrangements.

Overall, care was effective, coordinated and responsive, enabling care receivers to achieve positive outcomes whilst maintaining their wellbeing and quality of life.

Is the service caring?

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

Care receivers are supported by staff who know them well and understand their individual needs, preferences and histories. Observations throughout the inspection demonstrated positive interactions between care receivers and staff. Staff were seen speaking respectfully, responding promptly to requests for assistance and supporting care receivers in a calm and reassuring manner.

Fundamental care needs were appropriately supported. The home demonstrated good practice in relation to pressure area care, continence management, oral healthcare, mobility support and personal care. Evidence showed that staff followed recognised frameworks and worked effectively alongside specialist healthcare professionals to maintain care receivers' wellbeing.

Care receivers were supported to make choices and retain as much independence as possible. Where restrictions were necessary for safety, these were proportionate and balanced against individual rights and preferences.

Advance care planning was also developed. Records evidenced discussions regarding future wishes, family involvement and end-of-life preferences. This supported care receivers to remain at the centre of decisions about their care and treatment.

Care receivers' emotional wellbeing was supported through meaningful relationships, family involvement, activities and regular engagement with staff. The inspection found evidence that family members were regarded as partners in care and treated with kindness and respect.

Feedback obtained directly during the inspection reflected these findings. One care receiver stated: "*The staff are great. If I have concerns, they always listen to me.*" Another care receiver said: "*I love the activities. There is always something going on.*"

A family member told the Regulation Officer: "*We are treated like family here.*" Another family member commented: "*Complaints are sorted straight away and the management team are very approachable.*"

Overall, the culture within the home was caring, respectful and centred on maintaining dignity, individuality and quality of life.

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.

The Registered Manager was visible, knowledgeable and actively involved in the day-to-day operation of the home. Throughout the inspection, they demonstrated an understanding of care receivers' needs, identified risks and areas for development, and showed a commitment to continuous improvement.

Governance systems operated at home, regional and corporate levels and were supported by regular governance meetings, audits and quality assurance processes. The inspection found that these systems were embedded in everyday practice rather than existing solely as documentation. Staff demonstrated awareness of governance arrangements, and evidence showed that care receivers' wellbeing, risks, staffing and emerging issues were regularly reviewed to support continuous improvement.

Staff reported feeling supported by management and spoke positively about the culture within the home. Several staff described the management team as approachable and supportive. The inspection found evidence of regular supervisions, appraisals, competency assessments and opportunities for professional development.

Workforce planning was informed by dependency analysis and reviewed regularly. Whilst staffing arrangements were effective, discussions took place regarding the need to continue evaluating staffing levels against both care receiver dependency and environmental challenges presented by the building layout.

Feedback systems were well established and included care receivers' meetings, relative meetings, surveys and open-door management arrangements. The home provided examples of changes made following feedback, including reviews of menus, environmental arrangements and care receivers' placement considerations.

The home demonstrated a culture of openness, accountability and improvement.

Overall, governance arrangements provided assurance that quality, safety and care receiver wellbeing were being monitored effectively and continuously reviewed.

What care receivers said:

I feel listened to.

The Deputy Manager and Registered Manager are very easy to talk to.

The medication is always on time.

When asked about communication within the home relatives said:

We actively participate in the relatives' meetings and feel heard.

We can spend time in the communal areas and enjoy being with our loved one.

What staff said:

The training is excellent and helps me do my job confidently.

The management team is supportive and available whenever we need them.

We are able to raise safeguarding concerns and know they will be taken seriously.

A professional's view:

I am very happy to recommend Lakeside. The residents I have worked with have been happy with the care and support they receive.

The manager is open and honest in their communication and always puts residents at the centre of decisions.

The home delivers high-quality care and builds positive relationships with residents and families.

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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