



**Jersey Care
Commission**

INSPECTION REPORT

Silver Springs

Care Home Service

La Route des Genets

St Brelade

JE3 8DB

12 June 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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

ABOUT THE SERVICE

Silver Springs is a 93 bed Care Home located in the west of the island, set in large grounds and on a main bus route to town; the care home is also close to a local shopping precinct. The Statement of Purpose (SOP) sets out the aims and objectives which includes that care will be provided in a secure, relaxed and homely environment in which the safety, well-being and comfort of residents are of prime importance.

The care home provides care to residents who are aged 60 and above with a range of personal care and nursing care needs. Within the care home there are a variety of communal areas where residents can spend their time socialising with others or spend time with family or friends.

While the care home was first registered with the Commission on 29 August 2019, it was subject to regulatory inspections under the previous law.

Registered Provider	Silver Springs Limited
Registered Manager	Sindy Gartshore
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of people who may receive personal care - 44 Maximum number of people who may receive nursing care - 49 Age range – 60 and above Categories of care: Adult 60+; physical disability and/or Sensory Impairment. Rooms registered for single occupancy: 1-12a; 14-62; suites 1-5; Silver Lea 1-2 and 14-16.
Dates of Inspection	12 June 2020
Times of Inspection	9.15am – 1.30pm
Type of Inspection	Announced
Number of areas for improvement	None

At the time of this inspection, there were 82 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a half day by one Regulation Officer. The Care Home Standards were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- the service's Statement of Purpose (SOP) and Conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Due to Covid-19, this inspection was announced and undertaken in accordance with the care home's infection prevention and control measures. This meant that not all areas of the care home were visited, and the length of the inspection was reduced. These measures were necessary to promote the safety and wellbeing of care receivers and staff. This did not limit the scope of enquiry that was undertaken about operational matters and a variety of evidence was obtained to demonstrate that care receivers had been provided with a service that is safe.

Overall, the findings from this inspection were positive.

Specific attention was given to how the care home has operated during the recent prolonged and unparalleled restriction on visiting. At the time of the inspection, there were still some restrictions on visitors entering the home. The care home was able to evidence that it was adhering to the Government of Jersey's guidance on visiting.

From review of documentation and information and feedback provided by staff, residents and relatives, there was strong evidence of the home promoting activities with residents alongside ongoing engagement with their families and friends during this period.

The Regulation Officer reviewed the care home's Statement of Purpose and was satisfied that the care provided is consistent with the care home's aims and objectives. The conditions on registration continue to apply and remain appropriate.

Reference to the conditions of registration and Statement of Purpose, as applied in practice established good evidence of operational systems, which are in place and followed by the care team. Supporting documentation also provided confirmation of the necessary and expected policies and procedures being in place, which are overseen by a comprehensive system of review and audit.

The service's arrangements for recruiting staff were satisfactory, with clearly defined systems implemented by administrative staff and overseen by the manager. The Regulation Officer undertook an audit of the system as part of the inspection which confirmed compliance with the Regulations and Standards relating to safe recruitment principles and guidelines.

Reference to recent correspondence initiated by the manager and directly received by the Commission, demonstrated robust and appropriate systems for responding to complaints. Supporting information from a small sample of residents and relatives, who were asked about their experiences in raising any concerns, provided an assurance that the home operates an open system in addressing complaints effectively and in a timely manner.

The care records reviewed demonstrated a consistently high standard in documenting the assessment, planning and review of individual care needs with audit and quality assurance methodologies also evident.

Safeguarding was discussed and some case examples were explored. This confirmed that the care home takes positive action in ensuring that issues of concern are effectively addressed in a most timely manner. This includes the making of referrals to relevant agencies when external scrutiny is needed. This demonstrates that the care home adopts a transparent and open approach in this aspect of care.

Monthly audit reports were provided for examination which covered different aspects of care provided. Evidence was also provided that demonstrated the comprehensive approach that is applied to aspects of indirect care, for example, maintenance of the home environment and the servicing of equipment.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This included any notifications and any changes to the service's Statement of Purpose, for example changes to bed numbers or operational capacity. Furthermore, some reference was made to the previous inspection visit which was carried out in November 2019. No areas for improvement had been identified at that time.

With consideration of the restrictions imposed by Covid-19 infection control protocols (albeit that these were beginning to be eased at this time), the inspection was announced, and the inspection methodology was adapted accordingly e.g. limited engagement with residents and staff during the time spent in the care home.

The visit commenced at 9.15am which was noted to be a busy time during which staff were following a routine in supporting residents with personal care and breakfast. Observing these routines provided an overview of how staff were carrying out their different roles and responsibilities across the large footprint of the building. This incorporating all areas of the care home where residents were being supported

with personal care, support or nursing care. In addition, other parts of the care home away from resident areas were also viewed at this time including the laundry and kitchen.

While limited engagement with residents and staff was planned on this occasion, opportunities were taken, where appropriate, to speak with a small number of residents in the privacy of their rooms. In addition, telephone contact was made with five relatives to elicit their views and observations. Understandably, the feedback received from relatives mainly related to the Covid-19 situation which had prevented any visiting to the home for a significant period.

The opportunity was also taken to speak with several staff including the manager, nursing staff, senior carers, care assistants, domestic and administrative staff.

An audit of care records was undertaken, and this included 10 residents' care plans and supporting documentation. The care records examined were samples taken from two floors in the main building and two floors of the extension (Silver Lea), where residents are supported with their personal care or nursing care needs.

The information within the sample of care records was triangulated with some incident records which had been received by the Commission in the past four months. This facilitated an evaluation of the system and approach used by the care home and provider for record keeping protocols and procedures.

Other records viewed included Human Resources (HR) files for staff, with a random sample of five recruitment processes to ascertain the due diligence that was being followed for safe recruitment.

The Regulation Officer's analysis of the policy and procedures for building maintenance and health and safety issues such as fire safety, supplemented the brief overview of the care home environment that was undertaken on this occasion. Discussion with the Head of Maintenance and sight of relevant records provided a comprehensive overview of the systems that are in place for ensuring all such matters are suitably and consistently addressed.

The kitchen and laundry were also reviewed but with limited discussion on this occasion with staff working in these environments.

At the conclusion of the inspection, the Regulation Officer provided feedback to the manager about their conclusions. The opportunity was also taken to discuss the ongoing challenges and issues relating to easing of restrictions for Covid-19 and any visiting that may soon be facilitated.

Following the visit, the manager provided further documentation relating to policy and protocols which had been drafted to support limited visits and that was in line with local guidance and policy. This further demonstrated best practice and ongoing initiative and consideration for several risk issues relating to Covid-19 infection control requirements which are necessary to protect this vulnerable resident group and staff.

This report sets out findings of the inspection and includes areas of good practice which were identified. There were no areas for improvement identified either as a result of the inspection visit or the supporting information and documentation reviewed thereafter.

INSPECTION FINDINGS

The service’s Statement of Purpose and Conditions on registration

The Care Home Standards outline the provider’s responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The care home’s Statement of Purpose was reviewed prior to the inspection visit. The home’s Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understands their responsibilities in this regard.

Silver Springs is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 93 Number in receipt of nursing care: 49 Number in receipt of personal care: 44 Age range of care receivers: 60 and above Category of care provided: Adult 60+, Physical Disability and/or Sensory Impairment Rooms registered for single occupation: 1-12a; 14-62; suites 1-5; Silver Lea 1-2 and 14-16.</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

It was also noted that when necessary, the manager has submitted all relevant information and applications for the variation of conditions to facilitate individuals to be admitted into the care home. For example, if a person’s age is outside of conditions but it is considered appropriate and possible to admit a person to the care home, an application for a variation may be made.

The Regulation Officer was satisfied that all conditions are currently being met.

Safeguarding (adults and children)

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This requires that each service has robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The care home and manager have historically submitted safeguarding alerts of their own initiative and as such have demonstrated transparency and a very positive approach to engaging with the Commission and other agencies such as the Adult Safeguarding Team. This has been undertaken to protect vulnerable adults in their care when issues have arisen that have been a cause of concern.

An example of staff being adequately trained in identifying potential safeguarding issues was well illustrated in that a recent concern was raised by carers to the manager in a timely manner. Subsequently, the consultation with relevant external agencies including the Adult Safeguarding Team and the Commission, initiated by the manager, further illuminated best practice being followed in accordance with the relevant protocol.

The Regulation Officer reviewed documentation which reflected appropriate record keeping and consultation with the Adult Safeguarding Team. This further confirmed the robust systems which are in place such as contemporaneous records being made and with appropriate actions taken thereafter. It was noted from a recent issue that had arisen; the manager took immediate action to ensure that safeguarding principles are consistently followed.

Some broader practice issues relating to safeguarding were also discussed with the manager about referrals received for persons potentially to move into the care home and where consideration will need to be given to minimising specific and clearly identified risks. From these discussions it was clearly demonstrated that focus and attention will be given to ensure adequate care and support can be provided where such concerns are noted at the point of assessment.

Complaints

The Standards for care homes set out the provider's responsibility in ensuring that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

From engagement with both residents and relatives during this inspection, there were no complaints raised and compliments and commendations were freely expressed. One resident stated that, "the food is good; staff are always helpful and respectful". With reference to the restrictions imposed in accordance with

government guidelines, one resident confirmed being “very comfortable, staff have kept me well informed with Covid-19 measures and staff have all been very caring”.

It was stated by another resident that they were, “very appreciative of staff help, standards have been maintained and that has included being involved with social activities”. Where concerns have arisen, for example about the quality of food provided, they have been very confident and comfortable with conveying this to the staff and with this being given the necessary attention to resolve the issue.

One resident spoke of there being, “no problems, good communication from the home, food is good, staff helpful and I have actually found the lockdown not too stressful”.

A small sample of feedback from relatives was gathered from telephone contact initiated by the Regulation Officer following the visit. Additionally, the Commission had received some enquiries from relatives during the period in which there were significant restrictions to visiting which had been necessary for the previous 10 weeks for all care homes.

From this review, positive endorsement of the manager and staff communication with relatives was provided as follows: “I cannot praise xxx enough, she continually kept me in the loop. Very approachable and caring”. Another relative reported that they were invited to, “Ring whenever you want, and I cannot fault nurses. In normal times always helpful”. Furthermore, they stated that previously where they had needed to make a complaint due to some issues arising, that, “this was addressed”.

One relative stated that, “the home has done very well, protective of the residents”, and highlighted some of the initiatives which the care home had recently taken in trying to facilitate face to face contacts but with physical distancing still in place. An example noted was the use of window views to reduce distress, where residents may have been particularly isolated due to restricted mobility and frailty.

Other initiatives by the care home were identified including the use of social media and regular phone contacts to promote contact in the absence of visiting. One relative advised the Regulation Officer that, “I can always phone. On the whole very pleased with care they have provided. I had a long chat with xxx few weeks ago which was really helpful”.

In considering more general matters relating to complaints management, the manager provided documentation which clarified arrangements that are in place. There is an escalation pathway which includes the Regional Administrator, Managing Director and Registered Manager in taking forward any actions that may arise from a complaint.

It was noted from records reviewed prior to the inspection visit that the manager aims to address complaints at the point of contact and where necessary, may refer onto relevant departments of the provider organisation. Where necessary the manager will also inform the Commission of issues which have been brought to their attention and any actions which are taken to address complaints.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility in ensuring that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

Five Human Resources (HR) records were reviewed and the Regulation Officer had some discussions with administrative staff about the best practice approach that is followed for due diligence when recruiting new staff to the care home. The Regulation Officer was satisfied that from this review of files for employees taking up employment in the past six months, the care home has a well formulated system for safe recruitment.

Systems include taking up two references, sight of Enhanced DBS certificates and confirmation of registration i.e. NMC registration. It was also noted that risk assessments will be undertaken where necessary and recorded if not all information is received in a timely manner. This occurring from some recent logistical challenges that had arisen due to Covid-19.

Records were also provided for HR related matters that demonstrated prompt action taken in addressing staffing issues where training and development deficits were noted for individual members of the team.

There was very limited opportunity to meet with staff on this occasion to discuss training and induction. However, reference to the previous inspection report demonstrated that this had been documented as adequately meeting Standards. The manager confirmed that within the limitations imposed by lockdown, the mandatory training syllabus has been maintained by access to online training and in-house training and development.

The Regulation Officer was satisfied that this approach was an acceptable and practical means of supporting staff training and development, taking into account the operational pressures on the home during the pandemic.

Records of staff training were provided which demonstrated good overall attendance/completion of mandatory training which included Covid-19 and infection control related topics.

Staffing levels were reviewed with the manager at the outset of the inspection and through observations of staff deployed during the inspection visit (which included busy periods of the day). There was good evidence of adequate and well organised teams carrying out all care delivery. This was also demonstrated by residents appearing comfortable and with prompt attention by staff to any assistance being requested.

Care planning

The people in receipt of this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility in ensuring that care plans are person-centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

A review of ten care folders took place. This provided an audit of care planning, review and evaluation. There was good evidence of consistent and timely care records being made for all aspects of care delivery. Some care folders reviewed were triangulated with information within incident notifications (including falls and other injuries that may be sustained), that had been forwarded to the Commission by the home since the previous inspection. This provided an overview of recording principles followed and evidenced consistent and contemporaneous records being made.

The framework for care planning and systematic reviews and evaluations was evident in all ten care folders examined. This demonstrated the approach taken in ensuring that important information is recorded and easily referenced. This includes coding (scoring), for the Gold Standard Framework (GSF), which is applied in practice to best support end of life care through the ongoing assessment and monitoring of resident's physical presentation.

The records contained evidence of engagement with significant others including relatives and GPs when discussions about resuscitation status were undertaken. Decisions arising from this were appropriately recorded in the resident care folder for future reference. Professional visits by practitioners such as District Nurses, Physiotherapists and Occupational Therapists were also recorded in relevant sections of care folders where applicable.

Care records incorporate matters including dependency rating, consent and capacity, wound care, choking risk, monthly review and daily records. Supporting documentation such as Datix was also reviewed, which relates to any untoward incidents or injuries that may result in further investigation or treatment, for example fractures.

There was limited opportunity to engage with staff about their involvement in the care planning process however it was evident from examining the care records that a consistent approach and standard is being met by all staff involved in providing care and recording.

From discussion with the manager, one area of development was highlighted for further consideration and that may further enhance the overall quality of care planning and records. This was in relation to better demonstrating how care is planned and evaluated with residents and/or with their relatives. The manager acknowledged this as an area which could be refined to ensure that key conversations and information is more consistently recorded and embedded into care plans and reviews.

Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The care home and manager follow a comprehensive quality assurance framework which was evident within monthly reports which are filed and readily available for viewing by the Commission.

From a review of numerous maintenance logs provided by staff, the systematic approach taken in ensuring that the building and all equipment is suitably maintained and serviced was clear. This includes, call systems; window restrictor checks; visual checks of all areas; PAT testing for electrical items; tall furniture checks; Legionella checks and water outlet activation schedules; temperature logs for heating systems and radiators and TMVs (thermostatic controls).

Fire drills are carried out routinely and include, "mock" scenarios, with the most recent noted as being on 18 May 2020 with a large staff group in attendance. This was recorded on the fire log.

The overall approach to quality assurance is further enhanced by Datix which records significant events which, if indicated, may lead to a root cause analysis. Examples of such data entries included: falls; deaths (expected and unexpected); pressure ulcers; choking; medication incidents; safeguarding referrals; whistleblowing; complaints and compliments.

The Silver Springs Care Home Newsletter (June issue), was provided for reference. This further demonstrated the approach given in promoting good quality of care and resident feedback is actively encouraged through this medium. Also evident from the information provided in this newsletter, was the effort made to promote social activity and engagement during the challenging recent period.

Further information provided by the Social Activities Coordinator highlighted some of the creative ways that had been found in providing stimulation and in maintaining quality of care for residents. This applied both in group settings, (albeit markedly reduced due to Covid-19), and in one-to-one activity with residents. The benefits to both residents and relatives unable to visit for a prolonged period, from the use of social media and telecommunication systems as promoted and facilitated by the staff team, is positive.

IMPROVEMENT PLAN

There are no areas for improvement identified as a result of this inspection.

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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