



**Jersey Care
Commission**

INSPECTION REPORT

Ronceray

Care Home Service

Rue du Huquet

St Martin

JE3 6HE

9 July 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

Ronceray is a 25-bed care home located in the east of the island and provides support for care receivers living with dementia and who are aged 55 and above. The care home's philosophy of care is shaped by approaches to delivering an optimum person-centred model of care within a safe and homely environment.

These aims and objectives are aligned with the best practice principles as set out by the practitioner Tom Kitwood, and which are clearly referenced in the care home's Statement of Purpose.

Within the care home there are a variety of communal areas where care receivers can spend their time socialising with others or spend time with family or friends. There is an enclosed and secure garden, which care receivers can freely access from the ground floor communal areas and which promotes some choice, independence and autonomy for accessing outdoor space.

The care home was first registered with the Jersey Care Commission ('the Commission') on 8 August 2019 but has been subject to regulatory inspections under the previous law.

Registered Provider	Ronceray Care Home Limited
Registered Manager	Carole Keenan
Regulated Activity	Care Home for Adults
Conditions of Registration	Maximum number of people who may receive personal care/personal support – 25 Category of care – Dementia Care Age range – 55 and above Rooms 1-12 and 14-26 for single occupancy.
Dates of Inspection	9 July 2020
Times of Inspection	12 midday – 4.30 pm
Type of Inspection	Announced
Number of areas for improvement	Two

The Care Home is operated by Ronceray Care Home Limited and the registered manager is Carole Keenan. At the time of this inspection, there were 25 people accommodated in the care home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a half day by one Regulation Officer and was announced with some consideration for the restrictions imposed in response to Covid-19 pandemic. The Care Home Standards ¹ 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 the Covid-19 situation, the 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 which was undertaken about operational matters. A range of evidence was sourced which demonstrated that care receivers are provided with a service which 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 restrictions on visiting which were still in evidence at time of the inspection.

A review of documentation and information obtained from staff and feedback received from relatives provided evidence that the care home is promoting activities with care receivers alongside ongoing engagement with their families during this period. Use of telecommunication aides such as FaceTime, and ready access to telephone calls for those care receivers able to use such devices, was established from these sources.

Some observations of support and social interactions between care receivers and staff were also made during the inspection. However, the time spent on this was more limited that might ordinarily have been the case due to the ongoing infection control measures which were in place.

¹ The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/standards/>

Reference to the conditions of registration and Statement of Purpose as applied in practice, provided evidence of operational systems being in place which are implemented and adhered to by the care team. Supporting documentation also provided confirmation that the required policies and procedures are in place. These are overseen through a system of audit and review.

The service's arrangements for recruiting staff were satisfactory, with clearly defined systems in place. Delegated staff such as the deputy manager implement these arrangements, which are ultimately overseen by the manager. An audit was carried out as part of the inspection. This provided evidence that these arrangements are implemented as routine in order to adhere to safe recruitment principles and guidelines.

Reference was made to recent correspondence submitted by the manager to the Commission. This included relevant updates and information relating to the care home's situation during the pandemic restrictions.

Some relatives were approached with regards to their experiences of the care home. This provided evidence that the care home operates an open culture in addressing complaints and concerns with a view to providing a response in a timely manner. There have been no complaints recorded since the previous inspection.

The care records reviewed demonstrated a consistently high standard in documenting the assessment, planning and review of individual care needs. An audit and quality assurance methodology were also evident from this review. There is an ongoing quality assurance measure in place which the deputy oversees to ensure that care plans are appropriately recorded and reviewed in a timely and consistent way.

Safeguarding was discussed and it was established that the management team and carers are familiar with procedures and the areas to be closely monitored. This is particularly important where the vulnerable care receiver group is highly dependent and not always able to readily express any concerns due to cognitive impairment.

There have been no recent safeguarding alerts. However, the care home has demonstrated best practice in raising alerts in a timely manner in the past. This provides a useful point of reference for staff training in this area of practice.

While the care home has a comprehensive range of audits completed regularly for an assortment of areas such as administration and building maintenance, these have not been compiled into a monthly report. This was discussed with the manager as to the most practical and helpful method to achieve this Standard. This represented an area for improvement which is highlighted at the conclusion of the inspection.

Some reference and consideration were given to the planned building work which will address some of the areas which need some alteration to meet the Standards for care home environments. This has been discussed separately to this inspection and is work in progress which involves liaison with architects and the planning department. However, one communal shower room which is currently

decommissioned was highlighted as being an area which will need more urgent attention.

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 December 2019, where two areas for improvement had been identified.

With consideration for the restrictions imposed by Covid-19 infection control protocols, the inspection was announced and with some refinement necessary to the process on this occasion. This included there being more limited engagement with care receivers and staff during the time spent in the care home, than might ordinarily have been the case.

The visit commenced around lunchtime. This facilitated an overview of staff carrying out tasks to support care receivers at a particularly busy time of the day. Also, the visit provided an opportunity to observe staff working in teams and adopting person-centred approaches in supporting care receivers who require assistance or encouragement in eating meals.

More discreet observations were made during the afternoon, in that conversations could be overheard, and one-to-one and small group interactions observed by the Regulation Officer.

Although the focus of this inspection was undertaken in the office, due to infection control measures which were in place, there were many opportunities to observe care receivers being supported during regular interactions. This was possible because the home promotes a, 'least restrictive approach', which promotes care receivers' access to all areas of "the care receiver's home".

Therefore, when practical, care receivers can freely enter the office as they wish, and this was observed on many occasions during the visit. A variety of good practice communication strategies for supporting dementia care needs was demonstrated by different staff during these interactions.

A brief tour of the two floors of the home provided an opportunity to establish that the necessary Standards for hygiene are being adequately achieved and maintained. Specifically, bedrooms, corridors and communal spaces were clean, tidy and well-maintained.

Although engagement by the Regulation Officer with care receivers and staff was limited, it was possible to observe the care which was provided to care receivers including some with a diagnosis of dementia. Regarding the previous three months,

and the absence of any visiting to the home, telephone contact following the visit was initiated with five relatives to elicit feedback.

As was to be expected at this time, the feedback mainly related to issues involving the Covid-19 situation, which had prevented any visiting to the care home for a significant period. Relatives were also encouraged to provide some feedback on their experience of how the care home had been operating prior to the visiting restrictions being imposed

An audit of records included an examination of five care receiver's care plans and supporting documentation. The information within this sample was cross-referenced to notifications of incidents which had been received by the Commission over the course of the past four months. This enabled an overview of the approach used by the home in its record keeping protocols and procedures.

Other records viewed included Human Resources (HR) files for staff, and a random sample of three recruitment processes. These confirmed that background checks are undertaken for new employees in accordance with safe recruitment protocols.

An analysis of policy and procedures for building maintenance and health and safety issues were discussed in some detail, with reference to the compiling of the required monthly quality assurance report. It was noted that while this had been produced earlier in the year and referenced in the previous report, this was not evident for the four-month period prior to the inspection. The Regulation Officer was advised that a nominated person was no longer engaged to carry out this process.

At the conclusion of the inspection the Regulation Officer provided feedback to the manager and deputy with some specific discussion about operational needs for supporting care receivers where a bathroom facility had been decommissioned for some months. This was given due consideration along with the discretionary conditions imposed at registration in 2019, which are expected to be completed by August 2021.

This report sets out findings and includes areas of good practice which were identified during the inspection. There were two areas for improvement identified at the end of the visit from information provided during inspection and further documentation reviewed thereafter.

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The care home's Statement of Purpose was reviewed prior to the inspection visit. The 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 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.

Ronceray is, as part of the registration process, subject to the following conditions:

Conditions of registration:	<u>Mandatory</u> Maximum number of care receivers: 25 Number in receipt of personal care/personal support: 25 Age range of care receivers: 55 and above Rooms 1-12 and 14-26 for single occupancy. Category of care provided: Dementia Care.
	<u>Discretionary</u> Proposed alterations to the premise in accordance with revised drawings submitted by Gallagher Architects are to be completed no later than 9th July 2022.

Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged. It was also noted the essence of the care home's philosophy in promoting best practice for dementia care is well documented in its Statement of Purpose, which states that autonomy, choice and individualised approaches are to be promoted. This is central to the care home's aims and objectives.

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

Safeguarding (adults and children)

The Care Home Standards set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have 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.

Some practice issues relating to safeguarding and more general concerns were highlighted from discussion about care receivers being subject to some restrictions to their liberty. This was noted from the use of 'baffle locks' and safe systems which are in place for securing the building (which is adjacent to a busy main road), and which are in place to support specific dementia care needs.

It was confirmed from the notifications received by the Commission and further reviewed during the inspection, that applications had been appropriately made by the manager to the Capacity and Liberty team for authorisation of Significant Restrictions on Liberty (SRoL). From these discussions it was also evident as to the important role the care home and management team maintain in advocating on behalf of their care receivers.

Advocating for the rights and well-being of care receivers is central to the care home's philosophy and underpinning approach. The ethos of the care home is as set out by such dementia care advocates as Tom Kitwood who is directly referenced in the home's Statement of Purpose.

The personal care and daily living support needs of care receivers are assessed within the context of dementia care. This is clearly framed within the referral and assessment which takes place prior to admission. The needs of each care receiver are subject to periodic review or urgent assessment where this is indicated. This process is well established, and positive working relationships have been fostered with key agencies and professionals including the mental health team, consultant psychiatrists and community mental health nurses.

Complaints

<p>The Care Home Standards set out the provider's responsibility to ensure 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.</p>

From engagement with relatives following the inspection, there was an awareness of the internal process to be followed where there are any concerns or complaints about any aspect of service provision. However, at this time there were no complaints referenced, and the nature of feedback from relatives was reflective of a positive endorsement of the care home and of the care which it provides. It was apparent from these discussions that the notion of "care" is not only in relation to care receivers, but also, by association to their loved ones.

One relative spoke of the manager or deputy ensuring they were, "kept in the loop" through regular communication initiated by staff in the care home. Furthermore, they referenced how some of their other relatives had been made to feel welcome during more conventional visiting times prior to the imposition of restrictions on visiting. It was noted that, "staff are always engaging as well as some of the other care receivers, which always makes for a pleasant and enjoyable visit to the home".

It was positive to note that relatives had observed the attention that staff paid in ensuring that appropriate assistance and support was provided to those care receivers who had previously taken pride in their personal appearance; examples included nail care and hairdressing.

Another relative spoke of, “not had any negative experiences” and reported that, “staff are always friendly and helpful and go out of their way to accommodate you”. They also confirmed the efforts made by the care home to promote video conferencing as a means of engaging relatives in communicating with their loved ones in the absence of visiting over the past few months.

“Absolutely phenomenal”, was a statement made by one relative with reference to the previous three months, and the efforts made by the care home and its staff in ensuring that family members were kept up to date with all matters relating to their loved one. Furthermore, they stated they would be informed of any relevant issues at any time of the day.

One relative also praised the proactive and preventative action of the manager where visiting had been actively discouraged prior to the official guidance and instruction subsequently made to address the pandemic crisis.

“Amazing, staff are so caring”, was another supportive statement made by a relative who also wished to highlight the extra care and support the staff had provided to advocate and positively influence decisions. This was in relation to their relative requiring hospital treatment and a possible in-patient stay. This had occurred prior to the pandemic situation, with staff described as, “brilliant”, during that episode of care.

The care home has a system in place for maintaining records of complaints. There had been no complaints received by the care home in the months prior to the inspection.

The provider has an associate home. This enables some external scrutiny and a degree of quality control in that a manager from the associate home can review any serious complaints in the event that they are received.

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

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

Three Human Resources (HR) records were reviewed and there was some discussion with the deputy manager about the best practice approach that is followed for background checks when recruiting new staff to the care home. A review of files for employees who have taken up employment in the past three months, demonstrated that the care home has a well formulated system for safe recruitment.

This system includes, the taking up of two references; sight of Enhanced Disclosure and Barring Service criminal records checks and induction training which includes all relevant subjects as found within the care certificate framework and competencies. It was clarified with the deputy manager as to the process to follow regarding the retention of DBS certificates following this random audit of those retained on file at the date of this inspection.

Training records were reviewed. These demonstrated a systematic approach to the completion of mandatory training and refresher training for all staff.

There was limited opportunity to meet with staff on this occasion to discuss their training and induction. However, this has been discussed and reviewed in some detail in previous inspection reports. It is noted that there is a training facility outside of the immediate care environment which is utilised specifically for this purpose.

Staffing levels were reviewed with the manager. It was evidenced that these met the Standards for staffing levels for dementia care. With consideration for the recent events and the focus on staff remaining off work if symptomatic of Covid-19, the care home has nonetheless maintained an appropriate level of staffing.

Throughout the course of the time spent in the care home, the staff were observed to be carrying out their roles and responsibilities in a calm and unhurried manner. There was an absence of any invasive call alarms or of the need for any other communication devices. This demonstrated that an efficient and well-resourced team was in place.

Care planning

Care receivers should have a clear plan of the care to be provided. 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 regular review. The staff delivering care should be familiar with the care plans and should ensure that any changes in needs are communicated appropriately.
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A review was undertaken of a sample of five care folders which included care planning, review and evaluation documents. There was good evidence of consistent and timely care records being made to support care delivery.

The Regulation Officer cross-referenced some care folders with notifications of incidents forms which had been received by the Commission. These related to events such as falls and are other incidents where injuries may be sustained. This provided an overview of recording principles being followed and evidenced that consistent records are made, with appropriate responses when necessary.

The framework for care planning and systematic reviews and evaluations was discussed with the deputy manager who has the key role in overseeing and monitoring the care planning process. The deputy manager has appropriate oversight of the information being recorded and the timely reviews and evaluations of

care that take place as part of minimum data being recorded in each care receiver's file.

While the Care Standards reference care receivers being, "cared for and helped in a way which has been planned with you", this is acknowledged as a challenging area to evidence in situations where a care receiver's cognitive decline and impairment may pose challenges in achieving this. The management team recognise this issue and engages with relatives in situations where care receivers may have lost some communication skills. This better enables relevant and helpful information to be consistently recorded in the care plans. This approach was also confirmed from discussions with relatives in follow-up phone calls following the inspection visit.

A review of a sample of care plans provided examples of how detailed but easily understood information and instructions is provided to carers in meeting the personal care and support needs of care receivers.

The approach in recording plans is underpinned by the allocation of keyworkers to care receivers. This arrangement facilitated the gathering of supporting information, background and life history from care receivers and/or their relatives. This approach informs the interventions which are employed in supporting individual care receivers.

The care home operates a regular review and audit of care plans. This helps in highlighting any gaps or overlooked care needs. The process is overseen by the manager and is part of the routine review and evaluation of both a care receiver's care needs and the keyworker roles and responsibilities.

Some themes which are included within the care planning process include the coding (rating) as utilised for the Gold Standard Framework (GSF). The records contained evidence of engagement with significant others including the nearest relative and GP when discussions about resuscitation status are undertaken. Decisions arising from this were appropriately recorded in the care receiver care folder for future reference.

Although engagement with visiting GPs and other healthcare professionals has been more limited in recent months, such discussions are ordinarily recorded in the care receiver's care folder for reference. Where untoward events occur, records of these are maintained including, where appropriate, body mapping and notification of incidents reports that have been referred to the Commission and other agencies.

The home demonstrates best practice in its aim to always have at least one member of staff on shift day and night to support the communication with a care receiver whose first language is not English. With consideration for their needs relating to dementia, this approach is reflective of the person-centred approach which the home promotes.

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.

It was evident from an examination of several records, that the care home and management team follow a comprehensive quality assurance framework. However, while this was subject to a monthly report format as mentioned in the previous report, this has not been evidenced for the past four months and which therefore fails to meet the required Standard.

A discussion with the took place regarding the importance and value in this quality assurance being completed monthly. A benefit of this would be that any gaps or areas for improvement in relation to, (for example), practice, policy or the environment of the care home could result in the creation of action plans against which progress in achieving improvement could be more easily monitored.

It was identified that the existing audit trails in place include a significant amount of detailed information. Some areas are allocated to individual staff members in order that there is consistent oversight. Examples included, ensuring that infection control measures, policy and procedures are consistently followed by all staff and that all necessary equipment is available.

Similarly, medication management is overseen by the deputy manager. An unannounced night inspection audit is routinely undertaken with reports made to the manager as part of the process. It was noted that for some of these areas, a "Quarterly Quality Assurance Report" was on file which demonstrated that the care home operates an appropriate system of governance. The consistent preparation of monthly quality monitoring reports, as outlined in the Regulations will strengthen this.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection.

The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 7</p> <p>To be completed by: 1 month from the date of inspection (9 July 2020).</p>	<p>The registered provider must ensure that the communal shower facility found on 1st floor of the north facing wing is made fit for use to be readily available for care receiver use.</p>
	<p>Response by registered provider: This shower facility is now fully operational and has been fully checked by certified plumbers prior to commencement of use which occurred on July 24th.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 12</p> <p>To be completed by: 1 month from the date of inspection (9 July 2020).</p>	<p>The registered provider must ensure monthly quality reports are consistently compiled and made available for review as set out in the Care Standards.</p>
	<p>Response by registered provider: Monthly reports will be commenced by the home manager as of August 2020. This will then be undertaken by the Home Manager of the company's sister home when Covid-19 guidelines allow.</p>

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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