



**Jersey Care
Commission**

INSPECTION REPORT

Fig Tree House

Care Home Service

14-16 Parade Road

St Helier

JE2 3PL

15 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

Fig Tree House is a 28-bed care home located in a town location near to local shops, cafes, restaurants and open spaces such as parkland and beaches. The Statement of Purpose sets out the ambition that care receivers should be able to enjoy the freedom to access the local community and to enjoy opportunities for social activity away from the home, whilst also residing in a safe, supportive and caring environment where emotional and mental well-being is a focus of the care provided.

The home accommodates care receivers who are aged 50 and above with a range of personal care and support needs. Within the 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 also a safe and totally enclosed garden which is situated in the middle of the four wings of the home environment, with additional outdoor space near the main entrance which also has some shelter.

While the home was first registered with the Commission on 10 July 2019, it was subject to regulatory inspections under the previous law.

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| Registered Provider | Personal Care Limited |
| Registered Manager | Lindy Sheldon |
| Regulated Activity | Care home for adults |
| Conditions of Registration | Maximum number of people who may receive personal care and personal support – 28 Category of Care: Mental Health Age range – 50 and above |
| Dates of Inspection | 15 July 2020 |
| Times of Inspection | 12 midday – 5pm |
| Type of Inspection | Announced |
| Number of areas for improvement | One |

The care home is operated by Personal Care Limited and the registered manager is Lindy Sheldon. At the time of this inspection, there were 25 people accommodated in the 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 the Covid-19 pandemic. The Care Home Standards¹ were referenced throughout the inspection, and the Regulation Officer focussed on the following areas:

- the service's Statement of Purpose 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, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. This meant that not all areas of the 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 however 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 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. Adherence to the Government of Jersey's guidance on visiting was evidenced.

It was apparent that attention continues to be given to ensuring that any risks associated with Covid-19 infection are closely monitored and addressed. For example, all visitors are screened on arrival at the home. Documentary evidence demonstrated that efforts have been made to find a balance in ensuring that care receivers are not unduly restricted from leaving the home whilst maintaining the necessary and proportionate restriction on any visitors entering into the home.

From a review of documentation and information provided by staff, care receivers and relatives, there was good evidence that the home has sought to promote care receiver engagement in meaningful activity. This was also seen in practice in the

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

measures put in place to support face to face visits by relatives within a safe and specifically sanctioned part of the home.

The Regulation Officer reviewed the home's Statement of Purpose and was satisfied that the care provided is consistent with the home's aims and objectives. The conditions on registration continue to apply and remain appropriate. The home has a range of operational systems, policies and procedures in place. There was evidence of these being implemented with a system of review and audit in place.

Attention was given to some key areas identified in the previous inspection carried out in August 2019 and where areas for improvement had been recorded. One such area related to safe recruiting of staff and this was noted to have been markedly improved.

The systems for responding to complaints were clarified and there was evidence that appropriate processes were followed consistently. Supporting information from a small sample of care receivers and relatives confirmed that there was a good understanding of the types of actions which can be taken and of the persons to be informed if any issues of concern need to be addressed.

The care records which were reviewed demonstrated a consistent standard for documenting the assessment, planning and review of individual care needs with audit and quality assurance processes in evidence. In addition, it was apparent that the advice and recommendations made at the time of the last inspection have been implemented to improve practice around the recording of assessments and of the methodology which was applied.

Safeguarding was discussed and some case examples were identified by the manager and were discussed. A theme within these examples was that some care receivers have underlying mental health needs and that the role of staff in advocating for these care receivers is central to care delivery. Case examples demonstrated the positive approach which is taken in addressing any safeguarding issues in a proactive way. This is particularly important as the service supports care receivers whose underlying mental health needs may sometimes lead to them becoming vulnerable to potential exploitation or of making unwise decisions. The staff team are conscious of the need to be mindful of these vulnerabilities and of the need to provide support and reassurance as needed.

The audit reports were available for review by the Regulation Officer. Monthly audit reports had been carried out consistently prior to the restrictions on footfall into the home by the nominated reviewer. However, the system of completing audit reports on a monthly basis will remain integral to how the home will monitor quality assurance in more conventional times.

Following the inspection visit, a medicines management inspection was undertaken on 6 August on behalf of the Commission by a Health and Community Services Senior Pharmacist. From the summary of findings provided to the Commission, it was apparent that the recording and administration of medication is an area for improvement.

INSPECTION PROCESS

Prior to our inspection visit, information submitted by the service to the Commission since the service became registered, 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, reference was made to the previous inspection visit which was carried out in August 2019 and where areas for improvement had been identified at that time.

With consideration for the restrictions imposed by Covid-19 infection control protocols (albeit these were being eased at this time) the inspection was announced and with some refinement necessary to the process on this occasion i.e. limited engagement with care receivers and staff during the time spent in the home. Nonetheless, where possible, the Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

The visit commenced at 12 midday, a busy time during which staff were following a usual routine in supporting care receivers at lunchtime. There was a limited review of the home environment such as individual bedrooms on this occasion however a general and positive impression was gained from sight of communal areas, corridors and the kitchen environment.

During the visit it was noted the atmosphere in the home was calm and relaxed with an absence of call alarms or activity beyond what would be expected to promote a homely and supportive environment. The staff presence around the communal areas was discreet in nature and it was also noted there were staff readily available to engage with care receivers as necessary.

There were a small number of care receivers (three), spending time in the communal areas who agreed to speak with Regulation Officer. One other care receiver provided feedback about their most recent experiences, relating to the enforced lockdown.

In addition to care receiver feedback a small sample size of relatives (three), were contacted after the inspection visit by telephone; to gather their views and observations of how the home had been operating during restrictions to visiting. Further to this, observations were also provided about how the home operates in more conventional times.

An audit of care records was made. This included a sample of care receivers' care plans (four), and of some supporting documentation which cross referenced information and discussion that took place with the manager about aspects of safeguarding.

It was noted from review of information and notifications submitted to the Commission since the last inspection, of the types of events which had occurred since that time. This provided an opportunity to discuss a variety of practice issues.

It also enabled an evaluation of the approach and attention which staff and the manager give to situations and incidents that may arise in the home at any time.

On occasions, some care receivers require additional specialist input. Referral pathways and working relationships with external agencies such as Community Mental Health Teams were explored in the context of risk management and support of individuals by the home and its staff team.

Other records which were reviewed included Human Resources (HR) files for staff (seven), who had been recruited to the home since the last inspection. This was undertaken with reference to an area for improvement identified at the previous inspection. Recruitment processes were reviewed to ascertain and confirm the due diligence that was being followed for safe recruitment.

At the conclusion of the inspection, the Regulation Officer provided feedback to the manager about their findings. The opportunity was also taken to discuss one specific area for consideration relating to the management of the home environment. This was regarding the ongoing management of visitors during Covid-19 and the balance in ensuring that care receivers are not subject to any significant restriction of their liberty without the appropriate legal framework being in place and the appropriate authorisation being sought.

With reference to the Capacity and Self-Determination (Jersey) Law 2016, and the necessary practical approaches in managing infection risks, practice issues were discussed. This included the use of safe systems, effective channels of communication with care receivers and in ensuring opportunities for unrestricted exit for all care receivers remain adequately in place.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

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 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.

Fig Tree House is, as part of the registration process, subject to the following mandatory conditions:

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| Conditions of Registration | <p><u>Mandatory</u></p> <p>Type of Care; Personal care, personal support. Category of Care: Mental Health Maximum number of care receivers: 28 Age range of care receivers: 50 and above. Maximum number of care receivers who can be accommodated in the following rooms: Rooms 1-26, flats 2 and 3 one person</p> <p><u>Discretionary</u></p> <p>None</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 noted that when necessary, the manager had submitted to the Commission information and notifications. These submissions reflected appropriate practice in the management of specific care needs.

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

With reference to the use of communal space in the home, this was reported to have been changed during the recent restrictions imposed by lockdown measures. An unforeseen consequence of the different way of working and the review of the home's communal areas has been an increased use of one of the lounges which is now used by small group of care receivers and with a more constant staff presence in this area. This was initially implemented as part of support for some care receivers' physical health needs during the crisis arising from Covid-19. However, the resulting review of how all care receivers might benefit from use of the home's environment in a different way, has been further encouraged and with resources allocated to this. This has been done with reference to the Statement of Purpose and care receivers' care needs, particularly in facilitating social activity or in the provision of additional 1:1 engagement.

The need for this change was borne out of some care receivers being less inclined to be involved in group type social activities, and with consideration to the changing needs of care receivers.

It was confirmed the care receivers have been encouraged and assisted with accessing a range of social activities which, while significantly restricted during the prolonged period of lockdown, have nonetheless been made available wherever practical. These have included drives and walks. The planning of these opportunities has included consideration of the various levels of independence of care receivers and of their associated support requirements.

The manager also identified referral pathways and discussed the consideration which is given to ensuring that only appropriate referrals are considered for someone moving into the home in accordance with the Statement of Purpose. It was noted that some referrals have been declined by the manager due to care needs which would not be compatible with the home's operational remit and its aims and objectives. This decision-making process provided evidence of the necessary scrutiny which is given to ensure conditions of registration are appropriately and safely 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 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.

The manager provided a summary of the support and assistance that has been initiated by staff where potential safeguarding concerns have arisen. Such interventions have been proactive, with the intention of minimising the risk of possible harm or misadventure occurring. There was good evidence of the attention and consideration which the home affords to safeguarding vulnerable care receivers who may not otherwise always fully appreciate risk to themselves or others which their actions or decisions may pose.

The manager clarified the training provided to all staff including safeguarding training which, due to restrictions imposed by lockdown, has been provided through online learning forums for the past few months. For best practice it was agreed sourcing face to face learning opportunities as delivered by qualified and experienced practitioners would be advisable when this is practicable. The manager indicated that they will give some further consideration to how they could access such training.

While there was limited engagement with staff on this occasion, it was confirmed with the manager that safeguarding concerns will be identified by staff within the home and if necessary, escalated in a timely manner.

The review of one care folder and care plan, provided evidence of engagement with the care receiver to gain consent for support about one specific issue where potential safeguarding concerns and risks had been identified. Furthermore, liaison with a third party also demonstrated the strong advocacy role which staff adopted in ensuring that care receivers' care needs were being effectively and safely met.

While there have not been any recent safeguarding alerts recorded, the home and manager has demonstrated transparency and openness previously where issues have arisen requiring external review and support.

Complaints

The Standards for care homes 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.

From engagement with some care receivers and relatives during this inspection, no complaints were raised. Relatives highlighted to the Regulation Officer of how the home has communicated effectively with them during the restrictions upon visiting the home. It was confirmed that there are appropriate channels of communication in place to identify any complaints or concerns to relevant parties such as the deputy or manager.

The manager highlighted one recent issue which was brought to their attention. This had resulted in a process that included formalising a response to the complainant by letter and addressing the issue with a member of staff. This process was clarified further, and it was established that it can include escalation to a person who represents the organisation responsible for operating the home. It was also noted that complainants could be supported to raise concerns using communication platforms such as Facetime.

There is a further source of escalation where the manager may consult or involve peer support from an associate manager to investigate complaints. Care receivers may be encouraged to seek independent advocacy for support and the manager has identified key agencies for care receivers to contact if this indicated or requested. The involvement of an independent advocate can be of benefit to care receivers who have mental health needs (or difficulties in expressing their views and opinions), and who may wish to make a complaint about the home.

The feedback received about how the home has operated over the past few months of lockdown was positive, with specific reference made about the clearly identified persons who have been a main point of contact. It was reported by one relative that a member of staff, "had been absolutely incredible", in the support and communication they had provided.

Another relative reported that they have, "a good point of contact with key staff and deputy", and that the home is always, "very accommodating to visits", in more conventional times.

One relative reported a very positive impression of the manager's influence in their role since they took up post and this was also reflected in some feedback from care receivers during the inspection visit.

One relative confirmed from their own visit with their loved one, that they have reported that, "xxx likes everyone [staff] and is comfortable in the home". Another stated that, "my xxx has always said he is happy".

The manager reported that the home engages with an external agency to provide support and advice for the staff group as part of personnel management. This initiative is intended to promote quality employment practices partly to benefit the overall management of staff working in the home but also to benefit care receivers (who are likely to benefit from being supported and cared for by staff who are appropriately managed and supported).

It was noted from records which were reviewed prior to the inspection visit, that no complaints have been received directly by the Commission in relation to this service, since the last inspection visit. However, there has been good engagement initiated by the manager with the Commission to clarify practice issues and guidelines issued during the period of lockdown. This has helped in ensuring that care receivers have been supported adequately and appropriately within the constraints and limitations which were imposed.

Also noted from the information provided by the manager during the visit, has been the communication strategy followed in ensuring that all care receivers have remained fully informed and engaged with the process of infection-control during the absence of visitors. The Regulation Officer noted from this, the positive working arrangements and supportive relationships which have been fostered between staff, management and care receivers.

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

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| <p>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 to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p> |
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Seven Human Resources (HR) records were reviewed, and the Regulation Officer discussed one specific area for improvement as recorded in the last inspection report (August 2019) in relation to this Standard.

The attention the manager has given to this area was clearly apparent as improvements were evidenced in each of the files which were examined. These contained the necessary Enhanced Disclosure and Barring Service (DBS) criminal records checks. The files also contained pre-employment references which had all, except one, been received and reviewed prior to the new employee's start date. It was encouraging to note that the manager had addressed the delay in obtaining this reference by undertaking a risk assessment which was retained on file and referred to the reference being delayed due to the Covid pandemic.

In association with this review, the training log was also examined. This contained the necessary mandatory topics and specifically mental health training and conflict resolution. These areas are intrinsic to the category of care that is provided in the home.

As mentioned earlier in the report, the recent lockdown has led to an absence of face to face learning opportunities. While online forums have been crucial in maintaining

staff training, the manager is mindful of the importance in accessing courses which facilitated by trained professionals in person where this is practicable.

The different forums which have been accessed by the home have included regular updates provided by local training providers. This was underpinned by an induction package and individual support for staff which is provided by the manager or deputy on a regular basis along with the appraisal process.

Probationary periods include face to face supervision. There is an 'open-door' policy whereby the manager or deputy is available to support practical learning for new employees. There is also a paper-based question and answer process to ascertain learning needs and to promote ongoing learning, reflection and development of staff.

The manager and deputy co-ordinate their respective working patterns to ensure crossover days occur routinely. This arrangement is of benefit in that it can assist in identifying and addressing any operational issues and/or performance issues of staff as they are identified. As required, these can then be addressed informally or in a more structured forum such as through supervision.

Feedback from care receivers and relatives evidenced the existence of positive working relationships throughout the service and of an engaged staff group who intend to support care receivers in a way which is person-centred.

Staffing levels were discussed and reviewed from a sample duty roster. Discussion took place around decisions that have been necessary regarding some staff not being able to work in the home. These discussions evidenced the challenges involved in adequately staffing the home during Covid-19 and of ensuring that staff with underlying health conditions are properly protected.

The evidence and background information available before and during the inspection, provided an assurance that proactive and effective management of the home ensured that adequate risk management measures were in place relating to both staffing levels and activity levels. This was in the context of the recent lockdown measures that needed to be followed.

Care receivers who were spoken to, confirmed that they had been well supported by the staff throughout this period. Whilst some reported they had been frustrated by the imposed restrictions over the last few months, they recognised this was beyond the control of the home and its management team.

Care planning

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| <p>The people to receive 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 to ensure 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.</p> |
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From the review of a sample of four care folders, there was good evidence of review and evaluations being systematically carried out. The manager oversees this process through an audit of the updates and contemporaneous record keeping that takes place. There is an expectation that information is routinely recorded in individual care receivers' care files at least once daily and at night.

The person-centred approach in practice for care recording may result in some care receivers having more care plans on file than others. For example, a care receiver may have several physical health conditions which require that they receive a higher level of support than another care receiver. Monthly reviews of all care plans are recorded as routine and this is overseen by key staff.

The manager highlighted that all staff have a role and responsibility to input into and to review care plans. This promotes a good level of knowledge and familiarity with the care needs of all care receivers. It is also an aim and objective to engage with care receivers to contribute to and agree their care planning. Care receivers are encouraged to sign off care plans to demonstrate their agreement with and understanding of the plans. Where care receivers do not wish to or lack the capacity to do this, effort is instead made to gather the views of relatives where this is appropriate and where consent has been sourced.

Care folders which were reviewed included, dependency risk assessments; plans of care for areas including communication; weight charts for physical well-being, and observations shared by relatives to inform care planning and review.

Specific care plans in place included the safe management of alcohol consumption and response to a care receiver's prolonged absence from the home. These care plans reflected the care receivers' consent.

One care plan included a referral to Health and Community Service's Single Point of Referral (SPOR) in relation to concerns which staff had raised about the risk of possible financial abuse and whether capacity for decisions relating to a care receiver's finances had been adequately assessed and recorded.

It was noted in one care receiver's folder that they had signed a 'disclaimer' which meant that they were declining night checks. This demonstrated an appropriate approach to risk assessment alongside promoting the rights of care receivers to decline aspects of the proposed care.

With reference to the home's category of care there was some helpful information supporting care planning for one care receiver with reference to, "working with people experiencing non shared beliefs". Noted from this information was the positive language being referenced from such guidelines and sources of information.

The previous report highlighted some areas for improvement with reference to the use of language and terminology as seen on some forms in circulation at the time. The manager demonstrated the actions taken to discontinue use of some templates previously used during assessment processes. This has undoubtedly enhanced the documentation used in the home to promote positive and respectful relationships.

Monthly quality reports

The quality of care provision 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 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 home and manager normally follow a comprehensive quality assurance framework, which was evidenced from monthly reports filed and available for viewing by the Commission. It was noted from a review of the reports on file that these had been completed some months ago due to visiting restrictions imposed on the home. These restrictions impacted on the ability of the peer reviewer from an associate home to carry out this role.

There were however, clear audits and records which have continued to be recorded during the past few months evidencing the attention which has continued to be given to checks and reviews. Up until January 2020 there were monthly quality assurance reports on file which included attention being given to medication errors, service user feedback and where indicated, actions to be completed.

The Regulation Officer was satisfied that there are appropriate audit processes in place to support compliance with the Care Standards. However, it was suggested that some further attention could be paid to the quality of the recording which could be improved by identifying clear actions to be taken routinely as part of this process.

With reference to the information and environment reviewed during the course of the inspection combined with observations made to how the manager has developed in their position since first registered, it was clearly evident that the ongoing review process has become an integral part of how the home operates.

A range of operational matters are kept under review and these include regular fire drills (most recently 27 June 2020), and the register being routinely updated and accurate on inspection. Additionally, facilitating residents' meetings, (most recently 1 July 2020), and the issuing of satisfaction questionnaires, also form part of this process.

It was noted that some policies and procedures have been updated, or in some cases redrafted or refined by the manager. These have included, admission procedures; accident and incident reporting; accommodation standards policy and procedures; complaints policy and pets' policy.

Specifically noted was a door restriction policy and procedure document that addressed any potential restriction of liberty. The procedures were clearly recorded in this documentation and are subject to ongoing review.

The Regulation Officer suggested that the home's policies and procedures could be further improved to include references to the Standards, the Commission and other relevant local agencies.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection.

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 3, 6 & 12</p> <p>To be completed by:</p> <p>2 months from the date of inspection (15 July 2020)</p> | <p>The registered person must ensure that the arrangements for the administration and management of medicines is in accordance with the regulations and standards. This includes updating the home's medication policy and ensuring that the training and competency of staff is kept under review.</p> |
| | <p>Response by registered provider:</p> <p>A review of medication administration protocols with consideration for storage location/accessibility to MAR sheets</p> <p>All staff to be updated about medication policies</p> <p>Medication Policy to be updated</p> <p>Staff training/review of competency assessments as part of audit for medication management for relevant staff</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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