



Jersey Care
Commission

INSPECTION REPORT

St Ewold's

Care Home Service

Balmoral Drive
La Route de la Trinite
St Helier JE2 4NJ

6 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

This is a report of the inspection of St Ewold's Care Home. St Ewold's is owned and operated by the Parish of St Helier. The home was registered by the Commission in August 2019 to accommodate up to 66 care receivers, including up to five who have nursing care needs. This provision enables care receivers to elect to remain in the home if they develop nursing care needs (provided that there is a vacancy).

At the time of the inspection there were 59 residents.

The management arrangements had changed since the previous inspection with no registered manager in post at the time of this inspection. An interim manager had been managing the home since March 2020.

A programme of refurbishment of the home and the development of an additional 20 bedrooms began in April 2019. It was anticipated that this work would be completed in two and a half years however there has been some delay to this arising from the Covid-19 situation.

Registered Provider	The Parish of St Helier, Accountable officer, Jason Turner, Chief Executive Officer.
Registered Manager	The interim manager is Kelly Kennedy
Regulated Activity	Care Home Service
Conditions of Registration	Maximum number of care receivers in receipt of nursing care, personal care or personal support is 66, five of whom can have nursing care needs. Age range is 65 years and above. Category of care is Adult 60+.
Date of Inspection	6 July 2020
Type of Inspection	Announced
Number of areas for improvement	Six

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on the 06 July 2020. The Care Home Standards were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the inspection:

- the requirements and subsequent actions from the inspection on 14 November 2019, an Infection Control Audit on 11 February 2020, and a Medicines Management inspection on 2 July 2020
- 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 Covid-19, 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 well-being of care receivers and staff. This did not limit the scope of enquiry that was undertaken about operational matters.

The findings from this inspection were positive in that there was evidence of care receivers being provided with a service that is safe and which takes their wishes and preferences into account. This has been the finding of previous inspections. The experienced staff group continue to provide high standards of care to their residents and the feedback from residents and their families and friends is, for the most part, positive.

However, there are areas for improvement within this service as many of the home's policies, procedures and systems are absent or outdated. The registered manager and the registered provider must:

1. put in place appropriate infection prevention and control measures, including regular audits;

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

2. ensure that the arrangements for the administration and management of medicines are in accordance with the Regulations and Standards, including regular audits;
3. ensure there is a comprehensive and up-to-date Safeguarding Policy and Procedures in place and that staff have appropriate safeguarding training;
4. ensure the appropriate and timely reporting of incidents and accidents;
5. ensure personal plans and care records are kept up to date and that care needs are regularly reviewed.

One final expectation is that the registered persons ensure regular reporting on the governance arrangements, together with an evaluation of the performance of the service against its Statement of Purpose. This should include oversight of the areas for improvement identified during this inspection, and those identified during internal audits. These reports must be submitted to the Commission within one month of their completion until further notice.

It was /encouraging to note that the interim manager and the provider recognise the need for improvements and have started to address these matters.

A timescale of twelve months from the date of this inspection was agreed with the provider to make the necessary improvements, albeit in stages, and with a review in six months' time. In light of the extent and nature of the areas of improvement identified during this inspection, a follow up meeting with the Regulation Officer, the Commission's Chief Inspector and Jason Turner, Chief Executive Officer was scheduled for 20 August.

INSPECTION PROCESS

Prior to our 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.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and other staff. Care receivers and their representatives were consulted either during the inspection visit or immediately after it.

During the inspection, records including policies, care records, incidents and complaints were examined.

The Regulation Officer provided feedback to the interim manager, Kelly Kennedy at the end of the inspection day, and to the provider, Jason Turner, the following day.

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 requirements and subsequent actions from the inspection on 14 November 2019

At the November 2019 inspection, there was evidence that Standards were largely being met. There was a requirement in relation to the plans for the refurbishment and development of the home and any associated change of purpose. The Regulation Officer had discussed this with the interim manager and the provider and was assured that they understood their responsibility to update the Commission in this regard. It is still necessary for the Commission to be kept up-to-date with plans for the use of the new build, and to be made aware of the reasons for developing the service for any particular category of care receivers.

A recommendation relating to quality monitoring was made at the previous inspection. Monthly quality monitoring of this service had been interrupted because of the Covid-19 situation with visits to the home strictly restricted. This is an area for improvement from this inspection.

Requirements from an Infection Control Audit on 11 February 2020 Infection Prevention and Control Sister, Health and Community Services.

An Infection Control Audit was undertaken on 11 February 2020 by an Infection Prevention and Control Sister from Health and Community Services. The findings of this audit were forwarded to the Commission by the Infection Prevention and Control Sister on 17 March and highlighted only partial compliance with infection and control measures. On receipt of the audit report, the Regulation Officer contacted the interim manager who advised that they had not been made aware of the report.

The audit identified 23 areas for improvement, with a two-week timescale for an action plan to be developed.

Subsequently a detailed action plan was developed and forwarded to the Commission and to the Prevention and Control Sister on 26th March.

An area for improvement from this inspection is that the standards expected for the control of infections is kept under review, and that regular audits are undertaken in conjunction with the Health and Community Services Infection, Prevention and Control Team. It is a further expectation that infection prevention and control audits and their outcomes are an area of focus of the monthly quality monitoring visits.

Medicines Management inspection on July 2020

A medicines management inspection was undertaken on 2 July 2020 on behalf of the Commission by a Health and Community Services Senior Pharmacist. The inspection was an opportunity to follow up on some concerns that had been brought to the Commission's attention by an individual who advised the Commission that they worked in the home.

The concerns were in relation to the management of controlled drugs and other medicines administration practices.

The inspection findings were generally positive with some areas for improvement identified relating to maintaining medication administration records. The concerns regarding controlled drugs were not substantiated. A recommendation was made relating to the storage of all Schedule 5 controlled drugs.

This is an area for improvement from this inspection however it was /encouraging to note that the findings of the medicines management inspection were already being addressed by the interim manager.

The service's Statement of Purpose and Conditions on registration

The 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 and manager fully understand their responsibilities in this regard.

The home is, as part of the registration process, subject to the following mandatory conditions:

<p>Conditions of Registration</p>	<p>Mandatory Conditions: Maximum number of care receivers: 66 Maximum number of people who may receive nursing care: 5 Maximum number of people who may receive personal care: 61 Category of care: Adult 60+ Age range of care receivers: 65 and above Maximum number of care receivers that can be accommodated in the following rooms: 66 single occupancy rooms. Provision for couples with interconnecting rooms used as a lounge and bedroom:</p> <p>First Floor: 22 bedrooms 100A, 100B, 101 – 120.</p> <p>Second Floor: 22 bedrooms 200A, 200B, 201 – 220</p> <p>Third Floor: 22 bedrooms 300A, 300B, 301 - 320</p>
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Discussion with the interim manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

There were no discretionary conditions applied at the time of registration.

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 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.

There had been no safeguarding alerts to the Safeguarding Team however there were safeguarding concerns reported to the Commission by anonymous callers. One of these resulted in an unannounced Medicines Management inspection referred to earlier in this report. The other concern was discussed with the interim manager at the time and was in regard to procedures for staff and residents during the COVID-19 lock-down period.

The absence of a comprehensive and up-to-date Safeguarding Policy and Procedures makes this an area for improvement. The failure to have safeguarding policies and procedures has the potential to reduce the provider's ability to identify and appropriately manage safeguarding concerns.

The Commission was notified of an incident involving a fire in a resident's bedroom in June 2020.

It was noted that the source of the fire was a faulty TV and it was encouraging to note that the interim manager acted quickly and appropriately to all the safety concerns. While this significant incident was promptly reported by the interim manager verbally, a Notification of Incident form was submitted a week later. This is one of only three notifications to the Commission since 1 January 2020, which is a low number compared with homes of a similar size. The timely submission of written information relating to accidents, incidents and other events is an area for improvement.

Complaints

The 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.

The interim manager said there have been no complaints from residents, but there have been complaints from staff and relatives during the Covid-19 lockdown period. The interim manager responded positively to the Regulation Officer's regular contact during the period in which visits to the home were prohibited. It was evident during this period that staff were experiencing significant challenges and were operating in very stressful circumstances. The interim manager demonstrated her understanding of the need to respond sensitively to the needs of the staff team and resident group during this period while effectively managing the home.

Whilst these concerns have been appropriately responded to by the interim manager, the absence of a comprehensive and up-to-date Complaints Policy and Procedures makes this an area for improvement. The failure to produce and implement a complaints policy and procedures has the potential to reduce the provider's ability to respond appropriately to expressions of dissatisfaction that require a response.

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

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 at all times suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The home's staffing complement consists of care and nursing staff, domestic and catering staff. Nearly all of the care staff have at least an award of NVQ level 2 in Health and Social Care, and most carers have achieved Level 3. The Standards set out the arrangements for the skill mix and qualifications for the staff working in the home. The Standards state that at least half of care staff on duty who do not hold a professional qualification should have a Level 2 Diploma; a Level 3 Diploma should be held by senior carers who are responsible for writing Care Plans and/or providing supervision to carers. The Regulation Officer was satisfied that the Standards are well met. During this inspection, staffing levels were seen to be sufficient to meet residents' needs. They more than meet minimum standards and staff are provided with and attend appropriate training opportunities.

Forty-four out of sixty four (69%) members of staff have worked at St Ewold's for more than five years. The number of staff with vocational training qualifications on duty at any one time also meet the minimum standards.

Inspections over the past two years including this one have evidenced that St Ewold's has a mature (older) workforce, and many staff have worked at St Ewold's for a long time. Previous findings show that St Ewold's has provided high-quality care, and the feedback from residents and visitors over the past nine months (since the last inspection), on the whole, is very positive.

Care planning

The people to receive this service must 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.

A software programme is in use for the creation and maintenance of online care plans. During this inspection it was noted that staff were not satisfied that this system allowed them to operate effectively, with a preference expressed for hard copy (paper) records. The interim manager said that changes are needed to the software and that staff needed more training in the use of the system. Previous managers have prevented the use of paper records.

The care plans examined during this inspection had not been reviewed in accordance with the planned review schedule and were sometimes a month out of date from the planned review date. The failure to keep the care needs of care receivers under regular review has the potential to place care receivers at risk of harm. This is an area for improvement.

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 Regulation Officer was advised that monthly quality monitoring visits had not been possible during the period from March to June due to the Covid-19 related restrictions on visitors to the home. It was noted that the first quality monitoring visit had taken place only a few days before this inspection.

The interim manager advised the Regulation Officer that a Parish Customer Care Manager provided some support to the interim manager during this period and was able to have some oversight. The interim manager acknowledged that planned audits of infection prevention and control measures, medicines management, care planning, and other quality measures had not been completed in full due to Covid-19 related pressures. The organisational structure of the home was discussed during the inspection as it was apparent that managerial and supervisory capacity within the team is limited.

It is an area for improvement from this inspection for the staffing structure and job descriptions/job roles to be reviewed. There may be a need to change to a structure that means quality monitoring – external and internal audits – can be put in place and result in action plans that are implemented and lead to improvements in the quality of care.

The Commission has made available a template for recording the monthly review of quality. The quality monitoring of the services provided by the home needs to be regular (monthly) and should report on the governance arrangements, together with an evaluation of the performance of the service against its Statement of Purpose.

As outlined earlier in this report, monthly quality monitoring activity should include oversight of the areas for improvement identified during this inspection and those identified during internal audits. Progress towards implementing recommendations arising from Medicines Management and Infection Prevention and Control audits should also be monitored.

Reports of quality monitoring must be submitted to the Commission within one month of their completion until further notice

IMPROVEMENT PLAN

There were six 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>Regulation 12: Cleanliness and infection control</p> <p>Starting immediately, and on-going</p>	<p>The registered person must ensure that appropriate infection prevention and control measures are in place including regular audits.</p> <hr/> <p>Response by registered provider: An independent infection control audit was undertaken in February 2020; this audit assessed compliance at 82% and identified a number of recommendations for further improvements, all of which were implemented.</p> <p>A further audit is scheduled for October 2020.</p>
<p>Area for Improvement 2</p> <p>Regulation 14: Management of medicines</p> <p>Starting immediately, and on-going</p>	<p>The registered person must ensure that the arrangements for the administration and management of medicines are in accordance with the regulations and standards. This includes undertaking regular audits.</p> <hr/> <p>Response by registered provider: A medicines management audit was undertaken by the Hospital Pharmacy Department in July 2020. This audit identified a number of recommendations which have all been implemented.</p> <p>The Home's Medicines Management Policy and procedures have been reviewed, updated and re-issued to staff.</p> <p>A further audit has been requested for November 2020,</p>

Area for Improvement 3 Regulation 11: Safeguarding To be completed by: For immediate action.	The registered persons must ensure there is a comprehensive and up-to-date Safeguarding Policy and Procedures in place and that staff have appropriate safeguarding training.
	Response by registered provider: A new Safeguarding policy and procedure has been developed and issued to staff. A staff training session observed by a member of the Jersey Safeguarding Partnership Board is taking place on 25 th and 29 th September 2020.

Area for Improvement 4 Regulation 21: Notifications of incidents, accidents and other events To be completed by: For immediate action.	The registered persons must ensure the appropriate and timely reporting of incidents and accidents to the Commission according to the published guidance.
	Response by registered provider: A policy and procedure on reporting incidents has been developed and implemented to provide greater clarity on the nature of incidents to be reported the Commission as well as the process for their submission.

Area for Improvement 5 Regulation 9: Personal plans and care records Standard 2 To be completed by: For immediate action.	The registered persons must ensure personal plans and care records are kept up to date and that care needs are regularly reviewed.
	Response by registered provider: A specific policy and procedure has been developed regarding the maintenance of personal plans and care records. Staff will be trained on maintaining records in line with the newly developed policy and procedures during October 2020. Procedures will be developed to ensure that hardcopy records can be maintained, whilst changes to the IT system are considered.

<p>Area for Improvement 6</p> <p>Regulation 19: Reviewing quality of service</p> <p>Standards 11 and 12</p> <p>To be completed by: Starting immediately.</p> <p>Reports of quality monitoring must be submitted to the Commission within one month of their completion until further notice.</p>	<p>The quality monitoring of the services provided by the home needs to be regular (monthly) and should report on the governance arrangements, together with an evaluation of the performance of the service against its Statement of Purpose. Monthly quality monitoring activity should include oversight of the areas for improvement identified during this inspection and those identified during internal audits.</p> <p>Response by registered provider: A Parish Officer was appointed to undertake monthly reviews in January 2020. Unfortunately, the COVID-19 pandemic prevented this work commencing until July 2020. Reviews have been undertaken in July and August, with a September review underway. Monthly reviews will continue and be shared with staff and the Commission.</p>
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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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