



Jersey Care  
Commission

# **INSPECTION REPORT**

**03 Children's Home**

**Care Home Service**

**10 September 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 a children's home. It is one of seven children's homes operated by the Government of Jersey. The name and address of the home has not been included in this report. This is to preserve the privacy and confidentiality of the children and young people who live there.

The home is a two-storey house and is registered to provide residential care for three children and young people. The home has three bedrooms, two lounges, and a large dining room/kitchen. The home became registered with the Commission on 4 December 2019.

Registered Provider	Government of Jersey Children's Services Accountable Officer: Mark Rogers (Director General Children, Young People, Education and Skills)
Registered Manager	Alison Morrison
Regulated Activity	A care home for children and young people's residential care
Mandatory conditions of registration	Type of care: personal care and personal support Category of Care: Children and Young People Maximum number of care receivers: 3 Age range of care receivers: 12-18 years Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-3. One person in each room
Discretionary conditions	The registered manager must complete a Level 5 Diploma in Leadership and Management in Health and Social Care to be completed by 6 December 2022.
Dates of Inspection	10 September 2020
Type of Inspection	Announced
Number of areas for improvement	Three

At the time of this inspection, there were two children (12 to 15) and one young person (15 to 18) accommodated in the home.

## **SUMMARY OF INSPECTION FINDINGS**

This inspection was announced with some consideration of the restrictions imposed in response to the Covid-19 pandemic. The Children and Young People's Residential Care Standards were referenced throughout the inspection.<sup>1</sup>

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

- the recommendations and subsequent actions from the pre-registration inspection in September 2019
- the service's Statement of Purpose and Conditions on registration
- safeguarding
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

There was only one recommendation from the pre-registration inspection in September 2019 and this was that the registered manager is the recruiting manager for all future appointments, and that all existing staff HR records from past appointments currently held centrally are transferred and kept by the registered manager. This recommendation has not been taken forward and this is an area for improvement from this inspection.

The Regulation Officer found that the Statement of Purpose continues to reflect the range and nature of services that can be provided to care receivers. However, there were concerns about the need to update the Statement of Purpose and about the understanding and use of the Statement of Purpose with regards to the admissions procedure and to the use of rooms. An area for improvement is that there must be a review of the Statement of Purpose and the conditions. There were no safeguarding alerts made to the Safeguarding Team during the past 12 months. However, a significant number of notifications have been submitted to the Commission indicating occasional missing episodes (times when the child or young person leaves the home without permission), and incidents of self-harm. These have been managed appropriately and there was evidence of effective relationships between the staff and care receivers.

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

There have been three complaints, and these have been dealt with appropriately by the staff team.

Safeguarding and complaints logs had been kept up to date by the staff team and there was evidence of appropriate oversight by the manager.

At the time of the inspection, the service's arrangements for recruiting and deploying staff were not satisfactory. This is an area for improvement. The registered provider must appoint a staffing structure (numbers and responsibilities), which is more appropriately aligned with the Statement of Purpose, and to achieve a staff-to-children ratio that does not fall below two members of staff on duty at all times.

The residential personal plan and care records for the care receivers were comprehensive, and consistent with the care plan produced by the young person's social worker in consultation with the young person.

The independent person has kept the quality of services provided by this service under regular review. Additionally, the registered manager has submitted her own quality-monitoring reports to senior management. These reports address the 15 Standards for Children and Young People's Residential Care and reflect the manager's ongoing concerns about staffing levels and the provision of staff supervision.

## **INSPECTION PROCESS**

Prior to our inspection visit, information submitted to the Commission by the service since registration was reviewed. This includes 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 spoke with managerial and other staff.

Two care receivers were spoken with during the inspection. The views of the social workers have also contributed to the inspection findings.

During the inspection, records including policies, care records, notifications of incidents and complaints were reviewed.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

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

Conditions of registration:	<p><u>Mandatory</u></p> <p>Type of care: personal care and personal support            Category of Care: Children and Young People            Maximum number of care receivers: 3            Age range of care receivers: 12-18 years            Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-3. One person in each room</p> <p><u>Discretionary</u></p> <p>Alison Morrison registered as manager of 03 Children’s Home must complete a Level 5 Diploma in Leadership and Management in Health and Social Care to be completed by 6 December 2022.</p>
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The Statement of Purpose continues to reflect the range and nature of services that can be provided to care receivers.

Registration of this children’s home included a condition that the registered manager must complete a Level 5 Diploma in Leadership and Management in Health and Social Care to be completed by 6 December 2022. The manager advised the Regulation Officer that they have enrolled on a suitable training course and are planning to complete this within the coming nine months.

During the inspection the Regulation Officer discussed two areas of concern with the Registered Manager:

### *1. Placement decisions*

One young person was admitted to the home prior to their needs having been fully assessed. The manager did not think this was a suitable match for the other young person living in the home at the time. This meant that the home accepted a placement without being sure that the range of their needs could be met safely. Subsequent discussions focused on the risks associated with accommodating a young person with particular needs in the absence of adequate numbers of skilled staff.

### *2. The use of the staff Sleep-in room*

The home is registered to accommodate a maximum of three care receivers. The home's facilities for staff to 'sleep over' are limited. Prior to the admission of the third young person, staff had been using the third bedroom as a 'sleep over' room. It was a finding of this inspection that there is no dedicated sleep over room for staff and, at the time of the inspection, staff were using a lounge in the home as a bedroom each night. This significantly reduces care receivers' access to communal areas each night and while there are two lounge areas, only one will be in use for the foreseeable future. This also impacts on the privacy of staff working in the home.

The Regulation Officer was therefore not satisfied that all the mandatory conditions and associated Standards are currently being met. An area for improvement is that there must be a review of the Statement of Purpose and the conditions.

There must be an updated Statement of Purpose that sets out:

- any changes to admissions procedures
- the decision-making process associated with the above
- the designated use of rooms.

### **Safeguarding**

The Standards for Children and Young People's Residential Care 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.

Children's Services staff receive training in safeguarding during their induction and on an on-going basis and the effectiveness of this is kept under review by the manager.

There were no safeguarding referrals to the Safeguarding Team made in the last 12 months.

The number of notifications to the Commission suggests that keeping children and young people safe has sometimes been difficult, however there is evidence that the skills and experience of the staff group have helped to achieve this.

The Commission has been notified of events regarding residents that have included reports of leaving without permission and self-harming. The subsequent involvement of the police and other statutory agencies has also featured. The inspection evidenced the appropriate and caring responses of the staff team, including statements by care receivers that they are supported appropriately, and that staff treat them with respect.

The Regulation Officer noted the significant involvement of Child and Adolescent Mental Health (CAMHS) staff in supporting the staff team with risk assessment and care planning.

Safeguarding incidents, referrals and notifications are reviewed as part of the service's monthly quality monitoring activity.

Children's Services have comprehensive Safeguarding (Safeguarding Board) policies and procedures that meet the requirements of the Commission's Regulations and Standards.

## **Complaints**

The Standards for Children and Young People's Residential Care 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 service has a policy on complaints which has been made available to staff, care receivers and their representatives. A summary of the policy has been included in the Children/Young Person's Guide, together with how children and young people can contact the Children's Rights Officer and the Children's Commissioner.

There had been three complaints within the last 12 months, and these have been dealt with appropriately by the staff team.

The manager and staff are familiar with the service's complaints arrangements and staff have received training. There is a Complaints log which is kept up-to-date and there is evidence of appropriate oversight by the manager.

Complaints are reviewed as part of the service's monthly quality monitoring activity.

## **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.

Children's Services has a policy on safe recruitment, which is in accordance with the Standards and Regulations. The manager has demonstrated a commitment to safe recruitment and is familiar with the service's recruitment policy.

While the records of staff training and development, sickness absence, and supervision are maintained by the registered manager, she does not have access to all the documents from past recruitment (for existing staff), and therefore cannot demonstrate full compliance with legislative requirements. The recommendation from the registration inspection in September 2019 has not been actioned. Staff records (including application forms and checklists, interview notes, references and other documents), have not been transferred to the registered manager.

The Commission was notified in April 2020 by Children's Services of a finding relating to the arrangements for ensuring that all staff have an updated Enhanced DBS check (in addition to their initial pre-employment Enhanced DBS certificate). It was acknowledged that failure to take forward the recommendation made at the previous inspection regarding the manager's access to recruitment records had contributed to an oversight. Steps were taken to put appropriate safeguards in place whilst DBS checks were completed, and this inspection was able to evidence compliance.

The staff team had been depleted because of Covid-19 and the need for some staff to self-isolate and due to travel restrictions.

There had been one new full-time appointment to the staff team recently, and one part time appointment in April 2020.

According to the Statement of Purpose, the staffing establishment is a senior shift leader (a deputy manager), a shift leader (senior), and four residential childcare officers. That was (when full) a ratio of six staff to two children (at the time of registration).

At the time of the inspection the staff list included two shift leaders (one acting up as Deputy) and 4.5 permanent residential care officers, and two full-time bank (temporary) staff. This represents a ratio of nine staff for three children.



The Regulation Officer noted that the core staff group is a mix of five experienced and skilled (qualified) staff, and four members of staff with experience but still working towards their NVQ Level 3 qualification.

During the inspection the registered manager stated that four to five additional staff would be necessary to meet the needs of the current residents, some of whom have significant needs requiring high levels of supervision. These staffing shortages have been noted over several months by the registered manager who has completed reports highlighting the impact of this on the quality of service provision.

The failure to supply sufficient numbers of suitably skilled and experienced staff to work in the home has the potential to impact on the safety and wellbeing of the care receivers. The registered person must put in place a staffing structure (numbers and responsibilities), which is more properly aligned with the Statement of Purpose and to achieve a staff-to-children ratio that does not fall below two members of staff on duty at all times.

The manager and provider are familiar with the list of areas of mandatory training set out in the Care Standards and arrangements are in place to meet these Standards.

There is a policy on staff supervision which the manager and staff are familiar with. Records of staff supervision are maintained. It was noted however, in the monthly quality monitoring reports, that it had been difficult to provide supervision in light of the staffing challenges outlined above. From discussions with staff during the inspection it was noted that some staff had not received supervision for two months and that there were no plans in place to provide staff supervision.

The manager confirmed that staff shortages and the complexity of support needed for the care receivers has meant that supervision sessions have not taken place in July and August. The Regulation Officer highlighted the requirement for staff supervision as set out in the Regulations and Standards. In light of the complexity of the needs and support requirements of the children and young people using this service, regular staff supervision is necessary to ensure that staff are appropriately supported.

This area of concern was discussed with the Registered Manager who provided assurances that all staff would be provided with supervision during the month of September. The Commission will keep this area under review.

## Care planning

The children and young people who 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.

The Statement of Purpose sets out the service's referral policy and arrangements for securing written information about care receivers.

MOSAIC (the Children's Services electronic record-keeping tool), shows the detailed Care plan and the residential (personal) plan for all the care receivers. These were reviewed by the Regulation Officer. The record also includes a day-by-day log divided into morning, afternoon and night segments. The log is mostly a record of activity and staff names are recorded as part of the log entry.

All residents are "Looked After Children", therefore there is a requirement that care plans or pathway plans and Looked After Children reviews are maintained as part of each care receiver's record.

The records for the three care receivers were comprehensive, clear and consistent with the care plan devised by the care receiver's social worker in consultation with the care receiver. The Regulation Officer also noted that there was clear evidence of involvement in the plans by the children and young people.

## 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 Regulations state that an Independent Person must report on the way the home is managed and the quality of care provided for the children. Children's Services appointed an Independent Person before registration to interview in private children, parents, relatives, workers if they consent; look at premises and records, including care records if the social worker and the child give their permission; visit unannounced; make recommendations for actions with timescales.

The Regulations also state that the registered manager and the registered provider must consider whether to act on any recommendations made by the Independent Person.

The Regulation Officer was able to read all the reports completed since May 2019 prior to the inspection and noted that during the Covid-19 lockdown period, the Independent Person had not been able to visit the home. There was evidence however of discussions held with the registered manager and staff and requests for written information.

The Regulation Officer was satisfied that the Independent Person was regularly and appropriately reviewing the quality of care at the children's home.

In addition to the visits undertaken by the Independent Person, Children's Services commenced a system of internal quality monitoring in April 2020. This involves registered managers completing a template which references the Standards. The Regulation Officer reviewed reports that had been completed in April, May, June and August and these provided a good account of how the Standards were being met, with appropriate references to good practice and areas for improvement. There was no report in July.

These reports also highlight the manager's concerns about the frequency of staff supervision and staff shortages.

## IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Regulation 3 Conditions of Registration (General)</b></p> <p><b>To be completed by:</b> 2 months from the date of inspection (9<sup>th</sup> November 2020).</p>	<p>The registered person must undertake a review of the home's Statement of Purpose. The updated Statement of Purpose must set out the home's admission procedures and the use of rooms.</p> <p><b>Response by registered provider:</b></p> <p>The registered person has undertaken a review of the home's Statement of Purpose and detailed the home's admission procedures and the current utilisation of rooms. The revised Statement of Purpose has been made available to the Care Commission.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Regulation 17 Workers</b></p> <p>Standard 7</p> <p><b>To be completed by:</b> 2 months from the date of inspection (9<sup>th</sup> November 2020).</p>	<p>All existing staff HR records from past appointments are transferred to and kept by the registered manager.</p> <p><b>Response by registered provider:</b></p> <p>An audit was conducted recently of all permanent staff and fixed term contractors employed by the Residential Service since 1 January 2018. If during this time frame a Registered Manager was the hiring manager then they will have direct access to all HR records. In the event that they were not the hiring manager, then all information can be made available to them at short notice via the Government Human Resource team, where information is stored centrally.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Regulation 17 Workers</b></p> <p>Standard 7</p> <p><b>To be completed by:</b> 3 months from the date of inspection (9<sup>th</sup> December 2020).</p>	<p>To appoint a staffing structure more in line with the original (registered) Statement of Purpose, and to achieve a staff-to-children ratio that does not fall below two members of staff on duty at all times.</p> <p><b>Response by registered provider:</b></p> <p>A recruitment campaign for both substantive (permanent) and bank (zero hour) residential staff was concluded in October 2020 and the individuals that were successful in obtaining roles have been apportioned to homes across the service. Subsequently, this will permit the home in question to appoint a staffing structure more in line with the original Statement of Purpose and ensure that a staff-to-children ratio does not fall below two members of staff on duty at all times.</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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