



Jersey Care  
Commission

## **INSPECTION REPORT**

**Evans House Care Home**

**6-7 Springfield Terrace**

**Trinity Road**

**St Saviour**

**JE2 7NS**

**12 August 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**

Evans House provides accommodation for up to 23 persons who are experiencing homelessness. On the ground floor there are communal areas to include an entrance hallway, main reception area, lounge, study area, dining room and kitchenette area. There is also a lounge on the first floor and private rooms which can be used for personal and confidential discussions.

Five bedrooms are registered for double occupancy however the sharing of bedrooms will only occur for care receivers in a relationship and wish to share a room or in the event of an emergency. All bedrooms have coded locks and are furnished with a small safe to secure property, a kettle, television, wardrobe, easy chair and unit for storage.

The kitchen is located on the ground floor and is fitted with commercial stainless-steel equipment, open shelving and walls clad with stainless steel for easy cleaning. The food storage includes areas for cold storage with a range of fridges and freezers and dry food storage also.

The laundry is in a designated area within the rear courtyard and is equipped with one domestic washing machine and separate dryer; in addition, there is an outdoor clothesline to use.

There is inconspicuous CCTV coverage covering the entrances into the home and communal areas and stairways. Externally there are two separate courtyard areas for care receivers to spend time outdoors.

While the home was first registered with the Commission on 5 May 2020, it was subject to regulatory inspections under the previous law.

Registered Provider	Shelter Trust
Registered Manager	Annie McGarragle
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of people who may receive personal support - 23 Age range - 18 and above Homelessness
Dates of Inspection	12 August 2020
Times of Inspection	09:30 am – 11.30 am
Type of Inspection	Announced
Number of areas for improvement	Two

The home is operated by Shelter Trust and the registered manager is Annie McGarragle. At the time of this inspection, there were 21 people accommodated in the home.

## SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of two hours by one Regulation Officer and was announced with consideration for the restrictions imposed in response to the Covid-19 pandemic. The Care Home Standards<sup>1</sup> were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- the areas for improvement identified during the previous inspection
- 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 duration of the inspection was reduced.

Overall, the findings from this inspection were positive but there was limited opportunity to meet with many care receivers on this occasion.

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

The Regulation Officer reviewed documents including care plans, policies and procedures and protocols in place for staff to follow and with some review of what measures the home had taken during the enforced period of lockdown.

Having reviewed the home's Statement of Purpose, the Regulation Officer 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 and there was evidence of these being implemented with some system of review in place.

The nature of how the home functions and operates to support people who require accommodation either for a short-term period or longer depending on their personal circumstances remains consistent with previous inspection findings. It is acknowledged that the provider operates broader provision of accommodation elsewhere. The networking between these associate homes is integral to how staff can be supported. and with reference to some direct referral pathways between these homes.

It was noted from a review of care records (which are incorporated within an electronic system), that some inconsistencies have arisen regarding the compiling of minimum data and the reviewing of care receiver's support needs. It was acknowledged that the primary function of the service is the provision of accommodation to care receivers who otherwise would be homeless. However, support may also incorporate other areas including mental health or sourcing employment. Therefore, the refining of record keeping protocols to ensure a consistent approach was an area for improvement which was identified.

The home's safeguarding arrangements were confirmed. The home has a nominated trainer oversees that all staff are adequately equipped to recognise and raise concerns if so indicated. The Regulation Officer was assured that the home's safeguarding arrangements include consultation with external agencies. This might include multi-agency engagement with care partners such as the Community Mental Health Team, Probation Service, the Drug and Alcohol Team and Social Security.

The home has systems in place for monitoring the quality of care provided. However, this is not currently recorded in a monthly summary report as is required. This area for development was discussed with the manager. Options which may be appropriate to the operational remit of the home were discussed and this area was identified as needing improvement.

## 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. It was noted the last inspection visit before registration under the 2014 Law was carried out in August 2018 and some reference was therefore made to the recommendations as recorded at that time.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures and which it was highlighted by the manager some of the initiatives which had been introduced over the previous few months to address this issue. On this occasion not all areas of the home were visited, and the duration of the inspection was reduced.

The visit commenced at 9.30 am with discussion with the Registered Manager about the staffing arrangements, allocation of roles and responsibilities and any significant changes to operational matters that may have arisen over the past two years.

While only a limited review of the premises was undertaken during the inspection, this provided the Regulation Officer with some assurances that the home is suitably maintained and furnished with consideration of the needs of the care receivers.

An audit of care records was undertaken with the assistance of manager and a member of the care team. This providing an overview of both how the electronic record system is utilised as well as the key worker role.

One care receiver provided a summary of their stay in the home and feedback about the support they receive from the staff. This was positive in content.

A separate visit to the provider's main office provided an opportunity to review safe recruitment practices and some information was received from the training co-ordinator about the training delivered to the staff.

## INSPECTION FINDINGS

### **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 / manager fully understands their responsibilities in this regard.

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

Conditions of Registration	<u>Mandatory</u>
	<ol style="list-style-type: none"> <li>1. Type of Care: personal care/support</li> <li>2. Category of care: homelessness.</li> <li>3. Maximum number of care receivers: 23</li> <li>4. Age range of care receivers: 18 years and above</li> <li>5. Maximum number of care receivers that can be accommodated in the following rooms:            Rooms 2, 3, 4, 6, 7, 8, 11, 12, 13, 14, 16, 17, 18, 19, 20, 22, 23 one person            Rooms 1, 5, 9, 10, 15 available for couples</li> </ol>

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. The manager discussed their own involvement in the drafting of the Statement of Purpose and of how it fits with the operational remit of the home and its function, as well as how it links to the operational protocols which are in place.

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

The efforts and attention which the provider has given in ensuring that care receivers have been able to continue to live independently whilst ensuring that potential risks associated with Covid-19 are minimised (by adapting operational practice), were noted. Examples included the altered use of communal spaces and the limiting of unrestricted access to cooking facilities (as indicated by most recent infection control measures and guidance issued).

The limitations on movement, as imposed by government guidelines, have been suitably addressed with positive engagement and information provided to residents. It was evident that individual autonomy and personal responsibility have also been promoted and maintained.

It was advised by the manager that some new supported care home environments for the homeless have been required due to the demands arising from the Covid-19. These are currently being administered by the Trust and will be reviewed in due course particularly in respect of any overlap with the managers current roles and responsibilities.

## **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 Regulation Officer discussed the home's safeguarding arrangements with the manager during the inspection. Training is provided by colleagues who have this designated role within the organisation and with refresher courses provided.

There were no current safeguarding issues being subject to any investigation or external scrutiny or on file from recent activity. Nonetheless, there are clear actions which would be taken if concerns arise and which may be reviewed in-house or with senior colleagues across the Trust that would if indicated, generate onward referral to relevant agencies.

By the nature of some care receivers' situation and background, such as previous or ongoing input from mental health services for example, there is routine consideration of the vulnerability of each resident, addressed with an appropriate level of monitoring, support and engagement. This may include with consent of resident any consultation with other agencies as part of their support package.

## **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.

It was confirmed that there is policy in place to manage and respond to complaints. There were no active formal processes being conducted at the time of the inspection.

For care receivers in the home, minor issues are responded to in an informal way where appropriate. This forms part of the quality assurance processes the home follows in reviewing all such matters. Numerous examples were provided by the manager about how minor complaints are addressed in this way. In addition, where appropriate, encouragement is given to individuals to resolve such issues between themselves as part of the ethos of promoting independence and autonomy.

Social gatherings and resident meetings also foster discussion about any complaints or areas for improvement. This was viewed as a helpful process although it was acknowledged that this had needed to be suspended during the recent lockdown to promote physical distancing.

Prior to this inspection, some correspondence received from the provider confirmed that there are adequate systems in place to manage and address complaints if or when received.

### **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 always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

There has been a very limited recruitment of new staff in recent times. The manager confirmed their direct involvement in safe recruitment whereby they work closely with Human Resources (HR) Department.

A follow-up inspection took place on 18 August 2020 at the headquarters of the provider organisation to review recruitment records of one most recently employed member of the care team. From discussion with the HR manager, it was evident that there are good systems in place which are followed to ensure safe recruitment of staff.

Sight of HR files confirmed the necessary references and Disclosure and Barring Service criminal records checks had all been processed before the commencement of duties, thereby meeting best practice for this Standard.

New staff receive a full induction package which is overseen by the Training Coordinator. In addition, shadow shifts are provided to enable new staff to familiarise themselves with roles and responsibilities prior to working independently. There is also a Lone Worker policy which is indicated by the minimum staffing levels. This is particularly applicable at night-time.

The home operates on small staffing numbers as indicated from its Statement of Purpose. However, there is on-call back up provided 24 hours a day to offer advice and consultation for staff about any issues that may arise.

Staff will work towards attaining QCF level 3 award as part of any ongoing training initiative that maps with Care Certificate (if not already achieved).

The training and development of staff has been challenging to meet during the Covid-19 lockdown period. However, the home benefits from a good resource area where training and learning can usually be facilitated. However, while making allowances for the lockdown, it was evident from a review of the training log (which was received following the inspection visits), that some areas were not recorded as part of the mandatory training and/or evidenced consistently across the staff team.

There are apparent gaps in some topics that should now be covered with reference to the mandatory training as set out in the Standards. It was noted that learning disability and mental health are now considered key topics to be covered as a minimum statutory and mandatory training requirement. However, these areas were



referenced in training plan as “suggested further courses”. It was also unclear if either/both moving and handling and capacity and self-determination are included within the minimum training provision.

The above areas were advised to be given some further consideration and attention. However, it was acknowledged that the primary function of the home is in support of homelessness. Accordingly, direct care interventions are much less evident than in a conventional care home.

## Care planning

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.

A sample of three electronic care folders (Harmonia system), was reviewed by the Regulation Officer. The care records incorporate the Outcome Star which is a helpful reference tool for care receivers in identifying aims and objectives that may help in the transition to more independent living. These can be reviewed periodically throughout the duration of a resident’s stay in the home.

With acknowledgement of the category of care, it was nonetheless apparent that there were some inconsistencies in the recording principles which are followed. Specifically, the minimum data for recording is not clearly established or measurable. An example was that Outcome Star was last recorded for one resident six months ago with no subsequently recorded review of progress. While the care receiver may not be fully concordant in engaging with such reviews, it would be of value for any evaluation and review to nonetheless be undertaken and recorded.

For one care receiver, it was reported that they required some interventions from Family Nursing and Home Care but that they were independently arranging this. However, no record of this was evident. It is important that such matters are recorded in care receivers’ care folders in the event of a deterioration in condition or of a need to contact external agencies.

There was an absence of any assessment documentation in the care plans and records reviewed. This did not demonstrate the anticipated process which should occur prior to an admission to the service.

It was clarified with the manager that such issues relating to record keeping constitute an area for improvement. This would better enable the standardising of care recording protocols which all staff should follow when working with care receivers.

Despite this, positive engagement with care receivers was very well demonstrated in discussion with one member of the team. They explained the process which they had undertaken to establish a supportive working relationship with a care receiver

and the aims and objectives which had been jointly agreed. It was evident from this discussion and overview of the priority which is given to supporting care receivers in proactive and practical ways. It was also evident that there is active consideration of any underlying issues which a care receiver may be dealing with at a time where they have found themselves homeless.

### **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 home has some systems for review and evaluation for quality assurance purposes. Unfortunately, this is not captured in a clear or auditable format in the form of monthly reports as is set out in the Standards.

This area for improvement was discussed in some detail with the manager. Some potential options were explored in considering the most appropriate mechanism for this matter to be addressed. The provider benefits from the existence of a number of managers across a range of services who may be well-placed to peer review associate homes as part of a monthly audit cycle. This was one option which was identified.

It was discussed with the manager that much of the required information and data does not take a form which is easily recognisable or readily extractable it is, nonetheless, already recorded by the service. As such, collating the necessary information into the required format need not be overly burdensome.

While there are no monthly quality reports to refer to, the Regulation Officer was satisfied that the home follows a comprehensive system for evaluation of its service and of care receiver's welfare and safety. This has been consistently recognised in previous inspection reports and was again reflected in the general discussion and through the information which was provided during this visit.

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection and an Improvement Plan provided as below.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>To be completed by:</b> 3 months from the date of inspection (12 August 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><b>Response by registered provider:</b> The reports are to be introduced as a peer review process across the Trust's registered sites. The template employed is the example template advised for use by the Care Commission the completion of which is commensurate with the obligations of the Trust outlined in Standard 12.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 2.4, 2.7,2.8,</p> <p><b>To be completed by:</b> 3 months from the date of inspection (12 August 2020).</p>	<p>The registered provider must identify minimum data requirements to be followed for input onto electronic record system. This to ensure consistent records are kept that demonstrate assessment and evaluation is routinely undertaken</p> <p><b>Response by registered provider:</b> Upon receipt of the draft Evans House Report from the Care Commission the Trust undertook a Review of the service user data points used by the Trust within the electronic record system. We are satisfied that the Review now offers the Trust a coherent, detailed and consistent standard across sites and for all service users commensurate with the obligations of the Trust outlined in Standard 2.4, 2.7 and 2.8</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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