



**Jersey Care
Commission**

INSPECTION REPORT

Highlands Care Home

Care Home Service

**La Rue du Froid Vent
St Saviour
JE2 7LJ**

8 September and 8 October 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 Highlands Care Home. The service is situated in the parish of St Saviour within a residential area and within close proximity to bus routes serving St Helier. There are two buildings which make up the care home; one main home as well as several self-contained apartments referred to as Bon Air Court within the grounds. The main home provides apartments which are equipped with lounges, kitchens and bathroom facilities and a variety of communal lounges. Some apartments can be shared by two care receivers, with each person having their own bedroom within the apartment.

Car parking is provided for both the main home and Bon Air Court along with identified garden areas, including a barbeque area surrounding the main home and separate outdoor areas provided for Bon Air Court.

The service became registered with the Commission on 31 October 2019 following a change of care provider and an inspection took place over the course of 23 and 27 December 2019. Since registration, the provider has made applications to vary the conditions of registration to provide personal care and personal support and to increase the number of care receivers that can be accommodated. The registered manager became registered with the Commission on 21 February 2020. The care team is made up of a newly appointed deputy manager, senior care staff, care staff, housekeeping, maintenance, reception and catering staff. The registered provider is based in England and maintains regular contact with the registered manager.

An unannounced inspection of the service had been planned to take place in April 2020. Due to the impact and restrictions associated with Covid-19, the inspection did not go ahead at that time. As an alternative, a structured telephone discussion which examined a range of areas including those addressed during this inspection, took place on 19 May 2020 with the registered manager. During the early stages of Covid-19 lockdown and when social restrictions were in full force, care staff temporarily moved into the home to reduce footfall into the home and reduce risks to care receivers.

At the time of this inspection, there were 38 people accommodated in the home.

Registered Provider	St Phillips Care Limited
Registered Manager	Ann Farrow
Regulated Activity	Care home for adults
Conditions of Registration	Personal care can be provided to 45 care receivers. Category of Care is old age, physical disability, mental health, learning disability, autism. Age range of care receivers is 18 years and over.
Dates of Inspection	8 September and 8 October 2020
Times of Inspection	10:45am – 4:00pm and 2:00pm – 5:00pm
Type of Inspection	Announced
Number of areas for improvement	Three

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was undertaken on two separate visits. The inspection was announced in order to ascertain the specific circumstances relating to Covid-19 restrictions, to minimise any unnecessary risks to care receivers.

The Standards for care homes were referenced throughout the inspection¹ and the Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and Conditions on registration
- safeguarding (adults)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

The findings from this inspection show that significant improvements have been made since the last inspection in December 2019. This was evidenced in that the three areas for improvement, that were made following that inspection have been completed. Improvements have been made in respect of care planning arrangements, systems for recording and managing care receivers' personal finances, safeguarding and staffing arrangements.

The home is largely compliant with Regulations and Standards and although there are a few areas to be improved upon, the registered manager signalled a commitment to continue to develop and improve the service for the benefit of care receivers.

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

Direct feedback from care receivers and their representatives was positive of their experiences of the home. In addition, the staff team were enthused in their discussions of care receivers and reported satisfaction in their roles. Comments from one visiting health professional also confirmed that they have every confidence in the management of the home and of the support provided to care receivers.

The home has adopted a risk-based approach to infection prevention arrangements necessary due to the Covid-19 pandemic. The manager has, whilst adhering to relevant Government guidance, applied discretion and judgment to balance the rights and freedoms of care receivers against excessive infection control measures, based upon the risks of care receiver group.

The areas to be improved upon following this inspection relate to strengthening the quality of training provided to staff, enhancing the complaints process and ensuring documentation as set out in the Standards, relating to safe recruitment, are obtained in advance of staff becoming employed.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since it became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. A review of the implementation and compliance with areas for improvement made from the previous inspection also formed part of this inspection process. Reference was made to the outcome of the structured telephone discussion held on 19 May 2020 as well as to the information relating to two safeguarding alerts raised in June and August 2020.

The inspection took place over two days. On the first day of the inspection, two Regulation Officers visited the home and met with an interim manager who was overseeing the home whilst the registered manager was on leave. One Regulation Officer completed the inspection on the second visit during which the registered manager was present.

The Regulation Officers sought the views of the people who use the service and spoke with managerial and other staff. Seven care receivers and six members of staff of all grades were spoken with during both inspection visits. Telephone contact was made with three care receivers' representatives after the inspection, who provided information of their experiences of the home. Contact was made with five health professionals who were known to visit the home on a regular basis to seek their views and one provided a response.

During both inspection visits, samples of records including: policies, care receivers' financial records, care records, staffing rosters, quality assurance reports, audit reports, staff files, induction programme and staff supervision records were examined. Both Regulation Officers undertook a tour of the premises on the first visit and viewed some bedrooms and all communal areas. The outcome from a safeguarding investigation (which was concluded prior to the second inspection visit), was also referenced as part of this inspection, and included as part of the

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

The 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 service’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 Statement of Purpose was provided upon initial registration and updated and submitted to the Commission on 12 February 2020, following a request from the provider to vary the conditions of registration for the home to solely provide personal care and personal support.

A discussion was held with the registered manager during the inspection, to advise of the need to amend the Statement of Purpose further in order to reflect the increased number of care receivers who can be accommodated in the home. The Regulation Officer was satisfied the registered manager fully understands their responsibilities to manage the service in accordance with the Statement of Purpose and agreed to submit a revised version to the Commission.

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

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 45 Number in receipt of personal care: 45 Age range of care receivers: 18 years and above Category of care provided: old age, physical disability, learning disability, autism, mental health. The maximum number of persons to be accommodated in the following rooms: Highlands Apartments 1,2, 3, 4a, 4b, 5, 6a, 6b, 7,8, 9, 10a, 10b, 11,12,13,14a, 14b, 15, 16, 17a, 17b, 18a, 18b, 19, 20a, 20b - One person; Bon Air Court Apartments 1 – 18 - One person</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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A discussion with the manager and an examination of records, provided confirmation that these conditions on registration were being fully complied with and are likely to remain unchanged. The Regulation Officer was satisfied that all conditions are currently being met.

The Statement of Purpose describes 'residents having the right to a high standard of care and support and being able to maintain their dignity, privacy, choices and freedom within the capacity and self-determination framework'. During both inspection visits, evidence that care receivers can express choices in their daily lives was confirmed by some care receivers engaging in community activities, attending work placements and some independently leaving the home of their own accord. Some care receivers remained in the home and others were out of the home in the presence of staff. The home has recently signed up to participate with Mencap to offer care receivers choices in participating in social and fundraising activities.

Information submitted to the Commission outside of the inspection process confirmed that some care receivers engage in evening social activities outside of the home which would ordinarily be expected of people of similar age. Examples of this relates to care receivers going out in the evenings to exercise and to socialise in St Helier.

Two care receivers with intensive support needs require staff supervision and consequently, the manager has submitted requests for an authorisation of Significant Restrictions on Liberty (SRoL). One such request had been authorised at the time of the inspection. This demonstrates that the level of supervision which is currently provided is both proportionate and lawful. The manager described the ways in which this level of responsibility is planned for and managed on a day to day basis which includes specific staff allocated to this role for set times.

Discussion with one care receiver confirmed that their choice to move to an alternative apartment in the home had been provided for, which they perceived to be indicative of having more autonomy and independence. They spoke of their satisfaction with their new apartment and made comment that it had been recently decorated and furnished with their own furniture.

The Statement of Purpose refers to a bimonthly joint clinic with the learning disability team and psychiatrist which was a means of reviewing the health and wellbeing of the care receivers. These clinics are no longer taking place although the registered manager described the value for care receivers and is hopeful that they may resume again in the near future.

The registered manager advised of a meeting that was held just before the Covid-19 pandemic where care receivers expressed their views of the home and ideas for future social events. These meetings were temporarily put on hold because of the pandemic although are planned to resume.

Discussion with care staff described the varying abilities of care receivers in the main home and for those living in Bon Air Court. They described the philosophy of the home as being encouraging towards care receivers maintaining and developing their independence. One member of staff who previously worked in a nursing care

environment stated, 'I prefer the residential now because you can help people to help themselves rather than doing everything and taking their independence away'.

The registered manager provided examples relating to arrangements for care receivers to move out from the home into more independent living facilities. Another example was provided which related to one care receiver having clearly identified goals to work towards more independent living, which have been planned with their social worker. The manager also described the unique circumstances relating to one care receiver and described the home as not the most appropriate placement for them to live in on a long-term basis. They explained the plans for the care receiver to transfer to another placement which has been arranged by health professionals and discussed with their representatives.

Discussion with the registered manager and care staff confirmed an understanding of working within the parameters of registration conditions and will seek the input of community nurses when nursing interventions are required. Staff described that district nurses would be required to visit to administer insulin to care receivers for example, or at least assess the competency of care staff to administer, if this was to be delegated to them. Earlier in the year, some care staff completed training which enabled them to administer enteral feeding under the delegation of a registered nurse, although this delegation is no longer required.

Feedback from one health professional who is known to visit the home confirmed confidence with both the management arrangements and the staff team. They referred to the flexibility of support provided to care receivers, the responsiveness to changing needs and to the excellent communication with the home's management.

Safeguarding (adults)

The Standards for care home's 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 arrangements for safeguarding have improved from the last inspection. The provider's safeguarding policy was reviewed and is reflective of local procedures. All staff can access the policy and a discussion with care staff confirmed that they had received safeguarding training. One staff member was newly recruited and going through their induction programme at the time of inspection. The Regulation Officer asked the staff member about their understanding of abuse and neglect and of how to raise a safeguarding alert. The staff member was able to describe confidently, the various types of abuse and neglect which can take place within care settings; the signs that such abuse may be happening and how to raise such concerns. This provided evidence that staff receive a good quality of training relating to abuse and neglect, as part of their induction to working in the home.

Staff when questioned, however, showed a lack of knowledge of the provider's whistleblowing policy; of how to escalate concerns within the organisation or to

whom. This was discussed with the interim manager on the first day of inspection and had been actioned by the registered manager by the time of the second visit.

The registered manager has raised three safeguarding alerts this year whereby events in the home had been brought to her attention by staff. The most recent safeguarding alert related to one care receiver coming to harm because of medication errors. The actions which were taken by the manager at the time and the subsequent learning from the event, were both explored during the inspection. This included discussions with staff regarding medication protocols and a review of medication administration records (MAR) in the home. The MAR evidenced that administration of medicines is in accordance with instructions. Staff described in detail, the processes in which controlled medicines are administered in line with the medication policy.

At the last inspection the arrangements for recording and managing care receivers' finances was identified as an area for improvement. The systems and records in place show that clearer and more easily auditable systems are in place. There was evidence of care receiver involvement in the management of their personal monies. The provider's gift policy was also reviewed as part of this inspection. It was considered by both the registered manager and the Regulation Officer that this policy needed to be made more explicit and less subjective. The registered manager agreed to expand upon the policy and inform the staff team. The home is compliant in submitting notification of incident records to the Commission as and when necessary.

The atmosphere in the home on both days of inspection could be described as lively and uplifting. Care receivers and staff were observed joking with one another and one care receiver informed the Regulation Officer of the plans they had in place to surprise one member of staff that day. Another care receiver invited one member of staff and both Regulation Officers into their apartment on the first day of visit and joked with staff. Care receivers were observed in the communal areas during both visits and appeared relaxed in the presence of the staff team.

Discussion with care receivers and their representatives indicated that they felt content and safe in the home and that appropriate levels of care and support are provided in line with their needs.

The following was reported:

"It's great, I really like it. I like the atmosphere and there's lots going on. It's much better than [name of previous residence] and I can go out whenever I want".

"I love it, it's really good. I like the desserts and the staff are really great, they always help me if I need them".

"There's good banter here, we can laugh and have a joke".

Conversations with three care receivers' representatives also confirmed satisfaction with the support provided to their relatives and all described the open style of

communication with the manager and staff team. They also described the positive qualities of the staff team and assurances of their abilities to support their relatives.

Some comments included,

“The staff are absolutely tremendous, they are amazing, and the care is all about the people in the home. There’s a happy atmosphere, there’s something special about it when you walk through the door that I haven’t felt before”.

“Highlands have stepped right up to the plate and we as a family can’t praise the staff enough”.

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.

The home has a complaints policy in place which was reviewed during the inspection. The policy refers to arrangements for handling complaints relating to care services in England and Scotland and should be revised to ensure that it is directly applicable to the care provision in Jersey. Discussion with care staff confirmed that any negative comments or feedback received from care receivers would be recognised as a complaint and reported to the manager. There was no information about the provider’s complaints procedure on display in a prominent area in the home during the inspection.

Discussions with three care receivers’ representatives confirmed that whilst they would not hesitate to raise any concerns directly with the manager, they were unaware of the provider’s formal complaints process. Information about the complaints procedure and how to raise complaints is only provided in written English. No other formats such as easy read or pictorial guides or other styles relevant to all care receivers’ communication abilities were available. The Standards in relation to informing care receivers and their representatives of the complaints process, including the provision of various formats is an area for improvement which the manager recognised and agreed to address.

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.

On the first day of inspection, the provider had made arrangements for the home to be managed by a deputy manager to cover the registered manager’s period of leave. This was in recognition that the home did not have a deputy manager appointed at

that time and to provide support to the staff team. The deputy manager helped facilitate the inspection on the first day, and had knowledge of the provider's policies, care planning systems, details of a recent safeguarding investigation and knew details relating to some care receiver's individual needs. The home was being managed well on that day of inspection and the deputy manager described the support provided from the senior management team within the organisation.

Six care staff, one receptionist and a deputy manager have been recruited this year. Samples of personnel files were examined which showed that only one reference had been obtained as part of the recruitment process for each staff member. The Standards require that in all cases, a minimum of two references are to be provided in advance of the employee starting work in the home. The manager described and showed the systems in place to check details of employee's criminal records histories (known as DBS checks). The Standards require a copy of the original certificate be retained for the purpose of inspection and to demonstrate that a safe approach to staff recruitment has been taken. Copies of the original certificates were not available for review during the visit, and whilst the manager could access some updated information it does not include any details relating to the content of the original certificate. This is an area for improvement which was discussed with the manager who agreed to ensure the recruitment process be improved upon for all staff recruited in future.

Samples of staffing rosters were reviewed which showed that the ratio of care staff to care receivers meets the minimum staffing levels based on the category of care needs being met. The staffing arrangements showed that eight care staff were available in the morning and seven staff during the afternoon. There are three staff overnight from 10pm. An additional staff member is rostered from 4pm – 10pm in recognition of this being a busier time in the home. The manager and deputy manager also maintain a regular presence in the home during the week, with some supernumerary time allocated for the deputy manager.

A discussion with some staff during the inspection, provided evidence that the staffing levels were sufficient to meet care receivers' dependency levels and that arrangements were in place for staff to provide 1:1 support. On both days of the inspection, staff were observed in the communal areas engaging and interacting with care receivers. One staff member was heard speaking with one care receiver, the content of which appeared impolite and inappropriate, which was later discussed with the registered manager, who agreed to speak with the staff member concerned.

The induction policy and programme for new staff was reviewed. This set out the key areas of training which staff are required to complete within the first three months of employment. It also set out the programme to be followed for staff who have no vocational qualification in health and social care. A discussion with one staff member who had started work prior to the first visit, reflected their learning in this initial period of employment and that they had shadowed another staff member in accordance with the policy. Feedback received from the deputy manager, who was covering the registered manager's leave, indicated that the organisation provides opportunities for staff to be promoted within the organisation as an incentive to boost performance.

Samples of supervision records were examined which showed that discussions are held relating to specific job roles and that action plans are developed based upon the outcome of such discussions. Staff receive bimonthly supervision and an annual appraisal.

Staff receive training in a variety of subjects, the majority of which is provided by way of e-learning. Practical training is provided in basic life support and fire evacuation training; the practical components of fire training had been put on hold due to Covid-19, although this has since been rearranged.

In addition to other subjects, staff complete e-learning training in mental health and learning disability and can access the course content at any time should they need to. Discussion with some care staff gave rise to concerns that the training they had received in respect of learning disability had not been effective as they could not describe what they had learnt. As the home's conditions of registration are specific to providing care to individuals with learning disabilities and autism, this is an area which requires development. The type and quality of training provided to staff must be appropriate in terms of both content and delivery. This training must take into consideration the role of care staff and their interactions with care receivers who have these specific needs. This is an area for improvement which was discussed with the manager who agreed to review the content and learning outcomes of the training provided. Nine care staff have completed vocational training at level 2 and four with level 3.

Care planning

<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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Earlier this year, the provider's system for maintaining care records changed from a paper-based system to an electronic system. Samples of care receivers' personal plans and other care records were examined during the inspection. This demonstrated that care plans are appropriately based upon assessments. Care receivers' needs are assessed prior to admission into the home. One assessment incorporated a care receiver's own words. This reflected the care receiver's direct contribution to the assessment process. The assessment also made reference to what mattered in the individual's life and how that would be continued when living in the home.

The care records showed that both long term and short-term care plans are in place and that plans are developed based upon identified risks. Such risks included, for example, risks of pressure ulcers and of malnutrition. One care receiver's care plan referred to the type and level of support required from staff in relation to their psychological wellbeing. The care planning system can provide an analysis of care interventions and contact with staff to determine the effectiveness of care and

support given. Some care receiver's fluid and food intake were recorded as part of the monitoring arrangements in place in line with their care plans.

All care staff are expected to make frequent entries in the care records detailing care provided, observations and their interactions and discussions with care receivers. Care staff were observed completing care records using portable electronic devices during the inspection. The manager has recognised that some further improvements are needed to ensure there is consistency in staff involving care receivers with care plan reviews.

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 provider's quality assurance framework is used to monitor quality in the home and sets out the approach taken to ensure that quality care is provided. Information relating to the care and support provided to care receivers is reviewed by the quality assurance team, regional manager and care director. The registered manager also uses a variety of audit tools to self-assess performance to improve practice. The accountability framework for quality assurance identifies a regional manager who will visit each month to speak with staff and care receivers and provide opportunities to listen to any concerns they may have.

Monthly reports are completed which provide information about the home's operation and to establish where improvements are needed so that they can be improved upon. The report captures data relating to care receivers' physical health conditions such as weight loss, infections, pressure ulcers and wounds (such as skin tears, bruises and lacerations), to reflect on the quality of care provided.

The most recent monthly reports dated 1 and 25 September 2020, were completed by the quality team and generated upon information gained from the care record system. These reports noted some areas to be addressed to support continuous improvements. Due to the impact of Covid-19, visits by the regional manager have not been possible, however, it is anticipated they will resume at the earliest opportunity when travel restrictions allow.

The registered manager monitors the effectiveness of practice in the home as a means of measuring quality aspects of care. A review of conversations and discussions relating to mental health, was completed on 3 September 2020 which highlighted the ways in which staff encourage care receivers to discuss their mental wellbeing as a means of continually reflecting upon practice to consider where improvements can be made.

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>Area for Improvement 1</p> <p>Ref: Standard 3.6</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must ensure all staff employed in the home are recruited safely in accordance with the Standards.</p> <hr/> <p>Response by registered provider: All staff's DBS certificates have been made available and now stored in a separate DBS folder. All staff have two written references, one from the most recent employer. All staff identified with only one reference have now got two.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 10/2</p> <p>To be completed by: 2 months from the date of this inspection (8 December 2020)</p>	<p>The registered provider must ensure that people who receive care and their representatives are aware of the service's complaints policy and procedures, which should include formats understandable to all care receivers.</p> <hr/> <p>Response by registered provider: Easy read policies are in the process of being sourced with collaboration from the Learning Disabilities team for specific policies and procedures, such as complaints.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 6.3</p> <p>To be completed by: 2 months from the date of this inspection (8 December 2020)</p>	<p>The registered provider must ensure all training provided for staff, particularly in areas specific to the conditions of registration is of a good quality, in order to demonstrate staff have sufficient knowledge to meet the needs of all care receivers.</p> <hr/> <p>Response by registered provider: External training has been sourced for all staff to complete a level 2 Learning disability qualification and we are awaiting start date. The training is delivered in a variety of face to face sessions, workbooks and e-learning and is then validated externally.</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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