



**Jersey Care
Commission**

INSPECTION REPORT

STRATHMORE

**Care Home Service
(Supported Accommodation)**

**Strathmore
80 Marks Road
St Saviour JE2 7LD**

9 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

Strathmore provides supported accommodation to young people (16 to 18) and young adults (19 to 25) who are experiencing homelessness. Based in a four-storey house, the service is registered to provide residential care for sixteen care receivers. It has sixteen bedrooms, a lounge, kitchen and dining room, and a laundry. There is a large administrative office room and the manager's room is a small next-door office. Adjacent to these rooms is a rest room for staff on duty.

Five bedrooms are registered for double occupancy however the sharing of bedrooms will only occur for care receivers who are in a relationship and wish to share a room.

There is CCTV coverage of the entrance into the home and the communal areas. Monitors are on all the time in the large office, and therefore visible to care receivers when they use this room.

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	The Shelter Trust
Registered Manager	Werner Vermeulen
Regulated Activity	Care Home (supported accommodation) for young people and young adults
Mandatory conditions of Registration	Maximum number of people who may receive personal care and personal support: 16 Age range: 16 to 25 Category of Care: Homelessness; children Rooms 1, 2, 3, 6, 7, 10, 11, 12, 13, 17, 18 one person only Rooms 8, 9, 14, 15, 16 possible for couples
Dates of Inspection	9 September 2020
Time of Inspection	9.30 am to 1.30 pm
Type of Inspection	Announced
Number of areas for improvement	None

The home is operated by The Shelter Trust and the registered manager is Werner Vermeulen. At the time of this inspection, there were three young people and thirteen young adults accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

The inspection was undertaken over the course of four hours by one Regulation Officer and was announced with consideration of the restrictions imposed in response to the Covid-19 pandemic. The Standards for supported accommodation are under development and draw on the Standards for care homes and for children and young people's residential care and were referenced throughout the inspection.¹

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

- 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, and there was evidence of care receivers being provided with a service that is safe and effective, and which takes their wishes and preferences into account.

The Regulation Officer reviewed documents including care plans, policies and procedures and protocols in place for staff to follow and reviewed the 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.

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

The Standard for safeguarding is met within this service. The home's safeguarding policy is understood by staff and staff have received up to date safeguarding training. The Regulation Officer found that the care needed to keep young people and young adults safe is well demonstrated in risk readers (assessments), residential personal plans, records of progress using Outcomes Star², and in the daily logs which are completed by the staff team.

There have been three complaints received within the last 12 months about the quality of care which is provided. The manager and staff demonstrated that they are familiar with the service's complaints arrangements and that staff have received appropriate training. The manager was able to evidence that the complaints have each been responded to in a consistent and timely manner.

The arrangements for recruiting staff were satisfactory, and care receivers and the records reviewed demonstrated that staffing numbers were adequate, and that staff were appropriately deployed within the service. The Regulation Officer noted that the core staff group is an experienced and skilled (trained) staff group, many with long experience of working with homelessness and supported accommodation interventions. There were some gaps in training noted and these are being addressed by the service.

During previous inspections and this inspection, Regulations Officers have been impressed with the energy that staff bring to the application of Outcomes Star, and in ensuring a safe and calm ethos. Care receivers described how hard they work in key work sessions and explained to the Regulation Officer how Outcomes Star (and their key worker), helped them to achieve their goals. The Regulation Officer looked at the detail of recordings for three care receivers and talked to two members of staff about the ups and downs of individual's progress and about the successes. The Standard for care planning is well met, and this is an area of good practice.

The registered manager has mechanisms in place to review the quality of care. It is noted that progress in bringing about a mechanism for the regular (monthly) review of the quality of care by someone independent of the line management of the service, has been slow. However, there is now a plan in place for two managers of other Shelter Trust projects to complete a monthly visit to Strathmore and write a report for the Management Committee. The first of these visits took place a week before this inspection. The Commission will keep this under review.

INSPECTION PROCESS

Prior to the inspection, the Commission reviewed a range of information submitted by the service since it became registered. This included any notifications and any changes to the service's Statement of Purpose, for example changes to bed numbers or operational capacity.

² The Outcomes Star is a family of evidence-based tools for measuring and supporting change when working with people.

The last inspection visit before registration under the 2014 Law was carried out in January 2019, with one requirement to check and record that all fire checks happen in accordance with the timescales set by the fire service. These are now in place.

This inspection began at 9.30 am with some discussion with the registered manager about the aims and objectives of Strathmore, and about the roles and responsibilities of the manager and staff.

The Regulation Officer then reviewed policy documents and written procedures concerned with referrals, assessments and admissions. The records of incidents and accidents and of complaints were reviewed and discussed with the manager.

The Regulation Officer then sought the views of a member of staff on duty that day and viewed the care records of three care receivers whilst discussing their progress with their key worker. Another member of staff (the assistant manager), joined a discussion about the reasons that young people and young adults come to Strathmore and the use of Outcome Star to achieve the objectives that they set for themselves.

The Regulation Officer asked to meet some of the care receivers and was introduced to five young people (aged between 17 and 23), during lunch. These care receivers shared their views about what it was like to live at Strathmore, about their aspirations for college or work, and about how the staff helped them to manage their affairs and move on to independent living when they are ready.

After lunch, a member of staff showed the Regulation Officer around the building, including a look at one of the bedrooms.

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

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

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The Care Home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Care Home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal support Category of Care: Homelessness; children Maximum number of Care receivers: 16 Age range of Care receivers: 16-25 years Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1, 2, 3, 6, 7, 10, 11, 12, 13, 17, 18 One person in each room. Rooms 8, 9, 14, 15, 16 possible for couples</p> <p>There are no discretionary conditions.</p>
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Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

The Care 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 efforts and attention which the provider and manager have given to ensure care receivers have been able to continue to live independently with support in the home since the start of the pandemic were noted. The potential risks from Covid-19 were reduced by changing some practices, for example the use of communal spaces with social distancing, mealtimes staggered, or room service provided.

The limitations on movement as imposed by government guidelines have been suitably addressed with positive engagement and information being provided to care receivers but autonomy and personal responsibility have also been promoted and maintained.

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 also.

The Shelter Trust staff receive training during their induction and on an ongoing basis in safeguarding and the effectiveness of this is kept under review by the manager. There was evidence of this from discussions with the manager and staff.

There were no safeguarding referrals (alerts to the Safeguarding Team), made in the last 12 months, but there have been three notifications to the Commission about serious incidents that were recorded in the home's safeguarding log. The home maintains a log of incidents which were recorded well, with appropriate actions taken.

There were three more notifications to the Commission about incidents and events that were appropriately reported and dealt with by the manager.

Due to the nature of some care receivers' situation and background (such as previous or ongoing input from mental health services, for example), the vulnerability of any individual care receiver is addressed routinely with an appropriate level of monitoring and engagement. This may include (with consent), 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.

The service has a complaints policy which is made available to staff, care receivers and their representatives. A summary of the policy has been included in the Statement of Purpose, together with how care receivers can contact the Trust Director.

For care receivers living in Strathmore there are regular reviews and resolutions of any minor issues in an informal way if or when appropriate, and this also is part of the quality assurance process the home follows to review all such matters.

Examples were provided by the manager from a regular review of a "suggestions box" in one of the communal areas. A record (log) details how these were dealt with and whether or not the care receiver was satisfied with the outcome.

The manager and staff made it clear that encouragement will always be given for individuals to resolve issues between themselves as part of promoting independence and autonomy.

There have been three formal complaints (in writing) received within the last 12 months, and the manager and staff demonstrated that they are familiar with the service's complaints arrangements and that staff had received training.

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

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

There has been limited recruitment of new staff in recent months, and the manager confirmed his direct involvement with a safe recruitment process, working closely with The Shelter Trust Human Resources (HR) Department.

A follow-up inspection took place on 17 September 2020 at the headquarters of The Shelter Trust to review the staffing structure and training records for the staff team at Strathmore, as well as to review the recruitment records of six members of staff either employed or with changed roles since November 2019. From a review of the records and a discussion with the HR manager, it was evident that good systems are in place and that they 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 have had a full induction training package provided and this has been overseen by the Training Coordinator.

Whilst the Standard expects staff to attain QCF Level 2 awards within two years of employment, The Shelter Trust staff will work towards attaining a QCF Level 3 award as part of a new training initiative. Three members of staff from Strathmore will commence their training in January 2021.

The training and development of staff has been challenging to meet during the Covid-19 lockdown period but the home benefits from a good resource area where training and learning can usually be facilitated.

It was noted that there are some gaps in the training programme that should now be covered with reference to the mandatory training as set out in the Standards. The Training Coordinator is aware of these gaps and will consider an appropriate training programme. The Commission will keep this area under review.

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.

The Regulation Officer was shown a referral form used with young people and young adults, and a separate form for professionals. Successful applicants sign a Licence Agreement which spells out the right to occupy a room and share other facilities in return for a weekly charge. It also sets out the aims of the project: to offer support to enable care receivers to maximise their potential and assist in the transition pathways to adulthood by being in settled and safe accommodation, have help with education, employment or training, and to enjoy good health and wellbeing.

The Shelter Trust uses software called Harmonia for their electronic client records system. Harmonia is a case management system, developed alongside Housing Associations in the UK to evidence success. Harmonia includes support for Outcome Star.

The Outcomes Star is a tool for measuring and supporting change when working with people. It is a way for frontline services to demonstrate their impact whilst improving their ways of working.

The Star places importance on the care receiver's perspective and priorities, and the assessment focuses on aspects of life that are going well in addition to areas of difficulty. The care receiver is seen as an active agent in their own life and a valuable source of expertise and knowledge.

The Outcomes Star provides an effective way to enable The Shelter Trust to put these approaches and values into practice. During this inspection both staff and residents described Outcomes Star as a helpful and effective tool.

During previous inspections and this inspection, Regulations Officers have been impressed with the energy that staff bring to the application of Outcomes Star, and in ensuring a safe and calm ethos. Care receivers described how hard they work in key work sessions and explained to the Regulation Officer how Outcomes Star (and their key worker), helped them to achieve their goals.

The Regulation Officer looked at the detail of recordings for three care receivers and talked to members of staff about the ups and downs of individual's progress and about their successes.

The Standard is met and represents an area of good practice.

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.

Since registration in May 2020, progress in bringing about a regular review of the quality of care by someone independent of the line management of the service, has been slower than might have been anticipated. However, there is now a plan in place for two managers of other Shelter Trust projects to complete a monthly visit to Strathmore and to write a report for the Management Committee. The first of these visits took place a week before this inspection.

The registered manager has mechanisms in place to review the quality of care. There are two handover meetings each day, and the manager attends many of them. There are regular (weekly) meetings between the manager and the training coordinator, and with staff (separately for day and night staff), which give staff the opportunity to reflect on their practice and to suggest changes to improve practice and outcomes for the young people.

While there were 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 each care receiver's welfare and safety.

This has been consistently recognised in previous inspection reports and was again reflected in general discussion and information provided during this visit. However, the regular review of the quality of care by someone independent of the line management of the service is something the Commission will keep under review

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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