



**Jersey Care
Commission**

INSPECTION REPORT

THOMAS HOUSE

**Care Home Service
(Supported Accommodation)**

**21 Kensington Place
St Helier
JE2 3PA**

29 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 Thomas House care home which provides supported accommodation to young adults. Based in a terraced house, the service is registered to provide residential care for seven young adults. It has five bedrooms and two training flats, two lounges, a dining room/kitchen, conservatory/gym area, small outside courtyard, and a laundry. There is also a downstairs office and an upstairs sleep-in room for staff.

The service 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	The Registered Manager is Ornellia Matthews The Interim Manager (since January 2020) is Fiona O'Brien
Regulated Activity	Care Home (supported accommodation) for young adults
Mandatory conditions of registration	Type of care: personal care and personal support Category of care: Young adults (19 to 25) Age range: 18 to 21 Maximum number: 7 Rooms: First Floor front: Rooms 1, 2, and 3. First floor rear: Rooms 4 and 5 or self-contained flat Top floor: Rooms 6, and 7 or self-contained flat
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	29 September 2020
Type of Inspection	Announced
Number of areas for improvement	Five

At the time of this inspection, there was one young person (under 18), and three young adults accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

An unannounced inspection was planned for March 2020. However, this had to be postponed due to Covid-19 restrictions. This inspection was announced with some 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 which were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the 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.

There were five areas for improvement arising 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, including the possibility of requests to vary the age condition if there is a referral for a young person aged 17 who would benefit from a placement at Thomas House.

The Government of Jersey's children's services have been operating the home since September 2019. Initially, this was to be for a period of six months. After more than 12 months there is still uncertainty about the future. The care-receivers residing at Thomas House need for the service to be provided in a way that can ensure continuity of care in the longer term. In line with the Standards, the provider must provide a development plan in this regard. This is an area for improvement.

Overall, the findings from this inspection were positive, and there was evidence of care receivers being provided with a service that is safe, and which takes their wishes and preferences into account.

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

However, the Regulation Officer was not satisfied that incidents, accidents and events were being recorded in a way that clearly evidenced both the actions taken and the outcomes. This is an area for improvement.

The Regulation Officer noted that some care receivers had expressed dissatisfaction with aspects of the service however there were no records maintained of any complaints raised. There was insufficient evidence that complaints are handled in accordance with the home's policy and records should outline any investigation and its outcome. Best practice is for the care receiver to sign to say they are in agreement with the outcome. This is an area for improvement.

The manager reported that they have been unable to access the recruitment records of staff currently working in the home and was therefore not able to confirm that safe recruitment protocols had been followed. Staff records (including application forms and checklists, interview notes, references and other documents), have not been transferred to the registered manager and this is an area for improvement.

The Regulation Officer noted that the core staff group is an experienced and skilled staff group, many with long experience of working in children's homes.

However, it was a concern to note that there were not enough staff employed currently to ensure that there are never less than two members of staff on duty. The staff team was not big enough to comprehensively meet the needs of four care receivers with complex needs. This is an area for improvement.

A conversation with one care receiver and the records reviewed provided evidence of good recording and some links between the observation (handover) records and the various plans and reviews of plans for the care receivers. There was evidence of good recordings of Individual Support Plans (Personal Plans) that were consistent with Pathway Plans created by social workers in partnership with care receivers. It was apparent that the care receivers have access to and receive support in writing these plans. This is an area of good practice.

An independent person, who is appointed by Children's Services to review Children's Homes in accordance with Regulations has been commissioned to also provide monthly review reports for Thomas House. The Regulation Officer has read these reports and is satisfied that the quality of care provided by this service is kept under regular review. Since April 2020 the manager had submitted monthly quality-monitoring reports to senior management. This Standard is well met.

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.

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff.

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

During the inspection visit and at the conclusion of the visit, the Regulation Officer provided feedback to the interim 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 attached 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 conditions:

<i>Conditions of Registration</i>	<p><u>Mandatory Conditions</u></p> <p>Type of care: personal care and personal support Category of Care: Young adults Maximum number of care receivers: 7 Age range of care receivers: 18-21 years Maximum number of care receivers that can be accommodated in the following rooms/flats: Room/flat 1- 7. One person in each room.</p> <p><u>Discretionary Condition</u></p> <p>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.</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 and the Regulation Officer was satisfied that all the mandatory conditions and associated Standards are currently being met.

The original Statement of Purpose (at the time of registration), stated that Thomas House provides placements for seven care leavers of mixed genders between the ages of 16 and 21. It also said that referrals for young people who are considered a

child in need (not in care), aged 16 to 18 years will be considered when semi-independence is appropriate.

The current Statement of Purpose (revised in January 2020), states that Thomas House provides placements for seven care leavers of mixed genders between the ages of 18 and 21. The Statement of Purpose takes account of situations in which a young person's transition arrangements can be supported. This means that there may be occasions when the home can offer a placement to a young person in another care setting when they are aged 17 and at a point when the young person is ready to move to supported accommodation.

In the event that a 17-year-old is able to make the transition to supported accommodation, the manager of Thomas House may make an application to the Commission for a variation to the age conditions.

Two such applications have been made since the service became registered. Both were granted by the Commission on the basis that they remain in place until each young person reaches their eighteenth birthday.

During the inspection the Regulation Officer discussed three areas of concern with the interim manager:

- 1) The manager advised the Regulation Officer that two young adults were being considered for the home prior to their needs having been fully assessed and that this could result in inappropriate admissions. The Statement of Purpose is clear that the registered manager makes the placement decision. The interim manager's responsibility to challenge any inappropriate referrals was discussed. Further discussion focused on the risks associated with accommodating a young person with particular needs in the absence of adequate numbers of skilled staff.
- 2) The Statement of Purpose states that staff at Thomas House will listen to all of the residents accommodated in the home, so that their views can be taken into account. Regular meetings with the residents and discussions will involve each resident in the running of the home in order that they may understand the home's rules, and contribute to their development and review in the light of changing needs and circumstances.

From discussions with the manager it was clear that residents' meetings are not currently taking place. There was more opportunity during the Covid-19 lockdown period for staff to cook for the care receivers and spend time with them. Since the end of the lockdown it is rare for group meetings to take place, although sometimes there is an opportunity to talk during and after a shared Sunday lunch. The manager said that this was because the four young people currently resident did not want to attend group meetings, but agreed to make further efforts to use group meetings more.

- 3) Thomas House uses a 'House Code' to set out the expectations for the behaviour of young adults residing at Thomas House, and what the care receivers can expect from staff. The Regulation Officer asked the manager about the 'natural consequences' of behaviour by a young adult that might not

be consistent with the house rules, for example, refusing to pay rent or using illegal drugs.

The Code needs to be clear that such behaviour would mean that the agreement – the offer of accommodation and support – would be reviewed and could result in the young adult having to find alternative accommodation.

These concerns have not resulted in an area for improvement, but the Commission will keep each one under review. If there are changes to policy or procedures, a revised Statement of Purpose needs to set out:

- any changes to admissions procedures
- the decision-making process associated with the above
- the use of House Meetings
- the consequences of behaviours that will not be tolerated.

The Government of Jersey's children's services have been operating the home since September 2019. Initially, this was to be for a period of six months. Following this inspection, the future plans for the service were discussed with representatives of Children's Services who confirmed that there was a firm commitment to retaining and developing the service at Thomas House. The plan includes:

- Recruiting a registered manager for Thomas House
- Completing the necessary painting, decorating and improvements to the en-suite facilities, and
- Continuing to explore the potential of a voluntary sector provider but preferring to commit to Children's Services running the service directly rather than for the situation to remain unresolved.

The Commission is supportive of the plans in place to provide the young adults living in Thomas House with the certainty of a service.

The Standard states that there will be a written development plan for the future of the service. The plan will either identify any planned changes in the operation or resources of the service or confirm continuation of the service's current operation and resources. It should include an evaluation of existing operations and resources and should be reviewed annually.

Safeguarding (adults and children)

The Standards 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 both during their induction and on an ongoing basis, in safeguarding. The effectiveness of this is kept under review by

the manager. Evidence that this is happening was obtained from a combination of team-meeting discussions, supervision, and practice observations.

There were no safeguarding referrals (alerts to the Safeguarding Team), made in the last nine months, but there have been fourteen notifications to the Commission about serious incidents. During the inspection, the Regulation Officer saw that printed copies of these were kept in the home's Safeguarding folder, and also in an Incident folder. There were some copies of correspondence about these notifications also in the folder, but no information about investigations or follow up actions.

Whilst many of the Notification forms include immediate actions, an incident log should include information about the incident, accident or event. It should also include information pertaining to any investigation which was undertaken, the outcomes and any actions. This is an area for improvement.

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.

Appropriate actions that are taken to keep young people and young adults safe, were evidenced in Individual Support Plans, monthly and quarterly reviews and the daily handover recordings by the staff team. The use of Individual Support Plans reveals the complexity of emotional needs experienced by the care receivers. Safe care is achieved by the development of strong and durable relationships with key workers and other members of the staff team.

Complaints

The Standards set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

The 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 children and young people can contact the Children's Rights Officer and the Children's Commissioner. Many of the personal plans include a statement by the care receiver that they know who to speak to should they wish to.

While there had been no recorded complaints, the manager advised the Regulation Officer that a care receiver had expressed dissatisfaction at having to pay rent. During the inspection one care receiver commented on the poor quality of the home's WiFi. This feedback was passed to the manager during the inspection.

Whilst these things were dealt with appropriately by the manager and staff team, it is important that they recognise that care receivers and others do not have to label their concern as a complaint to trigger an investigation and an outcome.

The manager and staff must be ready to record every concern as a complaint and follow each one up with an investigation and if appropriate, an outcome. Best practice would be to record all of this in a Complaints Log and ask the care receiver to sign that they are satisfied that their complaint has been taken seriously and that appropriate actions have been taken.

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

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

<p>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.</p>

The service's arrangements for recruiting staff were satisfactory, however there has not been any recruitment of staff over the past nine months since registration.

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 a recommendation made after a number of preregistration inspections 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.

However, for six members of staff the interim manager was unable to provide further evidence of safe recruitment and confirmed that she had no access to records. Application forms and checklists, interview notes, references and other documents have not been transferred to the registered manager and this is an area for improvement.

According to the Statement of Purpose, the staffing establishment for Thomas House is one Senior Shift Leader (Deputy), one Shift Leader (Senior), and eight Residential Child Care Officers. That is (when the home is full), a ratio of 10 staff for seven young people/young adults.

At the time of the inspection, the staff list was: one Senior Shift Leader who was also the interim manager; one Shift Leader and only three Residential Care Officers. Three temporary workers (Bank staff), are used to cover gaps in the rota. That is a ratio of five staff to four young people/young adults. The interim manager indicated that there was a significant amount of lone working taking place.

The Regulation Officer noted that the core staff group is an experienced and skilled staff group, many with long experience of working in children's homes.

However, it was a concern to note that there were not enough staff employed currently to ensure that there are never less than two members of staff on duty. The staff team is not big enough for four care receivers with complex needs.

Such low levels of staffing has the potential to contribute to a range of poorer outcomes for the care receivers at Thomas House. Such outcomes may relate to their emotional support needs being consistently met, their confidence, motivation and aspirations relating to future employment and further education, and in relation to the ability of care receivers to obtain the skills associated with living more independently.

The registered persons must ensure that an appropriate staffing structure is in place to adequately meet the needs of the young people living in the home. This must be consistent with the home's Statement of Purpose. This is an area for improvement.

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.

MOSAIC (Children's Services record keeping tool), shows the detailed Pathway Plans for the care receivers and these were examined by the Regulation Officer.

Thomas House staff record case notes on MOSAIC, but use their own recording system for handover (shift changes) recordings and for day-by-day observations (which are divided into morning, afternoon and night segments). This log is mostly a record of activity and observations and staff names are recorded as part of the log entry. The recording system also includes Personal Plans (Individual Support Plans), and monthly and quarterly reviews written by key workers.

There was evidence of links between the observation log and the various plans for the residents. The Regulation Officer noted that there was evidence of some good recordings of Individual Support Plans, consistent with the social workers' Pathway Plans, together with evidence that the care receivers have access to and support to write these plans. The language used and the content of recording in the monthly reviews is an effective way of celebrating progress and achievements, as well as recording discussions about the need for improvements.

The home maintains printed records of Individual Support Plans and Reviews which are more accessible to care receivers and the staff team and clearly identify any risks associated with activities or behaviours.

This Standard (Care Records) is an area of good practice at Thomas House.

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.

An independent person, who is appointed by Children's Services to review Children's Homes in accordance with Regulations has been commissioned to also provide monthly review reports for Thomas House.

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 interim manager and staff and requests for written information, and the Regulation Officer was satisfied that the Independent Person was regularly and appropriately reviewing the quality of care, and reporting good practice and areas for improvement to senior managers.

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 since April. These provided a good account of how the Standards are being met, with appropriate references to good practice and areas for improvement.

The Regulation Officer considered that this Standard was well met.

IMPROVEMENT PLAN

There were five 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 15</p> <p>To be completed by: 3 months from the date of inspection (29 December 2020).</p>	<p>The provider must have a written development plan for the future of the service. The plan will either identify any planned changes in the operation or resources of the service or confirm continuation of the service's current operation and resources. It should include an evaluation of operations and resources and be reviewed annually.</p> <hr/> <p>Response by registered provider: It can be confirmed that the provision of Supported Accommodation will continue for at least a period of 2 years. It is hoped that this will be at Thomas House, if the current arrangement cannot be maintained then an alternative premises will be sourced. A development plan will be forwarded to the Jersey Care Commission within the allocated time frame and will be reviewed annually.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 8.7</p> <p>To be completed by: Immediate and ongoing</p>	<p>Following any incident, accident or event, registered persons will ensure that a record is kept of all communication with care receivers, the results of investigations, action taken and the level of the care receiver's satisfaction with the outcome.</p> <hr/> <p>Response by registered provider: With immediate effect all incidents, accidents and events will have a record of all communication with the care receiver/s involved. Investigations will be carried out and all actions recorded together with a record of the level of care receiver's satisfaction with the outcome.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 14.3</p> <p>To be completed by: Immediate and ongoing</p>	<p>Registered persons will ensure that a record is kept of all communication with complainants, the results of investigations, action taken and the level of a complainant's satisfaction with the outcome. Care receivers will be encouraged to sign where appropriate or indicate their satisfaction or otherwise with the management and outcome of the complaint.</p>
	<p>Response by registered provider: With immediate effect a record of all communications with complainant, the results of investigations, actions taken and the level of a complainant's satisfaction with the outcome will be documented. The care receivers will be encouraged to sign where appropriate or indicate their level of satisfaction or otherwise with the management and outcome of the complaint. A record of 'Concerns and queries' has been set up with immediate effect in order to differentiate between a 'concern' and a 'complaint' that may need to be investigated by an outside agency or result in a disciplinary or criminal investigation. It will be investigated and actioned with a record kept of outcomes and the level of the complainants satisfaction with the outcome.</p>

<p>Area for Improvement 4</p> <p>Standard 7</p>	<p>All existing staff HR records from past appointments are transferred to and kept by the registered manager.</p>
<p>To be completed by: 3 months from the date of inspection (29 December 2020).</p>	<p>Response by registered provider: An audit was conducted recently of all permanent staff and fixed term contractors employed by the Residential Staff since January 2018. If during this time frame a Registered Manager was 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>Area for Improvement 5</p> <p>Ref: Standard 4</p> <p>To be completed by: 2 months from the date of inspection (29 November 2020).</p>	<p>Registered persons will 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 2 members of staff on duty at all times.</p>
	<p>Response by registered provider:</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.</p> <p>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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je