



**Jersey Care
Commission**

INSPECTION REPORT

Palm Springs Nursing Home

Care Home Service

**Trinity Hill
St Helier
JE2 4NJ**

22 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 Palm Springs Nursing Home. The service is situated in St Helier and became registered with the Commission on 28 January 2020. The home is a converted and detached building which has been modified and changed over the years. Parking facilities are provided at the front of the building and a garden area provided to the rear. There are steps leading up to the main entrance of the home and separate access for non-ambulant care receivers/ visitors through a ramped area which leads into a conservatory. There is also an entry point leading to the internal passenger lift at the rear of the building. The home has been operating as a nursing home for many years and was registered and regulated prior to the current legislation coming into force.

The home can provide nursing care to a maximum of eighteen care receivers over fifty years of age. Single bedroom accommodation is provided over three floors with eleven bedrooms equipped with en suite toilets. There are two communal lounges and a conservatory located on the ground floor where care receivers can spend time if they choose.

The provider has been made aware over the past few years that the building does not meet modern standards and has given an assurance that it will be refurbished and upgraded to improve the environment for care receivers.

The provider employs a staff team consisting of a registered manager, nursing staff, care assistants, housekeeping and catering staff. The Statement of Purpose describes one of the home's key objectives as providing care to each resident in the manner expected of a caring relative.

Registered Provider	Palm Springs Nursing Home Limited
Registered Manager	Marlene Ferrer
Regulated Activity	Care home for adults
Conditions of Registration	Nursing care can be provided to 18 care receivers Category of Care is Old Age Age range of care receivers is 50 years and over

Date of Inspection	22 September 2020
Time of Inspection	12:00pm – 5.30pm
Type of Inspection	Announced
Number of areas for improvement	Three

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

The inspection was undertaken following a meeting involving the Regulation Officer provider, registered manager and architect, during which the proposed architectural plans to upgrade and refurbish the building were discussed.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 22 September 2020 with consideration given to the home's infection control measures necessary due to Covid-19.

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.

Overall, the findings from this inspection determine care receivers, their families and health professionals are of the view that the home provides good standards of care. The registered manager is fully aware of her responsibilities and is available to support the staff team. Staff described a happy atmosphere in the home, and they know what is expected of them in terms of their roles and responsibilities. The staff team is consistent, and the staffing levels found to always meet the minimum standards. Care records show staff are aware of care receivers' health needs and make proper provision for a variety of health professionals to be involved in providing support when necessary.

The leadership and management arrangements over the past six months have mainly focused on keeping care receivers safe during the Covid-19 pandemic. Staff, care receivers and family members described the infection control measures in place which are in line with Government guidance and spoke of ways in which family

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

members are informed of their relative's condition. There are three areas for improvement, one of which relates to strengthening the quality assurance processes in place so that all aspects of the service are monitored to ensure compliance with Regulations and Standards. The others relate to developing a more comprehensive staff supervision framework and ensuring care receivers and their families are made aware of the complaints process.

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. During the height of the Covid-19 pandemic the registered manager was in regular telephone contact with the Commission about how the home was being managed at that time.

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff. Two care receivers, the provider, registered manager, administrator, care staff of all grades and the chef were spoken with during the inspection. Subsequent to the visit, telephone contact was made with family members and feedback requested from visiting health professionals about how the home operates.

During the inspection, records including, policies; staffing rosters; training records; quality assurance reports; handover records; pre-admission assessment records; staff files and supervision records were examined.

The Regulation Officer undertook a tour of the premises and reviewed the communal areas. No bedrooms were viewed on this visit to limit face to face contact with those care receivers who were resting in their bedrooms at the time.

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

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

INSPECTION FINDINGS

The service's Statement of Purpose and Conditions on registration

The 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 inspection found full compliance with the mandatory conditions of registration although compliance with one discretionary condition has not yet been fully achieved. This relates to providing the Commission with an outline and project plan setting out how the refurbishment and renovation of the home will be planned and carried out. This should have been provided by 28 July 2020 and whilst proposed plans have been submitted, the Commission has not been provided with information as to how it will be planned for and carried out. This will be kept under review by the Commission and followed up as necessary.

The discretionary condition on registration requires the home to be altered, upgraded and refurbished by 1 January 2022. The existing building has been modified over the years, although now requires various alterations to meet the most recent update in standards so the building is fit for its intended use. The limitations with the existing building have been brought to the provider's attention over the past few years and include for example; a lack of accessible en suite toilets and sinks, absence of a designated dining room and narrow corridors. There are no toilets which would allow access for independent wheelchair users.

Whilst the Standards provide clarity around what should be provided in care homes, the design should also take account of the aims and objectives of the home which includes respecting the privacy and dignity of care receivers. Discussion with one care receiver's representative referred to the limits with the environment in particular the absence of a dining room.

Prior to the inspection visit, the provider had arranged a meeting with the architect to look at the proposed plans which were drawn up and provided to the Commission in June 2020. The proposals entail building works to include the creation of an extension leading into the rear garden area, replacing the existing passenger lift, installing en suite toilets in bedrooms and widening of corridors. Completed plans will need to be submitted to the Commission along with a project plan setting out how the refurbishment will be planned and managed safely.

A further discretionary condition on registration relates to the manager's qualifications. The registered manager advised they enrolled on a Level 5 Diploma earlier in the year although it has been temporarily put on hold due to Covid-19 but due to resume in October. The manager anticipates being able to obtain the qualification within the identified timeframe for completion.

The Statement of Purpose was provided as part of the registration submission documents, however from recent review and discussion with the registered manager

it is felt it could be improved upon. The standards suggest the Statement of Purpose can be provided to care receivers and others; however, the current document contains abbreviations and terminology commonly used in nursing practice which may be unfamiliar to them. The registered manager acknowledges it could be made clearer and more understandable and will review the Statement of Purpose and provide a copy to the Commission once it has been reviewed.

The Statement of Purpose refers to the registered manager or deputy manager carrying out an assessment of care receivers' needs prior to admission into the home. The registered manager explained they had to change their approach slightly due to being unable to carry out face to face pre-admission assessments on some occasions due to the Covid-19 pandemic. The manager provided some written correspondence during the inspection, which showed the efforts taken on behalf of the home, to obtain relevant information from other health professionals about potential care receivers in order to assure the home could meet their needs.

The Statement of Purpose makes reference to the home contacting various health professionals to review care receivers needs when indicated. Feedback from one health professional who visits the home on a regular basis, confirmed they have built good relationships with the staff team and are confident that any changes in health conditions will be communicated to them at the earliest opportunity. Written records which are used to enhance communication amongst the staff team in the home, also showed regular contact with a variety of health professionals in line with care receivers' changing health conditions.

There are no care receivers currently subject to a significant restriction on their liberty.

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

<p>Conditions of Registration</p>	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 18 Number in receipt of nursing care: 18 Age range of care receivers: 50 years and above Category of care provided: Old Age Maximum numbers of care receivers that can be accommodated in the following rooms: Bedrooms 1-12 and 14-19 one person</p> <p><u>Discretionary</u></p> <p>1. With reference to the environment to include, but not limited to, the communal spaces, dining areas, corridor areas, bedrooms, toilet and washing facilities, within Palm Springs Care Home must meet the standards within Jersey Care Commission Care Standards Care Homes (Adults 2019) by 1st January 2022.</p>
-----------------------------------	---

	<ol style="list-style-type: none"> 2. A detailed action and project plan should be submitted to the Commission within 6 months from the date of this proposal (by 28th July 2020) outlining how the environment is to be improved upon and how the refurbishment will be planned, managed and coordinated and confirmation as to whether the necessary works will be carried out within a fully operational home. 3. The registered manager Marlene Ferrer must obtain a Level 5 Diploma in Leadership in Health and Social Care by 1st January 2022.
--	---

With the exception of the discretionary condition relating to the submission of an action and project plan, the Regulation Officer was satisfied that all conditions are currently being met.

Safeguarding (adults)

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 home’s safeguarding policy was updated in February 2020 and reviewed during the inspection. All staff receive safeguarding training, which due to Covid-19 has been provided through an online platform. The registered manager has recognised the potential disadvantages with online learning and is in the process of developing an assessment tool to evaluate the effectiveness of each staff member’s learning. There have been no safeguarding alerts raised this year.

Discussion with two care assistants confirmed their understanding of the need to protect and safeguard care receivers from harm and they knew the ways in which to escalate concerns both within and outside of the home. Two care receivers made reference to feeling safe within the home and reported having confidence and trust in the staff team. One care receiver said staff always responded quickly to their requests for assistance and described care staff being intuitive to their feelings and always making enquiries as to their wellbeing and frame of mind.

Care receivers and family members described changes in routines that have occurred due to Covid-19 and spoke of the efforts staff had made in terms of promoting safety. They referred to the provisions that had been put in place to facilitate communications and interactions between care receivers and families, which includes a designated visiting room in the basement of the home which one person described as their ‘lifeline’. The registered manager showed the Regulation Officer images and recordings of efforts taken by staff to facilitate engagement between care receivers and their families. Care staff were observed singing with

care receivers in their bedrooms to which they appeared to respond positively to judging by their facial expressions and attempts to join in.

Some care receivers were in their bedrooms during the inspection visit and others were observed sitting apart from each another in the communal lounges watching television and doing puzzles. Throughout the inspection all staff were observed wearing masks and were observed cleaning equipment following use.

The home is compliant in submitting notification of incident records and death notifications when they occur. In addition, the registered manager usually provides detailed information relating to the outcome of health professional reviews of care receivers which was discussed during the visit.

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's complaints policy was reviewed during the inspection and found to be limited in its content which was acknowledged by the registered manager who agreed it should be improved upon. The process for raising complaints is explained in care receivers' contracts, of which one was viewed during the inspection. The steps in responding to complaints is made clear in the contract and includes the Commission's details in the event of complaints not being resolved satisfactorily by the home.

The Regulation Officer noted that a care receiver's representative had made a complaint directly to the home in recent month and this had been formally acknowledged, investigated and a written response provided to the complainant by the provider. This provided evidence that the provider has arrangements in place to manager and address complaints in a timely manner.

However, discussion with two care receivers' representatives and one care receiver confirmed they had no awareness of the ways in which to raise complaints, although all expressed, they would have confidence in approaching the registered manager in the first instance. There was no information about the complaints procedure on display in the home to make clear the ways in which complaints will be acknowledged and dealt with. The home does not have a central record where complaints can be logged, and their progress monitored to show the complaints management process is being adhered to. The Standards in relation to informing care receivers and their representatives of the complaints process are not currently being met and this is an area for improvement which the manager acknowledged 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.

The staff team is made up of registered nurses, (of which there is one on duty at all times) care assistants, ancillary, domestic and catering staff. During the inspection visit there was a sufficient ratio of staff to care receivers. The home has enough staff employed to prevent the need to use agency staff and has followed Government guidance throughout the Covid-19 pandemic in not permitting staff to work in other regulated services.

The staffing rosters show the minimum staffing requirements are always met and the registered manager available to work in either a managerial or nursing role. Throughout the inspection care staff were observed attending to the needs of care receivers and were observed checking on them routinely. Staff spoken with expressed satisfaction with their role and were clear on the standards expected of them and made particular reference to infection control principles and their application in practice.

Four care staff have achieved vocational awards in health care at level 2, one member of staff has level 3 and two care staff are progressing through level 2, with a further two staff identified to start next year. Provision is made for registered nurses to maintain their professional development in line with the requirements for ongoing professional registration. All staff have completed basic life support training which, due to Covid-19 has been done on-line but practical training will also be arranged for as soon as possible.

During Covid-19 the home signed up to a recognised online training provider to allow staff to continue to learn a range of subjects. Staff can only access training modules whilst at work and additional measures have been put in place to monitor their progress with completion and testing the effectiveness of learning.

Seven staff of various roles have been recruited this year and a review of three personnel files was undertaken during the inspection. The recruitment process evidenced a safe approach to recruitment with all necessary checks provided in advance of staff starting work in the home. The safe recruitment policy is currently being updated to account for possible changes that may be necessary due to Covid-19 pandemic.

The Standards outline the need for all staff to be provided with opportunities to discuss their role and identify any issues through formal supervision. The manager referred to some staff review records that had been maintained in respect of staff discussions which had been held previously, however the arrangements for formal staff supervision need to be improved upon to ensure all staff benefit from the process. This is an area for improvement which was acknowledged by the manager. Discussions with staff during the inspection confirmed, however, they feel well

supported in practice on a day to day basis by management and the clinical nursing team.

All staff receive an annual appraisal and plans are in place to make sure all staff receive their appraisal by the end of the year.

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.

Samples of care receivers' care records were viewed during the inspection which found personal plans are prepared based on comprehensive assessments of health needs. Upon admission to the home, care receivers are assessed by registered nurses to identify their individual needs and validated tools are used to assess risks of pressure ulcers, falls and malnutrition. Clinical observations are recorded on admission and monitored depending upon individual need thereafter. The registered manager described some infection control precautions that have been implemented as a consequence of the Covid-19 pandemic in terms of isolating care receivers upon initial admission. The manager described this as a robust approach in terms of trying to maintain the home's negative Covid-19 status.

The records showed detailed documentation to evidence care receivers' changing health needs and were comprehensive in their detail to show the effectiveness of care provided. Family members are involved in planning and reviewing care and are contacted routinely by nursing staff and kept informed about changes in care receivers' health conditions. The records pertaining to one care receiver showed their representative to be fully involved in their care planning which is because the care receiver does not have the ability to be directly involved in the process themselves. The records showed another example whereby a formal review and discussion was arranged with nursing staff in the home, the long-term nurse assessor and representative of the care receiver to discuss a deterioration in the care receiver's physical health.

Discussion with one representative confirmed 'the staff are very good at keeping me informed about my relative and I've always noticed staff talk to him not over him or to each other'. Another representative commented 'I always feel the staff make an effort to engage with my relative, they are very caring and make an effort with her lipstick, earrings and hair which was always very important to [name]. Staff are very attentive and have always made efforts to keep the family informed about [name].'

Personal plans are prepared and reviewed by registered nurses, with care assistants taking responsibility to complete supplementary records such as fluid and food intake, skin conditions and details relating to bowel and bladder function. During the inspection, the records relating to one care receiver who is assessed at high risk of pressure sore development were completed at every repositioning change. The

records were clear and easy to follow to evidence preventative measures taken to prevent skin damage.

Provision is made for care receivers to access General Practitioners (GP) and other health professionals as necessary. Records made by visiting health professionals are stored in care receiver's individual care records. In addition, the home maintains handover sheets, which are used to enhance communication across the staff team; information to include relevant clinical information, outcome of health professional visit, changes to medication and information relating to care receivers' prognosis is recorded. It was reported during the inspection no care receivers have any pressure ulcers.

Monthly quality reports

<p>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.</p>
--

The provider's system for regularly reviewing the quality of services provided was explored during the inspection. It was concerning to note that there has been no report compiled of any quality monitoring that had taken place in 2020 with the most recent report dated 27 November 2019. The failure to regularly monitor the quality of service provision means that the provider could not demonstrate how they assure themselves that the home is operating with the Regulations and Standards. This is an area for improvement which requires urgent attention and the Commission requests copies of monthly reports to be provided until further notice.

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 9</p> <p>To be completed by: 1 month from the date of this inspection (22 October 2020)</p>	<p>The provider must put suitable arrangements in place to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. Copies of reports must be provided to the Commission until further notice.</p> <hr/> <p>Response by registered provider: Reports are now being done and sent to JCC.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 10.2</p> <p>To be completed by: 3 months from the date of this inspection (22 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.</p> <hr/> <p>Response by registered provider: We have updated our complaints procedures and policies. A new leaflet will be given to all patients and their families/ representatives showing ways of making complaints and comments. A log will be maintained listing all complaints and their resolution. A notice giving details of how to complain or comment will be shown in the entry to the home.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 3.14</p> <p>To be completed by: 3 months from the date of this inspection (22 December 2020)</p>	<p>The provider must ensure care staff are given regular opportunities to discuss their role and identify any issues through formal supervision.</p> <hr/> <p>Response by registered provider: We are updating policies and procedures. An electronic log is in place where training details, assessments etc. can be viewed. An open door policy is observed in PSNH, staff can at all times discuss personal problems and expectations and a personnel file for each staff member is maintained. Supervision is maintained by discussions at the start of each shift between RGNs, HCAs and all staff ref. patients care and treatment, emphasising each member's role, which overview continues through shift. Any need for further discussion, training etc. will be followed up.</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