



**Jersey Care
Commission**

INSPECTION REPORT

Glanville Care Home

Care Home Service

**70 – 74 St Mark's Road
St Saviour
JE2 7LD**

18 November and 7 December 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 Glanville Care Home. The service is located in the parish of St Saviour within a residential area opposite a primary school and within close proximity to a bus stop, a fitness centre and two hotels. The home is a two-storey building with accommodation provided on both floors. There is a communal dining room and three lounges located on the ground floor and pleasant gardens for care receivers to enjoy.

The service became registered with the Commission on 21 June 2019. At the time of the first inspection visit, Andrea Hughes was the registered manager of the home and the second day of inspection coincided with the newly appointed manager's first day.

At the time of this inspection, there were 14 people accommodated in the home.

Registered Provider	Glanville Home for Infirm and Aged Women
Registered Manager	Andrea Hughes
Regulated Activity	Care home for adults
Conditions of Registration	Personal care can be provided to 25 care receivers. Category of Care is old age. Age range of care receivers is 60 years and over.
Dates of Inspection	18 November 2020 and 7 December 2020
Times of Inspection	11am – 3pm and 11am – 12.30pm
Type of Inspection	Announced
Number of areas for improvement	Five

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 in the home relating to Covid-19 infections, and to minimise any unnecessary risks to care receivers. The inspection visit was undertaken in accordance with the home's infection control precautions.

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 are positive in terms of care receivers' and health professionals' views and descriptions of the service. Care receivers described the staff as caring and kind and the staff that were spoken with during the inspection, had a good understanding of their care and support needs. Staff described a commitment to ensuring that care receivers receive good standards of care and there was evidence of warmth and compassion in interactions between staff and care receivers.

The registered manager was not involved in either of the inspection visits. The home's management team are new to post: the deputy manager was appointed in October and the new manager started on 7 December 2020. Both facilitated the inspection process and were open and welcoming of suggestions in order to maintain and improve standards.

There is generally little staff turnover and there is a consistent staff team in place; some staff have worked in the home for many years. The staffing levels are found to always meet the minimum levels. Medications are safely managed and all staff who administer medicines have been trained to do so.

There is a planned programme of activities which takes account of care receivers' interests and abilities. Staff have been working hard to keep care receivers physically and mentally well during the pandemic as was directly reported by care receivers. An examination of records confirmed that health professionals are contacted as needed, as issues arise by staff in the home to provide advice and guidance to support care receiver's health and welfare.

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

There are some areas for improvement in terms of developing and implementing several key policies which will assist in the safeguarding of care receivers. The provider had already acknowledged that there were some gaps in policy documents and confirmed how they will address this, prior to the inspection.

An examination of a sample of personal plans evidenced that they were detailed and that regular reviews are carried out by care staff. The records contained quality information pertaining to care receivers' life histories, which evidenced that staff had taken time to find out about meaningful and interesting aspects of their lives prior to receiving care. However, the plans confirmed that some improvements are needed to ensure that where risks have been identified, appropriate plans are developed to show how such risks can be minimised. An example of this related to one care receiver who was identified at risk of developing pressure ulcers, however there was no risk management plan in place to show how risks would be reduced. There was little evidence that care receivers are provided with opportunities to develop and review their plans.

There was an inconsistency in terms of staff recruitment, which was evidenced by a lack of a second reference obtained for one member of staff who was recruited last year. This is an area for improvement. Staff training records show that training and learning for staff has been insufficient this year, and whilst this is an area for improvement, the newly appointed manager has already begun to address this by developing a training plan for the staff team. An examination of staff personnel files highlighted an absence of supervision and appraisal documents. An induction programme should be put in place to evidence that all new staff receive appropriate induction training and support when they take up post. This is also an area for improvement.

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 findings from the previous inspection, which was completed on 22 and 24 July 2019, also formed part of the pre-inspection preparation and planning. Reference was also made to the details of conversations held between the registered manager and the Commission in the initial stages of the Covid-19 pandemic.

The inspection took place over two separate visits. The registered manager was unable to participate in both inspection visits. The first visit allowed for a discussion with the recently appointed deputy manager who was managing the home during the registered manager's absence. The Regulation Officer sought the views of the people who use the service and spoke with care staff. Four care receivers and four members of care staff were spoken with during the first visit. Contact was made with two health professionals who were known to have had recent contact with care receivers living in the home to seek their views and both provided a response.

The second visit allowed the Regulation Officer to meet with the newly appointed manager, who reported that she had been provided with some initial feedback about the findings from the inspection and areas for improvement. The new manager described their priorities in terms of addressing the areas for improvement and expressed a willingness to make improvements and to strengthen existing practices for the benefit of all care receivers.

During both inspection visits, samples of records including policies and procedures, care receivers' care records, staffing rosters, medication administration records, quality assurance reports, staff files and training records were examined. The Regulation Officer viewed the communal areas on the ground floor of the home and ensured adequate distancing whilst speaking with care receivers.

At the conclusion of both inspection visits, the Regulation Officer provided feedback to both the deputy manager and the newly appointed manager. A telephone discussion also took place with the provider's nominated contact in between inspection visits who provided an assurance to make improvements where necessary.

The 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 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 continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider fully understood their responsibilities in this regard.

The Commission had been notified in advance of the inspection visit, that the registered manager had resigned and was provided with information about the plans to appoint a new manager.

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

Conditions of Registration	<u>Mandatory</u> Maximum number of care receivers: 25 Number in receipt of personal care/ personal support: 25 Age range of care receivers: 60 years and above
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	<p>Category of care provided: Old age</p> <p>Maximum number of care receivers who can be accommodated in the following rooms: 3 – 8, 10 and 12, 14 – 25 and 27 – 30: one person</p> <p><u>Discretionary</u> Bedrooms 17 and 18 (which do have en suite facilities such as a toilet and sink) are to be used to provide respite care only to ambulant care receivers; this condition in respect of bedroom 17 will take effect once the existing care receiver vacates the bedroom.</p>
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A discussion with the deputy manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged.

The deputy manager has been fulfilling their role as well as managing the home on behalf of the manager when they have been absent for a period. She is familiar with the home's operation and demonstrated a good understanding of the needs of all care receivers and of the Standards. They described the various aspects of care and of how the service works to ensure that care receivers' needs are comprehensively met.

The home adheres to the conditions of registration and has made provision for care receivers to transfer to nursing care environments when their health conditions have changed or when their needs have increased beyond those that the home is registered to meet. An examination of records confirmed that health professionals are contacted by staff in the home, as required, to provide advice and guidance to support care receivers' health and wellbeing. One example of this was discussed during the inspection, which related to staff making a referral to one care receiver's GP and other health professionals when they noted a change in their condition. Staff explained that the care receiver's health has improved as a consequence of the additional support which was provided.

Feedback from two visiting health professionals confirmed their confidence in the home's ability to support care receivers. They commented:

"I was happy with [a care receiver's] placement and the staff were very helpful and mindful of Covid restrictions Staff were all helpful and I had no reasons to be worried, I actually thought, 'what a lovely home'".

"I have never had any concerns whilst I have visited and have always found the staff helpful and care receivers have always spoken kindly of the place and staff, the staff have always contacted me if they had any concerns and keep me updated".

The Statement of Purpose refers to care receivers being encouraged and enabled to live as full a life as possible. Care staff described the ways in which they facilitate this which included promoting independence and encouraging care receivers to

make choices and decisions for themselves. They described the importance of seeing care receivers as individuals with individual needs.

Discussions with four care receivers confirmed their satisfaction with their lives in the home. They each referred to the strong relationships they had built with the staff team and that they had confidence in the ability of staff to meet their needs.

The deputy manager and care staff expressed compassion and empathy in respect of the difficult circumstances care receivers have found themselves in this year, due to the Covid-19 pandemic. They spoke of the challenges associated with upholding care receivers' rights to maintain contact with their families whilst also needing to adhere to public health guidance at the height of the pandemic.

Staff described the ways in which care receivers had been supported to stay physically and mentally well during the pandemic. Care receivers spoke of their interests and referred to their enjoyment of the activities which are offered and provided by care staff. There were photographs on display in the entrance of the home, showing both the range of activities that had taken place and that care receivers had maintained contact with their representatives through telephone and video calls. Staff had made efforts to provide facilities to allow care receivers to meet with their visitors in the safest possible way in accordance with the restrictions imposed as a result of the pandemic.

The lack of en suite toilets in bedrooms 17 and 18 mean that these rooms can only be used to accommodate care receivers who are receiving respite care. One of these bedrooms was being used at the time of inspection, in accordance with the discretionary conditions.

Safeguarding (adults)

<p>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.</p>
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Systems are in place at the home to support the safety and protection of care receivers which include appropriate infection control measures for protection against Covid-19, a visitors' log of attendance at the entrance as well as detailed records relating to contacts with care receivers. The deputy manager advised that she had arranged for a visit from the community infection control nurse to offer further advice and guidance to minimise risks associated with Covid-19. During the inspection, care staff were observed adhering to infection control principles and the layout of the communal areas had been rearranged to facilitate physical distancing. On the second visit to the home, visiting had been suspended, however an adapted visiting area had been created to facilitate contact between care receivers and their representatives.

The home's safeguarding policy (referred to as the residents' rights policy), was

located in the staff office along with other policies and was reviewed during the visit. It provided details about the actions to be taken if any type of abuse is either suspected or noted and advises staff to report any poor or untoward practice to the manager. The policy is limited in that it does not include actions which should be taken to raise concerns with external agencies such as the safeguarding team. This is an area for improvement. Care staff reported that they would not hesitate to report and record any incidents to the manager or senior member of staff on duty, however they reported they had not received any refresher safeguarding training for some time. This was confirmed following an examination of staff training records which is an area to be improved upon.

The home's gift policy (dated December 2009), was examined and its content was found to be wide-ranging in terms of the scope for staff to receive gifts or legacies from care receivers. The policy has the potential to be subject to interpretation and should therefore be reviewed, updated and amended to clarify that the home always safeguards the financial interests and personal properties of care receivers. The policy should set out the values and principles underpinning the home's approach to the giving of gifts to staff by care receivers or their representatives.

The home can manage personal monies on behalf of care receivers. However, any access to such monies is restricted to a small number of specified staff. The home's administrator described the recently improved systems which are in place to safeguard care receivers' monies. However, there is no policy in place to underpin the home's approach to the management and handling of care receivers' money in line with safeguarding requirements.

A sample of financial records was examined which showed the date monies were deposited, and the date and sum of monies invoiced or provided to the individual, with supplementary staff/ care receiver signatures. There was no access to care receivers' monies on the first day of inspection, as staff who usually undertake that responsibility were unavailable. This was discussed with the provider's nominated contact following the inspection visit, who explained the rationale behind this and gave an assurance as to how care receivers will always be able to access their monies in future.

Key policies in the areas referenced above should be reviewed, implemented and shared with all staff to ensure clarity and that consistent outcomes are achieved when dealing with issues that are critical to safeguarding care receivers. This is an area for improvement. An examination of accident and incident records confirmed a positive approach to the recognition, reporting and recording of accidents that occur in the home. The home has been compliant in notifying the Commission of deaths and other notifiable events.

Medications are managed safely in the home. This was evident from a review of medication administration records, storage systems and through a discussion with care staff on the first day of inspection. Care staff who administer medications have completed a competency-based training qualification although one member of staff described that their training had been put on hold due to the inability to be assessed by an external verifier, due to Covid-19. A medicines management inspection was undertaken on behalf of the Commission by a Senior Pharmacist employed by

Health and Community Services, the day after the first inspection visit. The Senior Pharmacist concluded that the home's medicines policy should be updated. The deputy manager and the newly appointed manager each acknowledged this and agreed that it would be addressed.

Feedback from care receivers during the inspection, confirmed that they felt safe in the home and a common description expressed by them was the meaningful relationships between themselves and the staff team.

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 complaints policy dated December 2009, was examined during the inspection. It described the process for staff to follow in the event of receiving a complaint.

A discussion with staff confirmed that they knew the process relating to complaints and recognised that any negative feedback received from care receivers or their families must be reported to the manager or deputy manager (or committee member in their absence).

In the reception area of the home, there is a system called 'Just to Mention' which offers relatives/ care receivers the opportunity to provide any feedback in an open or anonymous manner.

Discussions with care receivers during the inspection, confirmed that they knew how to raise concerns, and all expressed that they would not hesitate to speak with care staff if they had any worries.

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 Commission was notified in advance of the inspection visit, that the registered manager who has been managing the home for eight years, had resigned. On the second day of the inspection, the newly appointed manager had made herself available and was familiarising herself with the staff team and with care receivers' care needs. The newly appointed manager described their objectives and priorities in terms of taking the home forward and welcomed the initial feedback as to the inspection findings provided by the deputy manager.

The provider confirmed, during a telephone call in between inspection visits, that arrangements have been made to appoint an HR (Human resources) professional to review all HR and policy documents. This is to ensure that all policies are consistent and effective and that revisions are made as part of the policy and procedure management plan.

The staffing levels were reviewed and were found to meet the minimum staffing levels. All care staff have a minimum of a Level Two certificate in health and social care, with three staff having a Level Three certificate. Both the deputy manager and the newly appointed manager confirmed that they are progressing through a Level 5 diploma in leadership in health and social care.

The home has very little staff turnover and it was noted that some staff have worked in the home for many years. Two staff have been recruited since the last inspection and the recruitment process was underway for another member of care staff who is expected to start work in the New Year.

There was an inconsistency noted in the recruitment process undertaken for both members of staff, for example, one member of staff had no references available within their staff file. There was no evidence on file that the most recently recruited staff member had been provided with a written induction programme. Appropriate induction arrangements should be put in place to ensure that all new staff receive induction training and support when they take up post. This is an area for improvement.

There was no safe recruitment policy available for reference during the inspection. Whilst staff described the process underway to recruit a new member of staff, which confirmed a safe approach, the home should have a safe recruitment policy in place to set out the values, principles and policies underpinning the approach to recruitment and selection. This is an area for improvement.

Discussions with care staff confirmed that they have strong working relationships with colleagues and work well as a team. They described an openness in their style of communication and an ability to contribute and share their views during team handover discussions. Care staff all referred to receiving regular supervision from the registered manager, although the records were not available in each staff member's personnel file. Records pertaining to staff supervision must be retained.

An examination of a sample of staff personnel files confirmed that annual appraisals had been carried out in 2018 or 2019. There were no records pertaining to appraisals completed in 2020. The Standards require that appraisals are carried out and recorded at least annually. This is an area for improvement.

Discussions with care staff confirmed that they have always been provided with lots of opportunities for training in areas such as diabetes management, oxygen therapy, continence management and medication management. All care staff have a foundation level qualification in health and social care and in addition, many years' experience of working in care. From a review of the training records, there have been some training gaps amongst the staff team this year. Whilst it is recognised that the Covid-19 pandemic has restricted options for face-to-face training, the need

for ongoing staff training and learning must continue. New training strategies must be adopted to help keep staff as knowledgeable and as up to date as possible. This is an area for improvement.

The newly appointed manager had already identified gaps in training provision and confirmed that this is to be a key area of focus for the coming year. They had identified that essential training in areas such as end of life care, tissue viability and capacity and consent was needed and had already started to plan for staff to access such training.

During the first inspection visit, the Regulation Officer spent time in the communal lounge where care receivers were observed relaxing. It was evident that staff were caring and compassionate in their engagement and interactions with care receivers. Staff were observed supporting care receivers with their mobility needs in a calm and unhurried manner. Care receivers described the range of activities that had been planned and described them as interesting and stimulating and in line with their interests and abilities.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

A sample of four care receivers' records was examined and found to contain quality information pertaining to care receivers' life histories, which evidenced that staff had taken time to find out about meaningful and interesting aspects to their lives. The records also contained information about contacts between care receivers and their visitors and friends during the pandemic. This confirmed that the home facilitated contact between both care receivers and visitors and had clear records to refer to in the event of exposure to Covid-19 to help with contact tracing.

The care records did not evidence that care receivers are involved in developing or reviewed their own plans. Each care receiver's file contains an assessment of their care needs which documents the key aspects of their daily lives where the person requires support. The template document records a printed date of 2013 although the date of actual assessment is not recorded. Care plans are developed based upon the outcome of these assessments and are then subject to ongoing review. Although it was apparent that reviews were taking place at least monthly, some of the information contained within the reviews appeared to be quite repetitive in nature. Despite this observation, it was also evident that the information contained reflected individual care and support needs and in most areas were detailed in identifying support requirements.

One area of recording which highlighted that there were some gaps in the analysis and review was in relation to falls. Examples of this related to two care receivers who had several falls over the last few months, which had been clearly recorded in

the notification records and individuals care records. There was no evidence of the care plan having been reviewed and evaluated in relation to the effectiveness of falls prevention strategies.

One person had been assessed to be at risk of pressure injury, however there was an absence of a prevention plan setting out how risks would be minimised.

A sample of records relating to some care receivers who have their personal monies held by the home did not have clear plans in place around how it is handled or managed. This is an area for improvement, which was discussed with the newly appointed manager, who recognised the quality of record keeping could be improved upon to reflect the standard and quality of care and support which is provided to care receivers.

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>
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The home has a system in place for monitoring the quality of care provided. This is arranged by one member of the provider organisation visiting the home on a monthly basis and producing a report. In addition, the registered manager provides a monthly report to the committee with information about the home's operation.

The Regulation Officer was satisfied that there are appropriate audit processes in place to support compliance with the Care Standards.

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 3.6</p> <p>To be completed by: with immediate effect</p>	<p>The provider must demonstrate that all safer recruitment checks are completed prior to staff commencing employment.</p> <p>Response by registered provider: Prior to Inspection Glanville engaged an H/R provider to ensure all safe recruitment processes are in place. We confirm employees have been employed using this process since inspection.</p>
<p>Area for Improvement 2</p> <p>Ref: Appendix 2</p> <p>To be completed by: within 2 months from the date of this inspection (7 February 2021)</p>	<p>Key policies relating to the protection of care receivers to include safeguarding, handling and management of personal finances, safe recruitment of staff and receipt of gifts should be prepared and implemented.</p> <p>Response by registered provider: Glanville recognises that policies need updating and are engaging with external providers to carry out this exercise.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 2.4</p> <p>To be completed by: within 2 months from the date of this inspection (7 February 2021)</p>	<p>The provider must demonstrate that care receivers are involved in the development and review of their personal plans.</p> <p>Response by registered provider: Glanville recognises the engagement of residents in their care plans has not been clearly documented and has now implemented a system demonstrating the involvement of residents and/or their families.</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 3.11</p> <p>To be completed by: within 3 months from the date of this inspection (7 March 2021)</p>	<p>The provider must ensure that all staff complete and remain up to date with statutory and mandatory training requirements.</p> <p>Response by registered provider: An outside provider has been engaged to provide the required level of ongoing training with oversight from our manager</p>

Area for Improvement 5	The provider must ensure that newly recruited staff complete a structured induction programme and that all staff are given regular opportunities to discuss their role through formal supervision and appraisal.
Ref: Standards 3.10 and 3.14	<p data-bbox="608 338 1398 378">Response by registered provider:</p> <p data-bbox="608 378 1398 557">This is now in place with an induction booklet given to all new staff. This includes what new members of staff should get to know during their probationary period together with monthly reviews scheduled with their line manager</p>
To be completed by: within 3 months from the date of this inspection (7 March 2021)	

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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