



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Clifton Care Home**

**Care Home Service**

**Bagatelle Lane**

**St Saviour**

**JE2 7TD**

**4 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 Clifton Care Home. The service is situated in St Saviour and became registered with the Commission on 1 August 2019. The home is an original and detached period home that has been modified over the years to include an extension. Parking facilities are provided at the front of the building and garden areas are provided to the side and rear. The home has been operating as a care home for many years and was registered and regulated prior to the current legislation coming into force.

The home can provide nursing care and personal care to a maximum of 30 care receivers over 60 years of age. Single bedroom accommodation is provided over three floors. Some bedrooms do not currently have en suite toilet and wash hand basin facilities. There are communal lounges located on the ground and first floors where care receivers can spend time if they choose.

The Statement of Purpose describes the home as providing a homely and caring environment with excellent standards of care. The purpose of the service is to provide a high quality of care to all residents.

The provider has been made aware over the past few years that certain aspects of the building do not meet the Standards for care homes, and has given an assurance that the home will be refurbished and upgraded to improve the environment for care receivers. In addition to this inspection, the Regulation Officer has maintained contact with both the registered manager and provider over the year in response to both staffing availability and the plans to upgrade the home; each of which will be kept under review.

The registered manager became registered with the Commission on 15 September 2020, and also held the position previously from 2016 until 2018.

Registered Provider	Clifton Care Home Limited
Registered Manager	Anand Tewari
Regulated Activity	Care home for adults
Conditions of Registration	Nursing care can be provided to 29 care receivers Personal care can be provided to 1 care receiver Category of Care is Old Age Age range of care receivers is 60 years and over
Date of Inspection	4 December 2020
Time of Inspection	1:00pm – 5.30pm
Type of Inspection	Announced
Number of areas for improvement	Two

At the time of this inspection, there were 27 people accommodated in the home. After the inspection, the registered manager made an application to vary the conditions of registration to increase the number of care receivers receiving nursing care from 28 to 29 and to decrease the number receiving personal care from two to one.

## SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was completed on 4 December 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 inspection<sup>1</sup> 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 demonstrate that care receivers and their representatives were content with the quality of care provided and were complimentary about the staff providing their care. The evidence gathered during the inspection, shows that nursing care is provided to a good standard and that input

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

from healthcare professionals is sourced promptly and as required. Interactions and conversations between staff and care receivers on the day of inspection were observed to be respectful and reassuring. This view was also confirmed by care receivers and their representatives who also spoke of the positive relationships built with staff and described confidence in their abilities to provide care.

The conditions on registration mean that the provider has committed to refurbishing the home in order to improve the environment and to meet the Standards within the next 18 months. Visiting restrictions were in place at the time of the inspection. However, the registered manager had made provision for a designated visiting area in the home to be created. Appropriate and adequate infection prevention and control procedures were in place in relation to the Covid-19 pandemic.

The registered manager leads a team of registered nurses, care and other staff who strive to meet the needs of all care receivers in a way that is specific to their preferences. New staff are recruited safely and follow an induction programme when they start work and have access to regular training thereafter.

There are two areas for improvement. One relates to the need to strengthen the quality assurance processes which are in place so that all aspects of the service are monitored to ensure compliance with Regulations and Standards. The other is in relation to developing and enhancing care receivers' care plans so that they are more personal in their content.

## **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 16 December 2019 also formed part of the pre-inspection preparation and planning. Reference was also made to the outcome of a meeting between the Commission and provider on 10 March 2020, which related to discretionary conditions on registration. After that meeting, Commission staff met with the provider's nominated architect on 20 March 2020.

Written correspondence between the provider and the Commission over the course of the year, and communications between the registered manager and Regulation Officer during the initial stages of the Covid-19 pandemic were also reviewed in preparation for the inspection visit.

The Regulation Officer had limited opportunity to fully engage with care receivers on this occasion, on account of the increasing Covid-19 cases in the community although was able to speak with four care receivers, two of whom were in the lounge at the time of visit. The registered manager, two registered nurses and one member of care staff were spoken with during the inspection and the Regulation Officer observed staff practice in relation to how staff cared for and spoke with care

receivers. The Regulation Officer undertook a limited tour of the premises and reviewed the communal areas and a sample of three bedrooms.

During the inspection, records including, policies; staffing rosters; induction programme; training records; quality assurance reports; pre-admission assessment records; and staff files were examined. Subsequent to the visit, contact was made with three family members, who each provided feedback about their experiences.

At the conclusion of the inspection, the Regulation Officer provided feedback to the 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 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 on registration. The discretionary condition on registration requires the home to be refurbished to meet Standards by 1 January 2022. 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 in all bedrooms and narrow and ramped corridors. There is a lack of disabled access toilets, which would enable independent wheelchair users to access these facilities.

The provider had not complied with the second and third discretionary conditions by the identified date of 1 February 2020, however provided an assurance to meet all conditions on registration during the meeting on 10 March 2020. These conditions have now been met. The provider advised the Commission on 17 November 2020 that the planning application which had been submitted, had been withdrawn on the advice of the architect. The provider advised a further submission had been made following an assessment by the Jersey Architecture Commission. This will be kept under review by the Commission and followed up as necessary.

A further discretionary condition on registration relates to the manager's qualifications. The registered manager advised they had enrolled on a Level 5 Diploma and anticipates being able to obtain the qualification within the identified timeframe for completion.

The Statement of Purpose was in the process of being updated at the time of inspection and will be forwarded to the Commission once completed. The content describes the registered manager or deputy carrying out an assessment of care receivers' needs prior to admission into the home. The registered manager explained that additional procedures regarding pre-admission protocols have been put into place to ensure a more robust approach to infection prevention when considering admissions in light of the Covid-19 pandemic.

One completed pre-assessment for one care receiver who was admitted prior to the inspection was reviewed. This took account of their health and social care needs and confirmed that the care receiver and their family contributed to the assessment process. A discussion with the care receiver's representative confirmed that they were included in the decision-making process regarding admission into the home and had been made aware of the plans in place to support their relative. Another care receiver's representative described being kept fully informed of the care provided and continually updated about their relative's health.

Following admission, the assessment process continues, with the use of validated tools to assess risks of malnutrition, pressure ulcers and risk of falling for example. During the inspection, individual discussions were held with care receivers, nursing and care staff and an examination of care records confirmed that care receivers' wellbeing and welfare was maintained by the provision of appropriate nursing care. Provision is made for care receivers' access to GP services and other health professionals on referral; a sample of care records revealed that referrals had appropriately been made to a range of professionals including, the dietician, speech and language therapist, occupational therapist and tissue viability nurse.

Three care receivers' representatives provided feedback to the Regulation Officer, which confirmed their endorsement of the quality of care provided to their relatives and their confidence in the staff team.

At the time of inspection, one person below the mandatory age category was being cared for in the home, as an application had been made to vary the conditions of registration. The manager understood their responsibilities in this regard. It was evident that the home was meeting their care needs and the registered manager advised the individual and their representative have both expressed satisfaction and happiness with the placement.

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

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of care receivers: 30            Number in receipt of nursing care: 29            Number in receipt of personal care: 1            Age range of care receivers: 60 years and above (which includes one care receiver below this age category)            Category of care provided: Old Age            Maximum numbers of care receivers that can be accommodated in the following rooms:            Bedrooms 2-12 and 14-32 one person</p> <p><u>Discretionary</u></p> <ol style="list-style-type: none"> <li>1. With reference to the premises and grounds, communal space, bedrooms, toilet and washing facilities, medicines storage, clinical or treatment room, infection prevention and control, sluice room, laundry, catering areas, storage and staff facilities within Clifton Care Home must meet the standards within the Jersey Care Commission Care Standards Care Homes (Adults 2019) by 1<sup>st</sup> August 2022.</li> <li>2. Architectural plans should be submitted to the Commission by 1 February 2020 along with confirmation of having been submitted to the Planning Department for approval.</li> <li>3. A project plan should be submitted to the Commission by 1 February 2020 outlining 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.</li> <li>4. The registered manager must obtain a Level 5 Diploma in Leadership in Health and Social Care by 31 July 2022.</li> </ol>
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Subsequent to the inspection visit and following a further review of the conditions applied on registration, the Regulation Officer was satisfied that the second and third discretionary conditions have been met. As such, the discretionary conditions to remain are in relation to the premises being refurbished to meet Standards as outlined in the Commission’s Standards for Care Homes, by 1 August 2022 and the registered manager having to complete a Level 5 Diploma in Health and Social Care by 31 July 2022.

## 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.

Prior to the inspection, the registered manager notified the Commission of the decision to suspend visiting to the home. However, he had made significant progress in creating a designated visiting area with its own entrance from outside. Subsequent to the inspection visit and with effect from 8 December 2020, Government of Jersey advice was issued which advised that visitors should not visit care homes. The visiting area therefore had not been able to be used as intended. However, the registered manager is hopeful that it will be invaluable in providing an opportunity for care receivers to meet with their relatives or representatives in future.

During the inspection visit, domestic staff were observed to be following an enhanced programme of environmental cleaning which had been developed as part of the cleaning schedule due to the Covid-19 pandemic. All staff were observed wearing protective equipment and a discussion with one newly recruited staff member confirmed a good understanding of infection prevention practice. A discussion with one care receiver found that they had been made aware of the infection prevention and control measures which were in place and understood the rationale for the measures in helping to keep them safe. They described staff wearing protective equipment and had knowledge of the Covid-19 swabbing regime.

A medicines management inspection was undertaken on 23 July by a Senior Pharmacist from Health and Community Services on behalf of the Commission. The inspection concluded that effective medication management practices were in place. The registered manager also described having regular oversight of medication practices in the home.

Arrangements are in place to ensure that care receivers are kept safe, and that all staff receive training in adult safeguarding. The safeguarding policy and whistleblowing policy were examined and are available to staff to guide practice. A discussion with a one newly recruited care worker confirmed that they had a good understanding of reporting procedures in terms of safeguarding concerns. Specifically, they explained how they would notify registered nurses of any changes such as changes in food or fluid intake, skin changes, pain and signs of distress which may be experienced by care receivers.

Two registered nurses also confirmed their confidence in the staff team to report concerns. They described the value of team handover discussions which take place routinely. In these discussions, all staff are encouraged to contribute and share information. The Regulation Officer noted that appropriate risk assessments had been undertaken to support the use of bed rails and that associated care plans were in place to guide practice.



The home has overt closed-circuit television cameras (CCTV) located in the corridor areas and communal lounges. The policy was examined which explains the use of CCTV as a means of ensuring safety and of monitoring care receiver's welfare. A discussion with the registered manager highlighted that the details around the use of CCTV is not featured in the home's handbook which is provided to families and care receivers. The manager agreed to review the handbook and to include this information so that people are aware that CCTV is in place.

The representatives of care receivers who were consulted, each described confidence in the home's ability to keep their relatives safe and well cared for. One person described positive observations as to the welfare and appearance of other care receivers when they have visited. One person also described visiting their relative at a time when their condition had deteriorated, which coincided with the suspension of visiting to the home.

Some care receivers were in their bedrooms during the inspection visit and others were observed sitting apart from each other in the communal lounge watching television. Throughout the inspection all staff were observed wearing masks and staff were observed continually cleaning door handles and other touch points, which formed part of a vigorous cleaning schedule in place to minimise Covid-19 transmission. Provision has been made for one care receiver to have a bedroom provided which has an outdoor patio to allow them to smoke freely as is their choice. The home is compliant in submitting notification of incident records and death notifications when they occur.

## **Complaints**

<p>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.</p>
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The home's complaints policy was reviewed during the inspection. It described the complaints process for staff to follow in the event of receiving a complaint and included the Commission's contact details. The Commission may be contacted if a complainant remains dissatisfied following the providing of an internal response. There are no active complaints being investigated.

A contract of residency is provided to all care receivers or their representatives. The contract was reviewed during the inspection. It was noted that a revision was being made to include the home's complaints procedure in the contract. All care receivers and their representatives that were spoken with for the purpose of the inspection, described a culture of openness at the home. Specifically, they expressed confidence in being able to speak with both the manager and the staff team if they need to raise issues. One representative described that, following their relative's

admission into the home, they had been advised to contact the home at any time and speak with staff and to bring any concerns to the manager's attention straight away.

### **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 the registered manager, registered nurses, care assistants, domestic, laundry and catering staff. Earlier in the year, the Commission was made aware of a shortage in the number of registered nurses employed in the home which coincided at the time of the initial stages of the Covid-19 pandemic. The provider responded positively to correspondence from the Commission about this matter and provided a contingency plan setting out how the home would be staffed in the event of an emergency. It is reassuring to note that the home is now fully staffed with registered nurses. The registered manager explained that there had been a large staff turnover earlier in the year although recruitment has been ongoing. At the time of inspection, there was one vacancy for a care assistant and a part time kitchen porter.

The safe recruitment policy was examined and discussed with the registered manager who described the recruitment process which is utilised when new staff are recruited. An examination of a sample of staff files confirmed a safe approach to recruitment, which was evidenced by all necessary recruitment checks being completed before staff start work. Three references had been obtained for one person who was recruited and who had no previous experience of working in a caring role and a retrospective reference sought for one member of staff who was employed in 2019 who did not have two references obtained at the time of their employment. Records confirmed that nurses are registered both locally and with the Nursing and Midwifery Council.

The home has an external human resources advisor who will be carrying out an audit of all staff files and reviewing staff contracts, terms and conditions of employment and the staff handbook in the New Year. Within the staff files, it was noted that there were records relating to expectations of staff abiding by Covid-19 guidance when outside of work.

The induction programme for newly recruited care staff was examined. This showed that new staff are provided with information and support to be able to provide care in line with expected standards. A discussion with a newly recruited member of care staff confirmed that they had experienced a supportive induction into their role and had the opportunity to work with more experienced staff initially. They described their responsibilities and made particular reference to infection control principles and of their application in practice.

A sample of staff training records confirmed that staff training has mainly been provided by way of on-line learning this year, due to limited opportunities for face to face practical training. The registered manager has recognised that some practical aspects of training would be beneficial and has been in discussion with a local training provider to devise a training and development plan. All staff receive an annual appraisal and regular opportunities to discuss their role during supervision discussions.

Earlier in the year, the registered manager informed the Commission that several staff were working beyond the recommended weekly hours, which coincided with a time when the home was actively recruiting staff. From review during this inspection, it was noted that staff are no longer regularly working excessive hours. The staffing rosters confirmed that the Standards in respect of minimum staffing levels were being met. During the inspection, there appeared to be an adequate number of staff on duty to meet the needs of care receivers. Staff were observed in the communal areas, bedrooms and were heard to respond promptly to call bell alarms. The registered manager explained that since the laundry assistant role was created earlier in the year, significant improvements have been made to the quality and efficiency of the laundering of care receivers' personal clothing.

### **Care planning**

<p>The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.</p>
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A sample of four care receivers' records was examined which found that all care receivers admitted into the home were assessed prior to their admission. The preadmission assessment was generally completed by the registered manager, which included appropriate information about their health, medications, communication needs and family and health professional contact details. The records for one care receiver who was admitted during the day prior to the inspection, had essential details recorded and their care plans were in the process of being developed by registered nurses.

The records showed that care receivers' needs were assessed and reviewed on a regular basis and that changes are made to care plans where needs had changed. Validated tools are used to assess risks of malnutrition, falls, pressure ulcer development and falls. Care receivers' nutritional and hydration needs are monitored where appropriate and care staff reported their role in completing food and fluid records. One care receiver's care plan detailed their individual food preferences and outlined the recommendations of the speech and language therapist.

The care plans overall were comprehensive, detailed and provided relevant information for staff to follow in providing care. However, they could be strengthened to include personal preferences relating to the provision of care, based on the quality of holistic assessments that are completed about the individual's health and

wellbeing needs. This is an area for improvement. The registered manager recognised this and acknowledged that this area needed further development.

Care receivers and representatives were complimentary of the staff team and of their abilities. Feedback included that staff have a detailed understanding and awareness of care receivers' individual needs. Some descriptions and comments included:

"The staff are very attentive and there's a good rapport with the team. I have no concerns; the staff are all very friendly and I have trust and confidence in their abilities. It's reassuring to know that staff know my relatives care needs very well and I get lots of information from them. The staff are absolutely brilliant, and I was included in everything when my relative was admitted".

"There's a huge compassion and understanding nature there, even though the staff were all wearing masks I could tell they were smiling behind them and they looked happy. I would describe the staff team as special with such humanity and they made contact with us all the time, we had absolute trust and confidence with all the staff to look after my relative and we found the care faultless".

"I feel confident and very happy here, the house is spotlessly clean, and the girls are lovely. I feel safe here and the staff are all very approachable, I know I can go to the head man if I'm not very happy".

"As far as I'm concerned you can't get better than this place, there are excellent standards of care and the staff are very caring and I feel very safe".

One representative described their experience of the home when their relative was receiving end of life care and remarked that their passing was dealt with compassion and respect. They described the attention to detail that was paid to their relative in terms of the environment, personal care and overall expressed contentment with the end of life care that was provided to their relative.

## 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 provider's system for regularly reviewing the quality of services provided was explored during the inspection. The Regulation Officer discussed the principles and process that should be followed to incorporate a relatively independent review system of quality assurance. The Regulation Officer advised that the provider should identify somebody other than the registered manager to fulfil this obligation. However, the manager should remain accountable in addressing any actions that arise from such reviews. This is an area for improvement.

## IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>To be completed by:</b> 2 months from the date of this inspection (4 February 2021)</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.</p> <hr/> <p><b>Response by registered provider:</b></p> <p><b>Due to COVID19 restrictions for best part of 2020, it was a challenge to have an external auditor conducting audits of the services provided, however, all internal audits were carried out by the Home Manager and Monthly Reports were compiled. Nevertheless, the Home now has appointed a designated external auditor who will be responsible for the compilation of Monthly Reports.</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 2.3</p> <p><b>To be completed by:</b> 2 months from the date of this inspection (4 February 2021)</p>	<p>Care receivers' personal plans must be written in a way that includes their personal preferences.</p> <hr/> <p><b>Response by registered provider:</b></p> <p><b>There will always be room for improvement in devising Residents' Care Plans. I have asked Care Planners to be more innovative and design smart, personalised care plans on an individual basis which can be assimilated by all Care Staff. The Care Home is also reviewing softwares to move to a computerised care planning and recording system post refurbishment.</b></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, Insp Standards and best practice.



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