



**Jersey Care
Commission**

INSPECTION REPORT

26-28 West Park Avenue Care Home

26 to 28 West Park Avenue

St Helier

JE2 3PJ

12 January 2021

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

The service provides accommodation for care receivers across two houses. Although the two buildings are separate, for the purposes of the regulated activity and operational remit they are considered as one registered care home environment. Therefore, the nine-bed residential facility consists of a four-bedroom house, which has communal areas and domestic facilities and five more independent self-contained units in the adjacent house.

The Statement of Purpose for 26-28 West Park Avenue records the aim of the service being to provide a follow-on programme for individuals who have graduated from a companion registered home (Silkworth Lodge) as a 'bridge' towards a transition towards an integration back into society.

There is, however, an additional function of the home, which is quite separate to the above, in that some short-term residential accommodation for detoxification can also be provided. This can be provided in designated areas of one of the houses (the self-contained units), with direct collaboration with Alcohol and Drug Service who will be the primary care agency overseeing this specific period of care.

The care home service therefore provides rehabilitation alongside its associate home. There is an overlap of staffing, which includes both addiction counsellors and support workers, between the two homes which is of benefit in promoting consistent support and oversight.

Residents need to be fully ambulant to access bedrooms and/or bedsits in either of the two houses which are located on upper floors with no lift access.

There are adequate communal spaces and a minibus is available for residents to utilise.

While the home was first registered with the Commission on 13 November 2019, it was subject to regulatory inspections under the previous law.

Registered Provider	Jersey Council on Alcoholism
Registered Manager	Alan Kiley
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 9 Number in receipt of personal support - 9 Age range – 18 and above Substance misuse (drug and/or alcohol)
Dates of Inspection	12 January 2021
Times of Inspection	9 am – 11.30 am
Type of Inspection	Announced
Number of areas for improvement	One

Jersey Council on Alcoholism operates the home and the registered manager is Alan Kiley. At the time of this inspection, there were five people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of a morning by one Regulation Officer and was announced with consideration for the restrictions imposed in response to the Covid-19 pandemic. The Care Home Standards¹ were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

This inspection was undertaken in accordance with the home's infection prevention and control measures as considered necessary at this time.

The inspection incorporated engagement with both the Registered Manager and the Chief Executive Officer (CEO), which occurred primarily in an associate home located in town (Silkworth Lodge) immediately prior to this visit. Both services are inextricably linked by way of a referral pathway and an overarching governance and managerial structure which applies across both services. There was good evidence of the robust systems and oversight that are in place to provide a seamless service for care receivers accessing this accommodation and support.

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

It was acknowledged that the two services overlap, being managed by the same personnel and administration team and operating as an integrated service. In practice, this primarily involves a process of inward referral to this service for some care receivers at the end of their 12-week programme completed in the associate home. The arrangements and protocols for this referral pathway and assessments that are included as part of the home's service were seen to be robust and comprehensive.

In respect of the detoxification programme, the service engages directly with the Alcohol and Drug service to facilitate a separate care package that is time limited and for which the service only provides the accommodation element. Therefore, although the Alcohol and Drug service oversees and administers the care element, Jersey Council on Alcoholism ensure that this can be facilitated in a home environment which is both quiet and comfortable.

On this occasion there was no engagement with any of the care receivers. This was partly due to Covid-19 concerns but was also due to their absence from the home on the day of the inspection as part of routine activity. This forms part of their ongoing recovery and accords to their need to regain their independence.

However, care receivers were provided with an invitation and opportunity to contact the Regulation Officer, which was conveyed by the manager, following this visit if they wished to provide any feedback about their experience and the support they have received.

Overall, the findings from this inspection were positive.

Key staff reported a positive working environment with support and supervision being readily available. Clear frameworks were identified to ensure that the support provided to care receivers is undertaken in a way which is pertinent to the aims and objectives of the service.

There is a clear managerial and accountability structure which is demonstrated by the systems which are in place. Within this framework, the manager is supported by the Chief Executive Officer (CEO) for some of the key aspects of governance.

One area which was highlighted for improvement related to the audit process which lacks sufficient structure in relation to both recording and reporting. While there are routine reviews undertaken, there was no monthly report conducted or collated by the provider's representative that reports on the quality of the service in line with the Standards. This area for improvement was discussed with both the manager and the CEO and it was advised that there is an existing template which may be referenced and refined for this purpose.

A review of documents was undertaken to establish safe working practices as for staffing levels, training and development alongside a review of care records. From a review of the training log, it was apparent that there were some gaps in the induction records for new staff and that not all mandatory and statutory training topics were recorded, as is set out in the Standards. Notwithstanding this, it was evident that the appropriate focus is given to the specific training requirements for counselling

relating to addiction. Nonetheless, it is important that core training needs also receive attention. This was highlighted as part of the inspection process as an area for improvement and was readily acknowledged by the CEO who oversees this area of practice.

The Regulation Officer was satisfied that the care provided is consistent with the home's aims and objectives. The conditions on registration continue to apply and remain appropriate.

The home has the expected protocols in place which service users can follow in making a complaint. There are clear policy and procedures for all to follow regarding any safeguarding concerns. Care records provide notes that promote the review and evaluation of care needs and progress

The expected employment protocols which ensure due diligence, and which include criminal record checks, are followed for all new employees contracted to work in the home.

INSPECTION PROCESS

Information submitted to the Commission by the service was reviewed prior to the inspection visit including notifications and any other communication initiated by the manager. This included reference to areas of practice arising from the period of lockdown. At the commencement of the inspection, it was also clarified with the manager, that the overarching approach and operational remit remains unchanged in the home as has been consistently recorded in previous visits.

With consideration of how the home operates in close correlation with the associate home, which was inspected during the same day, much discussion and a review of process and protocols which were in place were conducted with the manager and the CEO during the preceding inspection. This provided the most relevant information and a confirmation of how the Standards were being applied in practice across the two services. It was explained that there is an overlap of personnel which tends to ensure the continuity of care for care receivers accessing this accommodation.

There was limited review of the environment on this occasion, but on arrival, the home was observed as being both welcoming and well-maintained. It was clarified with the staff on duty and the manager as to the maintenance schedules and the attention which is given routinely to ensure the home is suitably furnished and in good order for care receivers to benefit from this accommodation.

With limited opportunity to meet with any care receivers during the visit to the home, information was provided to care receivers following the visit, which included the contact details of the Regulation Officer, if they wished to provide any feedback of their experience.

Following the visit, four healthcare professionals who had had some engagement with the provider/manager in recent months were contacted. This was to request any feedback as is routine to the inspection process, of their working relationship and of the nature of support which is provided to mutual clients who may have been accommodated in the home recently.

An overall summary of activity through admissions, referral pathways and onward discharge plans and follow-up support was established from a discussion with the manager and from the records which were reviewed.

There had been limited engagement with the Commission and there were few notifications of incidents on file for the Regulation Officer to refer to before the visit.

However, it was nonetheless established from a review of policy and procedures that the home has the expected systems and mechanisms to generate any notifications or referrals if so indicated. The regular engagement with the Commission by the manager during the first unparalleled lockdown was noted. It was apparent from a review of this engagement that appropriate enquiries had been made as to what actions or adjustment to practice may be advised. This reference was helpful to the inspection process to evidence the manager's approach and the attention which is given to addressing issues that potentially pose a risk to the care receivers.

The staff recruitment, training and development of the staff group was discussed, with a review of the training log undertaken for reference. Brief discussions undertaken with the small number of staff on duty confirmed that this is in place and is provided as routine. A sample of three Human Resources (HR) files was reviewed to ascertain the level of scrutiny which is given to checking any new employees' suitability to work with care receivers.

An audit of two care records was undertaken and a discussion took place about how support is specifically recorded in formats relating to both counselling as well as to the more general support that is provided.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

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

The home's Statement of Purpose reflects the range and nature of services which are provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understood their responsibilities in this regard.

26-28 West Park Avenue is, as part of the registration process, subject to the following mandatory conditions:

<p>Conditions of Registration</p>	<p><u>Mandatory</u></p> <p>Type of Care: personal support Category of care: Substance misuse (drug and/or alcohol) Maximum number of care receivers: 9 Maximum number in receipt of personal support - 9 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: 3 self-contained units and 2 bed-sits (26 West Park) one person Bedrooms 2,3,4,5 (28 West Park) one person</p> <p><u>Discretionary</u></p> <p>1. The registered manager must complete a QCF Level 5 Diploma in Leadership in Health and Social Care Module by 31st October 2022.</p>
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A discussion with the Registered Manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and are intended to remain unchanged. Prior and recent engagement with the Registered Manager as routine to the current situation with Covid-19, had also established that the ongoing service remains relevant and appropriate to the home's registration.

There was limited notification of incidents to review prior to the inspection which was viewed positively and was as might be expected with reference to the remit and function of the home. It was nonetheless acknowledged that when notification or safeguarding referrals may have been indicated historically, the manager has initiated such actions promptly and appropriately.

The Regulation Officer was satisfied that all conditions were being met at the time of the inspection and that established systems and personnel were in place to oversee and administer all the necessary policy and protocols. The discretionary condition was discussed relating to the manager qualification. The Regulation Officer was advised that a good quality of training has been sourced locally which will enable this condition to be met within the identified time frame. From a discussion with both the manager and CEO, it was clearly apparent as to the attention and priority that has been given to access a quality syllabus to meet the discretionary condition which is in place.

The Regulation Officer's walkabout of the premises was undertaken on the ground floor of one of the houses. In addition, reference was made to the previous visit which had been more comprehensive. It was positive to note that no areas of concern had been highlighted at that time. The home retains a high standard of décor and cleanliness across all areas which were seen. There is ongoing

investment in the building through a process of routine maintenance and redecoration as and when may be indicated.

Safeguarding (adults and children)

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The home's Safeguarding Adults Policy was provided for reference and noted the date of issue for this document and the review date of May 2021 with clear aims and objectives recorded. The information clearly highlights that relevant personnel are to be informed if a concern arises, and that the responsibility to raise concerns applied to all employees. The referral pathways identified the need to escalate matters of concern to primary agencies as may be required such as Adult Safeguarding Team

There have been no issues of concern which have warranted any alert to be raised formally with the Adult Safeguarding team, but the manager is fully conversant with some of the wider issues which may arise for vulnerable adults and where challenges due to addiction may expose them to risk of harm. Furthermore, attention and some consideration will be given to involving care receivers' families as part of the holistic approach which is given to support care receivers' recovery while in residence.

Supervision and appraisals provide the opportunity for staff to make any reference to areas of concern for safeguarding matters. While there is a clearly defined policy, it was noted that there were some inconsistencies in this subject being covered in the training syllabus for all staff. This should be considered within the area for improvement recorded at the end of this report.

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.

There were no complaints on record noted from the inspection and therefore no requirement for any investigation or other action by the manager or provider. There is both a complaints procedure and a whistle-blowing policy provided in the employee handbook and reference is also made to confidentiality and information sharing in this document.

The home operates with a focus on recovery and promoting autonomy and independence. Care receivers are actively encouraged to address any issues of

concern directly as part of their ongoing recovery. In this matter, they have regular opportunities to meet with counsellors. These sessions may facilitate the making of any informal complaints. Where appropriate, such informal complaints may be formalised and escalated to the manager in the first instance.

Within the system to address complaints, the manager will initially review this and if necessary, escalate with colleagues set out in the relevant policy documents which were viewed during this inspection process.

It was also noted that feedback relating to the service and the experience of care receivers is requested as routine as part of the ongoing review of how the service operates. This enables the manager and team to reflect on all feedback as part of their quality assurance framework.

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 always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The Regulation Officer reviewed three Human Resources (HR) records. All were found to be in good order with the expected involvement of the Registered Manager as was confirmed in the discussions around this subject. The review of these records confirmed that the necessary pre-employment checks including references and Enhanced Disclosure and Barring Service (DBS) criminal records checks had been sourced/ undertaken.

A review of the training log did however highlight a shortfall in the recording of the induction programme that would be expected for all staff to complete when newly employed. Furthermore, there was some gaps in the training syllabus which was provided. Notwithstanding the challenges/restrictions due to Covid-19 in the past 10 months, the syllabus did not demonstrate that the minimum statutory and mandatory training requirements had been met.

It was highlighted in follow up correspondence, as to the subjects which need some attention. However, it was also acknowledged that the home successfully ensures that training which directly relates to its core function are comprehensively provided. This accords with its registration for supporting recovery from addiction. Therefore, while it may be acknowledged that some of the mandatory subjects may be somewhat removed from this primary purpose, such training must be undertaken. This an area for improvement.

The 2021 training plan for the "Silkworth Group" which incorporates this home at an operational level, has funding identified which demonstrates the necessary action which is already being taken to provide some enhanced training. It would be anticipated this will suitably address the area for improvement referenced above.

The staff team is well established, with clear roles and responsibilities in place. The manager ensures that appropriate supervision and support is routinely provided to the staff team. With reference to the category of care, which is for personal support of an adult age range, and where direct support needs are considered low, the staff ratio is appropriate, and the staff team is limited to a small number of support workers

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.

Two care records were reviewed as part of a random sampling. Reference was made to how confidential and sensitive records are protected by encrypted access. This is viewed as integral to how care receivers can have ownership and the opportunity to access their records, in conjunction with their key worker (counsellor), throughout their residency.

The framework for record keeping/ care planning is also set out at the pre-assessment stage prior to admission into the home. Apart from the detoxification programmes which are overseen by Alcohol and Drug Service, referrals into the home will always be generated from care receivers who are already well known and in residence at the associate home. This provides a seamless transfer of records and documentation, which are shared and accessed by the same personnel and overseen by the same manager. This undoubtedly promotes a positive experience for any transition between services where care receivers can engage with familiar members of staff.

Monthly quality reports

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The home has some systems for the review and evaluation for quality assurance purposes. However, this is not captured in any clear or auditable format in the form of monthly reports as is set out in the Standards.

This was an area for improvement which was identified during the inspection, However, this is not anticipated to be unduly onerous or challenging to meet given that there are already systems of review and evaluation in place, albeit not currently compiled in a recognised format or on a monthly basis. A template was provided for reference which can be used for this purpose and the management team were able to identify the resources and personnel best placed to address this area.

Despite this area for improvement being identified to meet the Standards, it was referenced during the inspection that there were no concerns that necessary systems for review and evaluation of the service were not in place. In that matter, the overall quality of the service could be recognised from different sources. This included positive feedback from three healthcare professionals who were engaged with this service.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection and an Improvement Plan has been issued.

<p>Area for Improvement 1</p> <p>Ref: Standard 12</p> <p>To be completed by: 3 months from the date of inspection (12 April 2021)</p>	<p>The registered provider must ensure monthly quality reports are consistently compiled and made available for review as set out in the Care Standards.</p>
	<p>Response by registered provider: Following inspection, we have sourced a template through the JCC and will be carrying out monthly checks during the 1st week of each month in relation to the new Quality Reporting.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3</p> <p>To be completed by: 3 months from the date of inspection (12 April 2021)</p>	<p>The registered provider must ensure that appropriate induction and training is given to all staff for the mandatory subjects as set out in the Care Standards.</p>
	<p>Response by registered provider: Following inspection, our professional engagement with the Jersey Care College has been expanded and they have provided us with the online training requirements that covers the statutory requirements of the Jersey Care Commission. All permanent full-time staff will have completed the statutory training by end of February with a clear plan for future training (statutory and non- statutory).</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.



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