



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Pinewood Care Home**

**Le Mont Millais  
St Helier  
JE3 4RW**

**27 October 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 Pinewood Care Home. Pinewood offers permanent and respite care for up to 46 male and female adults aged 60 and over. The Statement of Purpose introduces Pinewood as a purpose-built care home on the outskirts of St Helier, bordering countryside and with far reaching views of the coast.

The service became registered with the Commission on 23 October 2019.

Registered Provider	Maria Mallaband Care Group Ltd
Registered Manager	Eileen Crabb (Interim manager is Ann McRandle)
Regulated Activity	Adult Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care for up to 46 care receivers. Category of care is Adult 65+, Other Age range: 60 years and over Rooms No: 1 – 48 (excluding rooms 7 & 13): one person  <u>Discretionary</u> The registered manager must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 18 October 2022.
Dates of Inspection	27 October 2020
Times of Inspection	9.30am to 1.00pm
Type of Inspection	Announced
Number of areas for improvement	None

The Care Home is operated by the Maria Mallaband Care Group Ltd and the registered manager is Eileen Crabb. The deputy manager, Ann McRandle, was in charge of the home on the day of the inspection and is providing management cover in the absence of the registered manager.

At the time of this inspection, there were 28 people accommodated in the home.

## **SUMMARY OF INSPECTION FINDINGS**

An inspection was due to take place in May 2020. However, this had to be postponed due to Covid-19 restrictions.

The Commission maintained contact with the Registered Manager during the period of Covid-19 lockdown (March to May). During a structured telephone discussion with a Regulation Officer on 14 May 2020, the range of areas including those addressed during this inspection was reviewed.

This inspection was announced and was completed on 27 October 2020. The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focussed on the following areas during the inspection:

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

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

Discussions with staff members demonstrated a good understanding of safeguarding issues. A discussion with care receivers during the inspection evidenced that the care receivers spoken to feel happy and safe in the home.

There have been no complaints so far in 2020, and the Regulation Officer saw many examples of 'thank you' cards containing compliments on the way staff looked after care receivers.

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

The service's arrangements for recruiting staff were satisfactory.

From a review of the records and observations made during the inspection, there was evidence to confirm that staffing numbers were adequate, and that staff were appropriately deployed within the service.

The Regulation Officer was satisfied that timely evaluations and reviews of each of the care plan components were taking place. There was evidence that other professionals (health and social care), have contributed to care plans and that they are consulted when necessary. The deputy manager reported that care receivers are included in their care planning and this was confirmed in discussion with two care receivers. This Standard is well met.

Since registration and before the pandemic the quality assurance manager from the UK company made monthly visits to the home and wrote a report. In lieu of monthly visits (because of Covid-19), the deputy manager is in regular contact with her area manager and the quality assurance manager by telephone and video calls. A schedule of audits is checked during monthly sessions and each report includes required actions for improvement and a date for improvement to be achieved.

The deputy manager discussed these reports with the Regulation Officer and provided an example of the most recent report (September). The quality assurance monitoring is valued by the manager. Each month the manager chooses three care plans to discuss in detail. This Standard is well met and is an example of good practice.

## **INSPECTION PROCESS**

Prior to our inspection visit, information submitted by the service to the Commission since the service became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. Two care receivers and one relative were spoken with during the inspection.

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

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

This report sets out our findings and includes areas of good practice identified during the inspection. No areas for improvement have been identified.

## INSPECTION FINDINGS

### The service's Statement of Purpose and conditions on registration

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

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

The Care Home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<p><u>Mandatory</u> Type of care: Personal care for up to 46 care receivers. Category of care is Adult 65+; Other Age range: 60 years and over Rooms No: 1 – 48 (excluding rooms 7 &amp; 13) one person</p> <p><u>Discretionary</u> The manager must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 18 October 2022.</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 will remain unchanged.

Pinewood's Statement of Purpose sets out the home's aims and objectives, the range of care needs supported, how the service is provided, staffing arrangements, the services and facilities, and the quality assurance and governance arrangements.

A Company initiative has been to nominate an Infection Control Champion. This is a member of staff who observes other staff in their use of infection control techniques, and who uses a special Infection Control notice board to promote good practice. Virtual meetings are held with other homes' champions.

Recently, staff have been asked to volunteer for a similar role as Safeguarding Champion.

The Commission has been notified of the absence of the registered manager and has approved the interim management arrangements

### **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 training records showed that all staff have completed safeguarding training. Safeguarding training is delivered in-house and is reflective of the Safeguarding Partnership Board's learning outcomes. A discussion with staff members demonstrated a good understanding of safeguarding issues.

There was one Safeguarding alert to the Safeguarding Team, and a notification to the Commission. This was a concern after a fall and an unexplained injury. The matter was resolved appropriately and in accordance with the home's safeguarding policy and procedures.

There have been seven more notifications of incidents, accidents or events to the Commission so far in 2020. Many of these concerned care receivers having fallen in the home. In each case, it is apparent that both the manager and staff dealt with these incidents appropriately.

Care receivers were consulted as part of the inspection process. Those spoken with expressed feeling happy and safe in the home.

### **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.

A complaints procedure (for all the Company's care homes), is in place and the details are set out within a Resident's Guide which is available in every bedroom. The procedure is also displayed on the main notice board which is situated beside the dining room. The Regulation Officer spoke with two residents and one relative and was assured that they knew how to make a complaint if they needed to.

The manager is required to inform the Company's area manager whenever a complaint is raised and of how it has been handled.

There have been no complaints so far in 2020, and the Regulation Officer saw many examples of 'thank you' cards containing compliments on the way staff looked after care receivers.

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

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

Three new staff were recruited in recent months and this inspection included a review of their recruitment records. The Regulation Officer reviewed the employment files for a new senior health care worker, a receptionist/activities co-ordinator, and a housekeeper.

These records evidenced that processes relating to safe employment had been followed correctly.

The staffing establishment for Pinewood consists of a registered manager, a deputy manager, 10 senior carers, and 12 health care assistants. There is also an activities co-ordinator, two chefs, two kitchen assistants, an administrator and 10 hospitality/housekeeping staff.

At the time of the inspection there was one vacancy for a health care assistant.

The registered manager has a City & Guilds Level 4 Registered Managers Award and has been at Pinewood since it opened 27 years ago. The deputy manager (the interim manager at the time of the inspection), is a registered Nurse and has the Registered Manager's Award. Within the care staff group there are six employees with an NVQ Level 3 qualification and 12 more either at Level 2 or undertaking Level 2 or Level 3 qualification award training.

The number of staff with vocational training qualifications on duty at any one time meets the minimum standard of 50%.

A review of the staff list and staff rota and observations at the time of this inspection demonstrated that staffing levels were more than sufficient to meet residents' needs. They meet minimum standards and staff are provided with and attend appropriate training opportunities.

The ambience and activity in the home during this inspection visit suggested that residents were happy and engaged. The passion for good care shone through the discussion of normal practice at Pinewood with the deputy manager and some of her staff. The residents consulted on the day of the inspection were keen to describe the home as happy and the staff as supportive.

## 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.

The electronic recording system used at Pinewood is called "Care Health" and the front sheet for each care receiver has information about: whether an authorisation has been requested for a Significant Restriction on Liberty (SRoL) (none at Pinewood); individual preferences; likes and dislikes; daily routines and hobbies. Each care receiver has a named senior carer. The system records this information as well as contact details for any relatives and friends involved in the care of the care receiver.

Each care plan has sections on safety; health; medication and treatments; mobility; communications; personal hygiene support; skin integrity; eating and drinking; continence; mental health and wellbeing; social, spiritual and cultural pursuits; sleep and rest. There are three key dates: date the care plan was created; when the care plan is due for a review and when the care plan was last updated.

The deputy manager stated that the day to day observation records (called progress notes), are overseen by the senior staff team.

The Regulation Officer reviewed three care plans in some detail and looked at several others. One care plan which was reviewed, had an appropriate (timely) review and evaluation date. However, two other care plans had review dates and evaluation dates missing. The deputy manager advised that the senior care team were behind with updating many of the care plans but was able to demonstrate (on the system), that these evaluations had all been completed and staff had yet to complete the care plan records. The Regulation Officer was satisfied that timely evaluations and reviews of each of the care plan components were taking place.

There was evidence that other professionals (health and social care), have contributed to care plans and that they are consulted when necessary.

The deputy manager reported that care receivers are included in their care planning and this was confirmed in discussion with two care receivers. This Standard is well met.

## 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 Statement of Purpose states that the (UK) company employs a quality assurance manager to carry out monthly visits. During the Covid-19 lockdown months, these visits were not possible. At the time of writing, the quarantine rules for travellers from the UK prevents such visits. The deputy manager said that she is in frequent touch with her area manager and the quality assurance manager by telephone and video calls. A schedule of audits is checked during monthly sessions and each report includes required actions with a date to achieve the improvement.

These audits are scheduled over the year as follows:

- health and safety
- administration and storage of medication
- infection control
- care plans
- kitchen audit
- safeguarding
- business contingency plan
- dining/mealtime experience
- seating cushions/mattresses/pillows/hoist slings
- records management compliance
- information governance audit.

The deputy manager discussed these reports with the Regulation Officer and provided an example of the most recent report (September). The quality assurance monitoring is valued by the manager. Each month the manager selects three care plans to discuss in detail. This Standard is well met and represents an area of good practice.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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