



**Jersey Care
Commission**

INSPECTION REPORT

Rosemary Cottage Care Home

La Rue De La Vallee

St Mary

JE3 3DL

25 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

Rosemary Cottage is in a rural location, the building is of a bungalow design with a courtyard area to the side and rear of the building which incorporates a detached utility room and additional chalet style office/activity room. There is ramped access to the front door with handrails in place to support those with impaired mobility.

While the home is relatively isolated in its location this is seen as a positive aspect of how it operates in a quiet and peaceful environment to support care receivers and their recovery. Nonetheless, the home is on a regular bus route and the care receivers also have access to transport by car, which is facilitated by staff if necessary, as part of the support provided. There is adequate parking accessible for staff and visitors.

While the home was first registered with the Commission on 8 November 2019, it was subject to regulatory inspections under the preceding law.

Registered Provider	LV Care Group
Registered Manager	Noel Leonard
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of care receivers - 7 Number in receipt of personal care/support - 7 Age range – 40 years and above Mental Health Substance misuse (drug and/or alcohol) Cognitive deficit
Dates of Inspection	25 January 2021
Times of Inspection	1.30pm - 4pm
Type of Inspection	Announced
Number of areas for improvement	None

The home is operated by LV Care Group and the registered manager is Noel Leonard. At the time of this inspection, there were seven people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of an afternoon by one Regulation Officer. 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.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. Nonetheless, opportunity was available to view areas of the home and meet with some care receivers.

Attention was given to the areas for improvement made from the previous inspection and to the consultation initiated by the Registered Manager since then and positive actions taken in these matters. Furthermore, discussion took place about some incident notifications forwarded to the Commission as routine in the previous six months, this demonstrated good practice being followed to support the care receivers in the home.

The aims and objectives as set out in the Statement of Purpose were discussed and some examples provided demonstrated how this is applied in practice through staffing, policies and procedures and engagement with other services.

Overall, the findings from this inspection were positive. The ongoing challenges due to Covid-19 while evident, were being appropriately managed by the necessary infection control protocols being followed but with ongoing care planning and therapeutic engagement with care receivers nonetheless maintained.

The Regulation Officer spoke to three residents in the home during the visit. Each was able to convey their satisfaction and confidence in the staff and the support which they receive. The Regulation Officer also established from engagement with staff and Healthcare Professionals (after the visit) some of the progress made by care receivers in the context of a variety of issues relating to the categories of care supported in the home.

During the visit a relaxed and comfortable atmosphere was observed, care receivers were supported by staff in a positive and respectful way and where autonomy and independence was also being promoted.

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

The home environment was found to be in good order, well maintained and comfortable as established from feedback received during the brief walk around the home. Practice issues relating to how the home functions to encourage independence and autonomy of care receivers was discussed. This with specific reference to ensuring safety when managing use of the kitchen environment by care receivers with or without direct supervision by staff. In this matter, the Registered Manager provided a comprehensive and considered approach where risk-based protocols were clearly identified for good practice.

Helpful summaries established from discussion with key staff provided evidence of individual care receivers' progress. This was also supplemented by feedback provided by the Healthcare Professional engaged in the review and evaluation of care provided for their client living in the home at this time.

The overarching governance that is in place and notably the nominated individual (Compliance Manager) to monitor quality of care and environment was reviewed and a consistent approach was noted from this. It was also useful to hear of the peer support that is available to the Registered Manager which may be beneficial when addressing any issues relating to the management of their service. The Registered Manager has access to other registered managers employed by the provider whom they may consult or engage with as a team of managers.

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 continues to safely and adequately meet the identified care needs of care receivers, in line with the home's Statement of Purpose and within the terms of their registration.

The home has the expected protocols in place which care receivers and/or relatives can follow in making a complaint. There are clear policy and procedures for all to follow regarding any safeguarding concerns which may arise. Care records provide contemporaneous notes that promote prompt review and evaluation of residents' care needs.

The required employment protocols are in place which ensure due diligence, and which promote best practice in safeguarding vulnerable care receivers. Criminal record checks are processed before any new employee may commence their duties in the home.

INSPECTION PROCESS

Information submitted to the Commission by the service since the last inspection in 2019 was reviewed prior to the inspection visit. In accordance with the Regulations, the manager submits notifications of incidents to the Commission. These were reviewed prior to the inspection alongside other communications initiated by the Registered Manager in recent months. This demonstrated good levels of engagement and appropriate contact with the Commission where clarification was sought on a range of operational matters

The staffing levels and recruitment/qualification of staff to address one area for improvement noted in the last inspection was discussed and with consideration given to circumstances which had meant delays to resolve this where Covid-19 had been a mitigating factor.

A broad discussion about how the home and its staff group apply the principles of supporting care receivers who may have a variety of care needs and as set out in the Statement of Purpose was undertaken with the Registered Manager. Examples and case summaries were provided which demonstrated good practice which was also evident from the associated care records examined and systems for review that are part of care planning.

Specific attention was given to how risk assessment and risk management is applied in practice for care receivers collectively in accordance with the service's policy and procedures and protocols aligned to this. An example of this was in relation to how care receivers are encouraged and supported to safely use kitchen facilities and equipment. Levels of staff supervision and limitations on use and access are managed to satisfy safe working practices where there are hazards. Furthermore, the management of more clinical risk and safe staffing levels was discussed in some detail with reference to training and support in place.

Care records and personal plans were reviewed with the Registered Manager and it was noted that the key areas for assessment and planning are routinely given the necessary attention with consideration for risk assessment as above. Three care receivers were given the opportunity to feedback about their experience about how involved they may be in care planning. It was also observed some of the practical interventions that are provided for some care receivers who due to cognitive impairment may benefit from some guidance and prompting about their activity and routine.

A review of the premises was undertaken which included the communal areas and two bedrooms, one of which was in the company of a care receiver at their invitation and the other in the company of a member of staff with the permission of care receiver.

The Regulation Officer had discussions with the Registered Manager about how the home supports staff through supervision, training and induction. The arrangements for recording these were also explored.

Following the visit, a routine enquiry was made of a Healthcare Professional noted to have been engaged with supporting one of the care receivers living in the home. With reference to some of the broader discussions that had taken place during the visit, the Regulation Officer sought their views on how the home manages risk, relapse monitoring and engages with agencies in a timely manner.

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 provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understood their responsibilities in this regard.

Rosemary Cottage is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<u>Mandatory</u> Type of Care: personal care/support Category of care: Mental Health, Substance Misuse (drug and/or alcohol) Cognitive deficit Maximum number of care receivers: 7 Maximum number in receipt of personal care/support: 7 Age range of care receivers: 40 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 to 7: one person.
	<u>Discretionary</u> A condition of registration is that Noel Leonard registered as manager of Rosemary Cottage Care Home must complete a Level 5 Diploma in Leadership in Health and Social Care to be completed by 30 th November 2023.

A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with. It was noted however some delays to the progress of the discretionary condition recorded as above. The Registered Manager advised that progress towards the achievement of the above qualification had been impacted by the Covid-19 restrictions. However, the Registered Manager was confident that this would be suitably met within this timeline and with the necessary support available from their employer.

The Registered Manager has remained in contact with the Commission during the Covid-19 period and sought advice and guidance on a range of matters. The Registered Manager has also submitted notification forms to the Commission which have provided information about incidents that have occurred in the home. This engagement with the Commission is evidence of transparency and a good understanding of the regulations and standards.

The Regulation Officer was advised of the experiences of the care receivers during the Covid-19 restrictions. This was in the context of the range of needs of this resident group and in particular the support required from staff to reduce the impact of the restrictions. Examples of good practice were provided.

The approaches taken to ensure relevant information will be requested and obtained from relevant agencies when the home is considering any new referral, were discussed and evidenced from review of the systems used for this purpose. Notably the electronic care record system supplemented by hard copy assessment documents and records which are sourced pre-admission into the home.

The Regulation Officer was satisfied that all conditions are currently being met.

The Regulation Officer undertook a brief review of the communal areas including the kitchen and two care receivers' rooms. All areas which were viewed were found in good order. In addition to the communal areas, there is a staff/resource room which is found outside the main building that is used to facilitate some of the group work and 1:1 interaction.

Observations of engagement between staff and care receivers evidenced some of the recovery-based approaches used in providing support and some more practical support for one care receiver. Three care receivers provided some brief summaries of the type of support they receive, and all was conveyed in a positive and appreciative manner.

The promotion of a relaxed, supportive and nurturing home environment was demonstrated during the inspection visit and a variety of approaches is taken to meet individual needs. The type of meaningful activity could include work opportunities or independently attending activities of their own choosing and preference.

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 arrangements were discussed during the inspection. There are accessible documents available from the home's electronic system (Fusion), for staff to reference about this important area of practice.

Safeguarding is incorporated into supervision and processes as routine and staff are expected to apply the necessary attention and diligence to safeguarding matters. Staff are encouraged to discuss any concerns with senior members as they arise and with a reporting system aligned with the overarching governance in place. This includes the Compliance Manager who will visit the home monthly for more general quality assurance purposes also.

The Registered Manager highlighted a safeguarding alert and concern the home had raised six months prior to the inspection that evidenced good attention and action for safeguarding matters. A referral and consultation with the Adult Safeguarding Team had been made in a timely matter and appropriate processes were in place, in the home, that had been helpful to this action initiated.

It was therefore noted that the reporting structure available to the staff group can include immediate discussion between staff on duty and thereafter, if needed, further advice can be requested from more senior colleagues and/or the Registered Manager. However, as noted above, referrals, if required are made to the relevant agency for safeguarding as outlined clearly within the service's policy and procedures.

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.

From engagement with some care receivers during this inspection process there were no complaints raised and the Regulation Officer was satisfied that appropriate and adequate complaints procedures were in place.

The Regulation Officer was advised that the management team will address concerns informally where this is appropriate. There are clear systems of governance in place which ensure that any formal complaints are addressed in a systematic and timely manner. This is set out in relevant policy and guidelines which can be referenced in the home. The home also has a whistleblowing policy for staff to utilise.

It was also highlighted in discussion with members of the team that such policies and opportunities for care receivers to raise any issues of concern also feature in "residents' meetings" which form part of routine practice. Unfortunately, in recent months, due to physical distancing, opportunities for these meetings to take place with staff have been limited. However, it was reported that these forums will still be promoted but with some refinement to the environments used and more limited numbers when necessary.

Findings from the previous inspection noted an area for improvement was to introduce a system for regular review and that takes account the outcome of any complaint or other investigation into the conduct of the regulated activity. Improvements in this area were evidenced from a review of the monthly Quality Assurance reports as dated 29/11/20 and 31/12/20. Alongside this, the notes from residents' meetings held on 2/12/20 and 14/1/21 further demonstrated the attention that is given to this matter and with no issue of concern requiring any formal response to any complaints at this time.

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. 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 undertaken prior to any new staff commencing work in the home.

It was discussed in some detail the staffing levels in the home and which had been clarified following recent contact initiated by the Registered Manager. This was with some reference to areas for attention noted in the previous inspection and which recruitment of new staff has been particularly challenging to satisfy the minimum standards. The Registered Manager confirmed the complement of staff is now in place that addresses the shortfall by a number which had required more shift rotation than would normally be applied.

However, one operational issue was reviewed with the use of Home Care Agency staff over a prolonged period. Notwithstanding the very good practice evident from ensuring the home had adequate cover in place (for night shifts) over and above the minimum staffing levels that may otherwise apply, it was advised that this arrangement should be revised further. This matter was addressed with immediate effect once clarified with the Registered Manager after the visit.

The Regulation Officer was satisfied that the staff team was adequate in respect of both number of staff and their qualifications as summarised during the visit. This includes QCF levels 2 & 3, permanent and part time staff, shift rotation and where attention will be given to address some of the delays/shortfall in quality of training (reduced face to face) due to Covid-19 restrictions. It was however highlighted the home benefits from a good resource where training and learning is facilitated by provider colleagues. Therefore, when Covid-19 restrictions are reduced, some of the training can be provided within the training environment on site.

The Regulation Officer examined the provider's arrangements for ensuring that staff working in the home had received the necessary training to equip them to meet the particular needs of the resident group. It was noted that the 'SMART Recovery' tools-based approach was being used to support those residents who had experienced substance misuse - drugs or alcohol. Two staff members had roles as facilitators in this regard

A review of a sample duty rosters confirmed that adequate numbers of staff are in place to meet the care needs of care receivers. The training log was viewed and with the expected oversight given to this by the Registered Manager and where mandatory subjects are covered in the training syllabus and routine updates for all staff. This was demonstrated by the dates for completion, pending or overdue which are illuminated by this auditable system in place. Induction packages to incorporate

necessary training and peer support before lone working were also clarified with the necessary attention given to this area of safe practice. There was limited opportunity to speak with many care staff during this visit.

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 during the inspection and which primarily referenced the Fusion electronic care recording system which is used. There was also some reference made to hard copy assessment documents and initial forms that are used prior to admission to the home as routine to that process.

It was demonstrated very clearly that care plans will be written in detail relating to the specific needs of each individual. It was acknowledged that care receivers may have different levels of engagement and indeed motivation to apply themselves to actions and review. Nonetheless, actions, outcomes and goals are recorded in daily logs, and the care/support plans evaluated and updated each month.

Standardised care plans incorporate 10 different areas of focus and with identified need, aim of plan, review date, conduct agreement, risk assessment, motivations and other subjects incorporated into these individual records. Access is encrypted to promote confidentiality and privacy however care receivers will be able to access and work with their identified support worker to review their care plans as or when this may be necessary.

The care plans examined were comprehensive and an informative style which was to be viewed positively for both care receivers to read and that suitably informs care staff about how best to support them. Risk assessments reviewed were also seen to be comprehensive in the format and content that would be expected to adequately inform and direct care delivery and where risk could be identified past, present or future.

With reference to the above issue one Healthcare Professional actively engaged in overseeing care packages in the home was contacted for their feedback and with specific reference to risk management practices. They reported a very positive view of how the home and Registered Manager operate to address this area of care planning. Noted was their view that the home's staff appeared to have a good understanding of individual issues that may affect risk, safety and health/relapse. They also conveyed a view that the home has acted positively when engaging in joint care planning and when necessary have been assertive with other agencies to manage risk safely.

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 provider has a nominated individual (Compliance Manager), who is a registered nurse. They visit the home on a monthly basis to monitor the quality and safety of the service by reviewing Standards and compliance with Regulations. The Regulation Officer had sight of the most recent reviews and noted the comprehensive approach which is applied.

The reports were clear and instructive about standards which will be given some scrutiny as part of the quality assurance framework which is followed. This system appears well embedded into routine practice and which assists the manager in delivery of the expected standards of care.

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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