



Jersey Care
Commission

INSPECTION REPORT

Glenferrie House

Care Home Service

**24 Peirson Road
St Helier JE2 3PD**

3 February 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

This is a report of the inspection of Glenferrie House Care Home. The service is situated in the parish of St Helier and is close to town, the park and beachfront. The service became registered with the Jersey Care Commission on 1 January 2019.

Registered Provider	Personal Care Limited
Registered Manager	Linda Green
Regulated Activity	Adult Care Home
Conditions of Registration	Maximum number of care receivers in receipt of personal care or personal support is 9. Age range is 50 years and above. Category of care: mental health problem
Dates of Inspection	3 February 2021
Times of Inspection	09:15-15:40
Type of Inspection	Announced
Number of areas for improvement	None

Personal Care Limited operates the Care Home Service and the registered manager is Linda Green.

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

At the end of 2019, the Commission was notified of plans to extend the home. The planned extension will provide an additional six bedrooms with en-suite facilities. It will be a three-storey extension to the rear of the property on the site of the existing garage. In addition to the extra bedrooms, a lift will be installed and additional internal alterations will be made.

Whilst the Regulation Officer recognised that the property would certainly benefit from some internal modernisation, the environment at inspection was found to be clean, homely, and welcoming.

There is a discretionary condition applied to registration that the premises and grounds of Glenferrie House care home must meet the Care Home Standards (2019) by 1 November 2022. It was agreed with the registered manager that the Commission would keep the progress of the planned extension under review.

The Statement of Purpose reflects that the philosophy of Glenferrie House is, 'to provide care receivers with care which will enable them to live as independently as possible with privacy, dignity and the opportunity to make their own choices'.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was carried out on 3 February 2021. Further to the inspection visit, the Regulation Officer contacted relatives by telephone on 9 February 2021. The Care Home Standards were referenced throughout the inspection.¹

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.

The service continues to work within its Statement of Purpose and conditions of registration.

A Safeguarding Policy and Procedure (2019) is in place to guide staff on what to do if they had a safeguarding concern and alerts staff to types of abuse. All staff had completed safeguarding training and had access to a safeguarding alert form. There was evidence of good practice in relation to the stringent infection control measures the manager had put in place to protect the home from Covid-19.

There had been no complaints reported to the Commission this year and there was evidence of a clear and comprehensive complaints and whistleblowing policy and process in place. There is a central complaint log for both staff and care receivers.

¹ 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 with only one staff member having been recruited since the last inspection. It was also positive to note the measures that the registered manager had put in place for a supported return to work for staff members, following a planned absence.

A sample of three care plans were reviewed during the inspection. These are stored in paper format and demonstrated that care receivers receive personalised care based around their individual needs and choices. The plans also evidenced how well staff knew the care receivers, their likes, dislikes, and care needs, for example in relation to communication. The plans showed insight into care receivers' mental health needs, with an individualised plan for each resident. This was identified as an area of good practice.

The manager from another home carried on by the same provider visits monthly to assess the quality of care provided and completes a report. It was suggested that the quality of the reporting could be improved by having any actions more clearly identified and a review of the outcome of the previous month's actions within the report.

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 findings from the previous inspection, carried out on 10 October 2019, were also reviewed in advance of the visit. A recommendation regarding the monthly reports had been implemented with respect to creating more space within the template to allow for further detail / description and to move away from a tick box process. The Regulation Officer directed the registered manager to the Commission's monthly report template that may be useful for this purpose. Due to the Covid-19 situation, the scheduled inspection was not undertaken in 2020. However, a structured discussion with the manager took place on 12 May 2020, the outcomes of which were reviewed prior to this visit.

There had been no notifications to the Commission in 2020, this was discussed with the manager and a review of the incident folder was undertaken at inspection. There had been one incident involving a minor injury to one care receiver since the last inspection. It was discussed with the manager that a notification should have been sent to the Commission pertaining to this event. The manager agreed that they would notify the Commission of any such events in the future and if there was any query regarding notifiable incidents to contact the Commission.

The Regulation Officer sought the views of the people who use the service, and / or their representatives and spoke with managerial and other staff. Seven care receivers, two relatives and two members of staff were spoken with during, or as part of the inspection. The views of a health professional were also sought as part of the

inspection process, but the Regulation Officer did not receive a response. Telephone contact was utilised to interview relatives due to the restrictions on visiting in place at the time of the inspection due to Covid-19.

During the inspection, records including policies, care records, recruitment documentation, Covid-19 file, incidents, safeguarding, and complaints logs were examined.

At the conclusion of the inspection and telephone consultations, the Regulation Officer provided feedback to the registered manager.

This report sets out the findings of the inspection and includes areas of good practice which were identified.

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 Care Home Service's Statement of Purpose was provided upon initial registration and was reviewed prior to inspection. The content continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the registered manager fully understood their responsibilities in this regard.

Glenferrie House provides assistance and support of care receivers living with past or present mental illness.

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

Conditions of Registration	<u>Mandatory</u> Type of Care: personal care, personal support Category of Care: mental health problem Maximum number of care receivers: 9 Age range of care receivers: 50 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1,4 and 6 – one person Rooms 2,3 and 5 – two people
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	<p><u>Discretionary</u></p> <p>With reference to the premises and grounds, communal space, bedrooms, toilet and washing facilities, medicine storage, clinical or treatment room, infection prevention and control, sluice room, laundry, catering areas, storage and staff facilities within Glenferrie House care home must meet the standards within Jersey Care Commission Care Standards Care Homes (2019) by 1 November 2022.</p> <p>A project plan should be submitted to the Commission within 3 months from the date of the proposal (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.</p>
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A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with at the time of the inspection. A discretionary condition requiring submission of plans for the extension and proof of planning application to the Commission by 1 February 2020 had been met and will subsequently be removed. The conditions are intended to remain unchanged until planning application is granted and it will then be possible to submit a project plan to the Commission. The scheduled date of completion for the work is November 2022.

The manager provided a further update on the progress of the refurbishment works during the inspection and advised that because of both unforeseen delays and delays due to the Covid-19, a new set of plans had been drafted and had only recently been resubmitted to planning following an amendment to the size of the extension. It was agreed that the Commission should be kept up to date with the progress of the planning application and the extension.

On completion of the extension, in-line with the Standards, any two people sharing a room will have their own room allocated. At the time of the inspection, there was one shared bedroom. The registered manager explained that the opportunity to move to a single room was previously offered to both residents and declined. The Regulation Officer was assured by both the registered manager and provider that this would be kept under review with both individuals. Care receivers have all been informed of the planned extension and will be given choices as to preferred rooms. The Regulation Officer was able to speak to most care receivers in either their rooms or the communal lounge area. It was positive to note evidence of personalisation in that most care receivers had ornaments and personal possessions in their rooms.

It was confirmed that care receivers have been encouraged and assisted with accessing a range of social activities that, while significantly restricted during the prolonged period of lockdown, have nonetheless been made available wherever practical. These have included walks in the park, beauty afternoons, a jigsaw club and afternoon tea in the front garden during the first lockdown.

However, despite these measures two of the residents did comment on how they missed interaction with the wider community during the pandemic, with the suspension of some activities / clubs that they would regularly attend / enjoy.

The staff and management of the home continue to work with other professionals, as well as care receivers and their families to provide an inclusive and multidisciplinary approach to care.

The Regulation Officer was satisfied that one of the discretionary conditions had been met within the given timescales prior to inspection and will subsequently be removed. Two discretionary conditions remain at the time of the inspection.

Safeguarding (adults and children)

The Standards for Care Home Service 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.

Systems are in place at the home to support the safety and protection of care receivers. An example of this is the infection control measures that are in place for defence against Covid-19. The Regulation Officer underwent a screening process on arrival at the home, including a temperature check and completion of a health-screening questionnaire.

No safeguarding concerns had been reported to the Commission since the previous inspection in 2019. The Safeguarding Policy and Procedure (2019) was reviewed during inspection, it clearly outlines the types of abuse and the escalation policy but the contact details for the Commission were out of date. The manager agreed to rectify this immediately after the inspection. It was positive to note that within the Safeguarding policy, whistleblowing is actively encouraged / promoted. Any safeguarding concerns are recorded in the safeguarding log and there is a safeguarding guide for staff, this encourages staff to act, 'doing nothing is not an option'. The registered manager is also the Safeguarding Lead for the home.

While there was limited engagement with staff on this occasion, the manager provided assurance that staff are confident in reporting any safeguarding concerns to the manager and of the escalation process if required.

All staff had completed foundation-safeguarding training through a local provider of care training.

Medicines are stored securely and several of the residents have an allocated rescue pack in the home for Covid-19 (rescue packs are for people with long-term conditions such as respiratory or cardiovascular problems). A finding from the inspection was that management prefer all carers working in the home to be trained in medicine management prior to employment within the home.

Complaints

The Standards for Care Home Service 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.

Complaints regarding Glenferrie House can be made either by email, letter and telephone contact or verbally in person to the manager / deputy manager. All care receivers are given a complaints form on admission to Glenferrie House and it is displayed on the noticeboard in the entrance hall. There is a central complaints log pertaining to both staff and residents.

There had been no complaints reported to the Commission in 2020. A discussion with the manager confirmed that no formal complaints had been made. The manager discussed that on occasion minor 'niggles' may occur within the home but that these can be usually be resolved straight away.

During the inspection, the Regulation Officer reviewed the complaints policy and log and found that the Commission's contact details were out of date in the policy. The manager agreed to rectify this immediately after the inspection. The manager confirmed by email to the Regulation Officer the next day that there were already updated copies available in electronic format and that the out of date copy in the folder had been replaced. In addition to this, updated copies had been given to each of the residents. The complaints policy sets out timescales for response and investigation.

One relative commented to the Regulation Officer that they had no concerns at present but that they felt comfortable to approach the manager or any member of staff with a concern.

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.

A summary of the staff profile and staffing levels are included in the Statement of Purpose. The manager advised the Regulation Officer that there was good retention of staff within the team. The manager has been in post since 2015 and the care team consists of a senior care assistant, three full time day carers and three full time night carers. Other staff members include a domestic, cook, gardener and maintenance person.

The staff roster for the period of the last two weeks of January 2021 and the beginning of February 2021 was reviewed and confirmed that staffing requirements

were being met at the time of the inspection. Relief staff had not been used since the start of the pandemic, but the registered manager had been able to provide adequate cover.

The registered manager advised that as part of the recruitment process of new staff, they would seek to employ carers with Level Two RQF and the medication module to ensure safety regarding medication management.

A small sample of staff personnel files was reviewed which evidenced that appropriate pre-employment checks were sought prior to employment, including an enhanced DBS check and references. It was also positive to note the measures that the manager had in place to support a safe reintroduction to the work force after an absence, which ensured the safety of both the employee and the care receivers.

There is a recruitment pack for new staff and the registered manager is actively involved in the recruitment process.

Newly appointed staff undertake a twelve-week training course initially through a local provider of care training. Further training is accessed mostly on-line at present due to the Covid-19 restrictions; examples of recent service specific training modules on-line are dementia and bipolar disorder. Prior to Covid-19 training opportunities were often shared between Glenferrie and the other registered care home carried on by the same provider, for example infection control updates. The manager explained that staff were up to date with First Aid training until 2022.

The Registered manager also commented on the homes' close working relationship with the Adult Mental Health Service and of the support that they provided to both staff and residents.

There is a supervision policy for Glenferrie House and the Regulation Officer reviewed procedures in place for staff. The Glenferrie House Supervision sheet provides evidence of the supervision process for staff; it prompts discussion around any concerns, workplace discussion and personal development. One to one supervision takes place six monthly with a yearly appraisal. The registered manager advised the Regulation Officer that this is kept under review and on occasion, supervision may need to be more frequent, for example, every month and that this would be accommodated.

During discussions with care receivers and relatives, they remarked positively on their engagement with staff and of staff members' care and support. The Regulation Officer observed ease of interaction between staff members and residents throughout the visit and mutual respect. This meant that staff were intuitive to any changes in residents' mood or behaviour that might suggest the need for further enquiry or action.

One relative commented, 'I feel like I can communicate with the staff to make a difference to the life of xxx'.

Another mentioned how approachable the manager and staff team were at Glenferrie House and that their relative always looked smart and well cared for.

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.

Care receivers are admitted into the home following a pre-admission assessment. The registered manager explained that the social work team makes most referrals.

The completed pre-assessment forms are filed in the care receivers' care plan folder. Care plans are in paper format and include a life story for each care receiver. Photographs are used to aid identification. Every member of staff can write in the plans if required.

The manager discussed that residents are involved in the planning of their care, and that independence is encouraged as much as possible. An example of this is the use of the kitchen by residents, where they are encouraged to prepare drinks and snacks as independently as possible.

A sample of three plans was reviewed during the inspection. There was evidence of daily care records with regular updates, signatures and monthly review. It was positive to note evidence of personalisation throughout the plans. One included good explanations regarding care needs pertaining to communication. Another included clear indicators that might suggest a change in mental health that could require prompt action. This level of description was identified as an area of good practice, meaning that any health professional could easily identify a resident's care needs upon review of their care plan.

Evidence-based assessment tools are used in the assessment process, for example in relation to skin integrity and falls. There was also evidence of multidisciplinary team involvement, with sections pertaining to visiting health professionals such as the GP and District Nurse. A visiting professional was contacted as part of the inspection process but did not respond.

One relative also expressed her gratitude in feeling involved in the care planning for her relative and of the effective communication between herself and 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 manager from a home registered with the same provider, usually visits Glenferrie on a monthly basis to monitor the quality and safety of the service. During the first lockdown, these visits were temporarily suspended and the manager for Glenferrie had undertaken the audit. Despite this, there was still oversight of the report by the other manager who signed off the completed report to ensure adequate oversight. The visits were reinstated in October 2020.

It was positive to note evidence of audit within the monthly report and feedback from service users. However, although there was some evidence of actions / conclusions, it was suggested that a specific section in the report pertaining to actions and review of previous actions might improve the quality of the report. It was discussed with the manager that the Commission report template lends itself to this purpose and could be adapted or adopted fully.

There was also evidence of monthly audits carried out which assist with quality of service assurance within the home. Examples of which include maintenance, training and medication audits conducted by the staff team.

Resident meetings and questionnaires are further examples of quality monitoring. Minutes of a meeting in December 2020 indicated how residents were able to have a discussion around the revised visiting guidance for care homes and about the planned Covid-19 vaccination programme for care homes. During the first lockdown, the manager was meeting with residents every evening after the evening news to encourage discussion and to aim to reduce anxiety following the headlines. The manager and staff also worked hard to alleviate any concerns residents had when staff first started wearing personal protective equipment (PPE).

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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