



**Jersey Care
Commission**

INSPECTION REPORT

HCS 104

Care Home Service

**Government of Jersey – Health and
Community Services
19-21 Broad Street
St Helier, JE2 3RR**

17 March 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 HCS 104. At the request of the registered provider, the name and address of the care home has not been identified in this report in order to preserve the confidentiality of the care receiver who lives in the care home. The service is a large property situated on the outskirts of St Helier, with easy access to shops, restaurants and the beach. The service has the benefit of a vehicle for the use of the care receiver. This is one of seven registered adult care home services operated by Government of Jersey. The service became registered with the Commission on 18 December 2020.

Regulated Activity	Adult Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care Category of care: Learning disability Maximum number of care receivers: One Maximum number in receipt of personal care: One Age range of care receivers: 18 and over Maximum number of care receivers that can be accommodated in the following rooms: Bedroom 1: One person
Dates of Inspection	17 March 2021
Times of Inspection	12 noon – 3.30pm
Type of Inspection	Announced
Number of areas for improvement	Seven

Number of care receivers accommodated on the day of the inspection	One
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HCS 104 is operated by Government of Jersey – Health and Community Services and the registered manager is Fiona Gildea.

This is the first inspection since the care home was registered on 18 December 2020.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The staff team is consistent and have a good understanding of the needs of the care receiver. It was not possible to fully review recruitment records and procedures during this inspection and this is an area for improvement that will be followed up after the inspection.

It was noted that most of the support workers have worked with this team for over two years. Staff members who were consulted felt well supported and a plan of training was in place. Supervision takes place on a regular basis. This was an area of good practice.

A finding of this inspection is that care planning is disjointed and not easy to access. Although the registered provider has informed the Commission that a holistic assessment was completed, this does not appear to have translated into outcome-focussed care plans. While there was evidence of proactive multi-disciplinary support being sought, actions from meetings had not been put in place and there was evidence of drift and delay. Care plans did not include person-centred risk assessments regarding visits for a relative. There was no policy in place for transportation and therefore a decision had not been made in respect of whether the relative could join activities. This is an area for improvement.

A finding of this inspection was that the registered manager was not clear about their roles and responsibilities. This has the potential to reduce the effectiveness of the home's management arrangements. The registered provider must ensure that suitable arrangements are in place to support the manager in this position. There is no clear line of responsibility between the case co-ordinator and the registered manager. The relative reported that they had raised issues with the case co-ordinator but there was no evidence that these had been acted upon. The registered manager agreed to ensure that the relative was aware of the complaints policy and was advised to maintain a complaint log even for informal issues.

The home is light, airy and well-maintained. The care receiver had been involved in the redecoration of their bedroom and there was evidence of staff supporting the

care receiver to personalise areas of the home. There was however an unpleasant odour on entering the home, which needs to be addressed.

The current monthly quality reviewing system has not highlighted the concerns identified during this inspection and the provider is not able to demonstrate that it is providing positive outcomes or driving improvements. This is an area for improvement.

The period of the pandemic and the various restrictions associated with it have had an impact on the activities which the care receiver enjoys. In particular, the provider was unable to demonstrate how activities with both the care receiver's friend and their relative were being facilitated. Additionally, the provider was unable to demonstrate how the care receiver's religious beliefs and spiritual needs were being addressed. This is an area for improvement.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the registered manager four days in advance. This was to ensure that the registered manager would be available during the visit, to confirm the home's infection prevention and control arrangements and to ensure that the needs of the care receiver were considered.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- Staff recruitment, training and development
- Approaches to care and welfare of care receivers
- Staff competence relating to categories of care provided
- Care home environment
- Management of services
- Choice, preferences and lifestyle

Prior to our inspection visit, all the information held by the Commission about this service was reviewed.

The Regulation Officer sought the views of the person who uses the service and spoke with the manager and two members of staff. The Regulation Officer observed the care provided to the care receiver during the inspection, spoke with a member of staff on duty and, following the visit, contacted a relative and an additional member of staff by email.

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

The views of one professional (the care receiver's case co-ordinator) were also obtained as part of the inspection process.

During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager. In accordance with the Commission's Escalation, Enforcement, and Review Policy, some of the concerning findings of this inspection were escalated to the registered provider on 26 March 2021. Subsequent to this, a prompt response was received on 31 March 2021 setting out the actions taken and plans in place to address these areas of concern.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

Staff are recruited in accordance with the Government of Jersey's policy and this is managed centrally by a Human Resources team. The Regulation Officer requested access to centrally held recruitment files, however, at the time of the inspection, access had not been possible. This will be followed up when a point of contact has been nominated. The registered manager had worked in a different service area prior to taking on this role and was therefore not involved in the recruitment of the home's staff. However, they reported that it is practice for them to see the applicant's information and references prior to start date. The registered manager could not provide evidence or confirmation that all staff had an updated criminal records check. This is an area for improvement.

All staff have attended Safeguarding Level 1 training and updates for Levels 2 and 3 are booked in advance. The member of staff on duty was able to identify the procedure for raising a safeguarding alert. Four members of staff are qualified to Level 2 Health and Social Care. The most recent employee stated that they would like to study the Level 2 qualification and would feel supported to do so.

A member of staff who provided email feedback, reported that they had shadowed other members of staff for one month prior to working as part of the team for the care receiver. They had then completed a six-month probation period during which they completed the Care Certificate which included mandatory training. The registered

manager keeps a log of training for the team and this was updated and provided to the Regulation Officer after the inspection visit.

In addition to mandatory training, staff receive training in learning disability awareness, autism awareness (SPELL), conflict management (MAYBO) and positive behaviour support training.

The registered manager aims to provide supervision every eight weeks, in accordance with the Standards. Additional to this, an appraisal is completed on a yearly basis using the Government of Jersey “My Conversation, My Goals” performance approach. Both care workers consulted reported feeling well supported by the manager. A member of staff also reported that there is always an on-call manager to support when necessary.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home Standards which states: “You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences.”

The Regulation Officer noted that a Significant Restriction on Liberty (SRoL) authorisation was in place in light of an assessment of the care receiver’s capacity to consent to their plan of care. The Regulation Officer reminded the registered manager of the requirement to notify the Commission of any such authorisation in writing, and this was received on the following day.

The care receiver’s plan of care is recorded electronically on a system called ‘Care Partner’. During the inspection, the plan of care did not include areas of support such as religious beliefs, activities, emotional well-being. It was not possible to readily identify the goals which are in place for the care receiver or the plans relating to how these goals might be achieved.

Following the inspection, the Regulation Officer received a copy of a document titled ‘This is Me’ and was advised that this is intended to provide a more holistic care plan for the care receiver. It was noted that the area of religious belief and observance was not outlined in full within the document and there was no plan in place to ensure that the care receiver’s cultural or spiritual needs would be addressed during the period of the pandemic. While the document identified two people, including a relative, that were important to the care receiver, it did not specify the frequency of contact or how the contact would be facilitated.

The Regulation Officer was advised that staff had noted a deterioration in the care receiver’s mobility during the period of the pandemic and that support had been sought from multi-disciplinary colleagues to promote independence in this area. It was disappointing to note that since this support had been obtained in January, the plan to promote the care receiver’s mobility had not been implemented.

The care records should evidence the methods used by the team to promote physical activity as this has the potential to impact on physical health, mental health,

fitness, flexibility and general overall wellbeing. The care records should also reflect the efforts and strategies which have been attempted and any multi-agency meetings to review the care plan.

The Regulation Officer noted that a relative's request to join the care receiver in the car for outings had not been taken forward. The absence of a policy for the use of the home's vehicle means there is a lack of clarity in this regard and this has resulted in opportunities missed to encourage social outings and increased physical activity. This is an area for improvement.

The Regulation Officer also noted that the Government of Jersey guidelines for care homes were being followed for visitors, even though the home accommodates one care receiver. It was suggested that a more pragmatic and proportionate approach should be taken in this instance which should include a risk assessment and expectations in terms of safety and infection control for the visitor on each occasion. This is an area for improvement.

The Regulation Officer was shown a folder containing images of meals which the care receiver could use to express their choice. A relative expressed some concerns regarding the quality and appropriateness of the meals available. The manager was aware of concerns that had previously been raised by the relative. There did not appear to have been a significant change in the meals available and this would be an area for further discussion. The Regulation Officer was unable to review a care plan regarding diet and nutrition and this must be addressed in a review of the care receiver's care plans.

The case co-ordinator who contributed to the inspection reported that they had no concerns for the care provided. In their opinion the team have "the highest respect for (the care receiver) and care very much for (them). Staff are aware of the challenges and (the care receiver) is smiling and happy. (They) like the staff." This professional reported that the care receiver is always well presented, and in their opinion, they are "the best they have been seen." The registered manager described how the care receiver is given choices about what to wear each day and the staff team support the care receiver to fully participate in the decision-making.

The registered manager stated that the staff team are considering ways to improve communication with the care receiver. The review of the care receiver's care plan should capture the methods used to promote effective communication.

The Regulation Officer was advised that the care receiver had previously enjoyed a friendship which had not been sustained during the restrictions of the pandemic. The registered manager reported that the team are considering how to re-start contact and promote this positive relationship. This is an example of good practice.

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Care Home Standards which states:
"Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."

This care home benefits from having a consistent staff team of six, the majority of whom have worked with this care receiver for several years. The most recent member of staff has been in post for nine months. Except for the new member of staff, all staff members were part of the team for this care receiver at their previous accommodation.

The Regulation Officer consulted a member of staff who was on duty during the inspection visit. They have worked for Government of Jersey, and specifically with this care receiver for some years, supporting them with the transition to this care home. The consistency of the staff team was an area of good practice.

The Regulation Officer noted that the care receiver relies on a variety of visual information to assist them to make choices and to anticipate their routine. It was suggested that the care receiver's communication needs and preferences are clearly outlined within their care records and that strategies are put in place to meet these. An example of this was the development of a photographic staff duty rota for the care receiver which would enable them to anticipate which staff are on duty. The registered manager agreed to put this in place.

The member of staff was able to identify the safeguarding process and had received Level 2 training in medication. Additionally, it was reported by the registered manager that the staff receive SPELL training. One member of staff contacted after the inspection stated that they would appreciate SPELL training, but this had not yet been available to them, even though they have completed their probation period. Although it is acknowledged that the period of the pandemic has made face to face training difficult, the registered manager reported that this training was unlikely to be available until later in the year. Opportunities should be sought for remote learning, which could then be updated with a full training session when this is available.

It was noted that following feedback from a relative, a plan is in place to ensure that foot care is provided regularly. The failure to have identified and met this personal care need is likely to have caused discomfort to the care receiver. The manager confirmed that a suitable plan is in place to prevent this in the future.

Medications are administered by members of the team who have had appropriate training. The relative reported that they have confidence in the current plan to review and reduce some of the medications and that the team, which includes the registered manager, the case co-ordinator and a psychiatrist, is proactive in working towards achieving this.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states:
“The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.”

The home is situated close to the centre of St Helier. There is a long driveway with well-kept gardens both front and back. The home is light and airy, and it was evident since the pre-registration visit, that some improvements had been made. However, on entering the home, a strong unpleasant odour was evident, despite windows being open on the day of the visit. This was also noted during the pre-registration visit to the home on 26 October 2020. The arrangements for managing odours in the home require urgent review.

The Regulation Officer was advised that the care receiver had been involved in choosing the colour for their bedroom and that this had been recently painted. However, it was disappointing to note that the plans in place to remove a utility sink and work surface from the bedroom, had not progressed since the pre-registration visit to the home. The relative expressed disappointment that family photos were no longer on display in the care receiver’s bedroom.

It was noted that the home’s kitchen area does not afford the care receiver safe access while staff are cooking. The care receiver was reported to have enjoyed watching meal preparation and the registered manager reported that there is a plan in place to modify the kitchen area to allow safe access.

In the lounge, there was some evidence of personalisation, with pictures and light fittings installed in accordance with the needs and preferences of the care receiver. These had been introduced gradually and there was a plan to further introduce photos and pictures. The furniture was homely with a jigsaw half completed on the dining room table. This was evidence of good practice.

The bathroom is light, and the registered manager reported how personal care is planned to promote choice for the care receiver, for example with choice of clothes. The garden is small but well maintained and can be accessed safely by the care receiver.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states:
“The care service will be well managed.”

The manager of the care home had only recently taken on this position and is also responsible for another care home, which requires that they divide their time depending upon the needs of each service. A relative of the care receiver reported that they had not yet built a working relationship with the manager but expressed confidence in the care receiver’s case coordinator to respond to any issues arising. The relative was unclear as to who held responsibility for the care receiver’s care plan and would benefit from guidance on this from the manager.

The arrangements for the care receiver or their relative to make a complaint must be reviewed to ensure they are accessible. The complaints procedures should highlight the role of the registered manager and include the contact details of the Commission and any other relevant departments or agencies. There should be a log of complaints maintained

Standard 12.2 states that the 'registered provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards and regulations.' The Regulation Officer reviewed the reports of quality monitoring which had been completed. It was noted that the individual undertaking the review of quality had not visited the home due to the Covid-19 restrictions and that the reports did not identify or address any of the matters evident during this inspection. This calls into question the effectiveness of the current system in place to review the quality of care provided. This is an area for improvement.

Choice, preferences and lifestyle

Reference was made to Standard 9 of the Care Home Standards which states: "You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle."

It is acknowledged that the period of the pandemic and Government of Jersey restrictions have prevented access to some of the activities that the care receiver enjoyed. However, since some of the restrictions have been lifted, there has been little progress in enabling the care receiver to resume these activities. This has resulted in a relative expressing concern that the care receiver's mobility and fitness had been adversely affected.

The relative stated that they consider the registered manager to be proactive in this regard. However, it was disappointing to note that actions recommended by the Positive Behaviour Support team in January 2021 had not been taken forward.

The Regulation Officer was advised that activities connected to the care receiver's faith could no longer be attended due to social distancing guidelines. However, it was not evident that the team had been creative in ensuring that the care receiver was encouraged to identify alternative opportunities to participate in or to observe, religious ceremonies, festivals or rituals, albeit in a modified or restricted form.

As stated previously, the relative is currently unable to visit without following guidelines which are in place for care homes across Jersey. The relative expressed a concern that this is excessively onerous. There was no evidence that a pragmatic approach had been taken to this matter, or that infection control advice had been sought in order to facilitate contact. This is an area for improvement.

It is positive to note that the registered manager is considering a plan to enable the care receiver to maintain a friendship which had existed before the restrictions came into place.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 7</p> <p>To be completed by: By 17 May 2021</p>	<p>The registered provider must ensure that the care home environment is odour free and that planned adaptations (including the removal of the utility sink in a bedroom and modification of kitchen access) are completed.</p>
	<p>Response by registered provider: Removal of sink carried out on 29th April 2021 and replaced with small sink that compliments bedroom.</p> <p>Action plan in place for cleaning of floor and bed in line with infection control expectations.</p> <p>Modification of kitchen to allow access has been agreed by health and Safety manager, Positive Behaviour Advisor and Fire Inspection who have reviewed the plan and risk assessment and agreed changes (29th April 2021) with work to be completed by 17th May 2021.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 5</p> <p>To be completed by: By 17 April 2021</p>	<p>The registered provider must ensure that care plans are comprehensive, reviewed and updated regularly and take account of the social, cultural, and religious beliefs of the care receiver.</p>
	<p>Response by registered provider: Personal support plan has been updated by the Registered Manager that accounts for social, cultural and religious beliefs within the person's personalised documentation.</p> <p>Personalised document reviewed in support of the information on the 17th March 2021.</p>

Area for Improvement 3 Ref: Standard 9 To be completed by: By 17 April 2021	The registered provider must review the home's visiting arrangements and ensure that any restrictions on visiting are proportionate and risk assessed.
	Response by registered provider: Risk assessment reviewed in line with Covid advice from Infection Control. Previous restrictions on visiting now relaxed and access agreed with client's mother in line with current guidance.

Area for Improvement 4 Ref: Standard 12.2 To be completed by: By 17 May 2021	The registered provider must review the effectiveness of the system in place to regularly review and report on the quality of services provided.
	Response by registered provider: 'Buddy' system in place with Registered Manager from another area of Service completing monthly audit which is reviewed with Team Leaders monthly for compliance. Second level assurance visits will be conducted unannounced by the Head of Learning Disability services and General Manager on a monthly basis. Action and issue log completed to ensure outstanding issues are addressed to ensure compliance.

Area for Improvement 5 Ref: Standard 10 To be completed by: By 17 April 2021	The registered provider must ensure that the arrangements for making a complaint are accessible to the care receiver and their representatives. The role of the registered manager should be clearly outlined within the procedures and a log of all complaints should be maintained.
	Response by registered provider: Meeting carried out with Registered Manager and family member where complaints procedure discussed and clearly outlined in a letter given to the relative identifying process. Easy read documentation given to service user and in personal file. Registered Manager developed a recording log to record complaints within the home.

<p>Area for Improvement 6</p> <p>Ref: Standard 1, Appendix 2</p>	<p>The registered provider must develop a policy on transportation which takes into account any arrangements for relatives to accompany care receivers being transported.</p>
<p>To be completed by: By 17 April 2021</p>	<p>Response by registered provider: Government of Jersey Policy in place – Vehicle Replacement Maintenance and Responsibility Policy (13/01/2017) Section 7.20 that considers service user and driver’s safety.</p> <p>Legal Services Manager (Government of Jersey) consulted with, and advised, that transportation of relatives in a Government vehicle contravenes insurance liability. It was stated within the policy that ‘any special regulations on users or drivers safety laid down by the users own department must be complied with’.</p>

<p>Area for Improvement 7</p> <p>Ref: Standard 3, Appendix 4</p>	<p>The registered provider must make arrangements for recruitment records to be accessible to Commission staff.</p>
<p>To be completed by: By 17 April 2021</p>	<p>Response by registered provider: Recruitment records are held centrally with HR.</p> <p>Contact name has been given to JCC in order to respond to requests set out for any recruitment documentation required.</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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