



**Jersey Care
Commission**

INSPECTION REPORT

HCS 105

Care Home Service

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

6 April 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 105. At the request of the registered provider, the name and address if 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 detached property situated in a residential area in St Brelade. There is a vehicle provided for the benefit of the care receiver. The service became registered with the Commission on 3 November 2020.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care and personal support Category of care: Learning disability and autism Maximum number of care receivers: One Maximum number in receipt of personal care / personal support: 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
Date of Inspection	6 April 2021
Time of Inspection	11:45am – 4.00pm
Type of Inspection	Announced
Number of areas for improvement	Two

Number of care receivers accommodated on the day of the inspection	One
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HCS 105 is operated by Government of Jersey – Health and Community Services and the registered manager is Rose McCullagh.

This is the first inspection since the care home was registered on 3 November 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.

Staff are recruited safely and are provided with opportunities for training, supervision and development. There is a comprehensive induction plan provided for new staff which aims to equip staff with the knowledge and skills associated with their role. The home is always staffed with two staff and skill mix is considered when planning staffing allocations. There is a core team of regular staff who work in the home and some care staff have supported the individual for many years.

Care staff were able to demonstrate a thorough understanding of the needs of the individual care receiver and the ways in which they require support in various aspects of their life. The individual has a degree of control over their home and how they spend their time and is also provided with many opportunities for social engagement outside of the home. Throughout the inspection, the care receiver was observed engaging with staff and seemed comfortable and relaxed in their presence.

The home environment is homely and domestic in nature and there are a range of measures in place to promote the safety of the individual living in the home. The care receiver is subject to an authorised Significant Restriction on Liberty and care staff that were spoken with confirmed an understanding of the lawful restrictions in place. The environment has been subject to some improvements over the past few months for the benefit of the care receiver. One area for improvement relates to ensuring the appropriate safety measures are in place to reduce scalding risks from hot water and surface temperatures.

The registered manager was clear about their role and responsibilities and maintains a regular presence in the home. The provider has a quality monitoring process in place which was described by the registered manager. This process now needs to be improved upon to ensure that effective governance arrangements are in place.

The care receiver has continued to make decisions in respect of how they choose to spend their time and participate in daily activities. Feedback was provided by the care receiver’s representative who was very complimentary of the support provided by the staff team and described the various ways in which they are kept informed of their wellbeing. From a review of the care plans in place which have been provided by the case coordinator, they should be expanded upon to highlight how overall aims

and objectives of the care plan are met on a day to day basis and this is another area for improvement.

INSPECTION PROCESS

This inspection was announced, and the registered manager was given one week's notice of the inspection. 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 also provide the care receiver with advance notice of the inspection.

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 of 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 care staff who were working at the time of the visit. Two care staff were contacted by telephone after the inspection. The care receiver's representative was contacted by telephone in advance of the visit.

During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a tour of the premises. After the inspection, the Regulation Officer examined staff recruitment records to establish the provider's approach to safe recruitment.

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

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.

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

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 safe recruitment policy and the recruitment process is managed by a Human Resources team. The Regulation Officer reviewed a sample of staff personnel files on 5 May 2021 which found that the provider ensures the Standards are met in terms of safe recruitment practices. All staff are required to complete an application form with details of previous employment history, details of referees, statement of personal qualities, proof of identity and right to employment. The applicant is also required to declare that they are not disqualified from working with vulnerable adults due to previous offences. Enhanced criminal records certificates are obtained and reviewed prior to employment which provides further evidence of safe recruitment.

The registered manager explained that she has been fully involved in the recruitment process for staff working in the home. Two staff have been employed in the last six months and the registered manager explained her involvement with the recruitment process. All new staff go through an induction programme which was described by one member of care staff who was spoken with during the inspection. They described their induction programme as supportive and which included a period of shadowing and mentoring by more experienced staff.

Part of the induction process requires staff to work through the Care Certificate workbook which was reviewed during the inspection. This confirmed that one member of staff was supported to develop their knowledge and understanding of standards relevant to their role. Care staff are expected to complete mandatory training and other training relevant to their role and responsibilities. Examples of training delivered were epilepsy awareness, food hygiene, conflict management, data protection and SPELL which provides an awareness of Autism. Some staff are to complete training in capacity and self-determination and the manager has a training plan in place to ensure this will be completed as required.

Two members of staff have completed a Level 3 diploma and three have completed a Level 2 qualification in health and social care. All staff who administer medication have completed appropriate training. The home is always staffed with two members of care staff and the registered manager confirmed that the rotas are planned to ensure an effective skill mix for the care receiver. During the inspection, one member of staff reported that their planned shift had been changed slightly due to covering a colleague's absence which they said they had been happy with. The shift patterns were discussed with the staff members on duty who reported that they were satisfied with the duration of the shifts, as it allowed them to support the care receiver in a meaningful way and strike an appropriate work/ life balance. They confirmed that the sleep-in shifts allow for an uninterrupted break overnight.

All staff are subject to regular supervision every eight weeks from the manager and an annual appraisal. Care staff who were spoken with as part of the inspection confirmed they receive supervision and one staff member explained that they had met with the manager on a more frequent basis during their probationary period to discuss their progress.

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 care receiver, who is unable to use verbal communication was observed to engage with the care staff throughout the inspection and staff were respectful in their approach and tone of communication and language. Staff supported the Regulation Officer to communicate and provide an overview of the best ways to communicate and understand the meaning of various gestures expressed by the care receiver. The care receiver appeared relaxed and comfortable in the presence of staff and they appeared very much at home.

It was evident that staff had made a considerable amount of effort in informing the care receiver that an inspection had been planned by the availability of various communication cards noted in the home highlighting the inspection. Care staff explained that the care receiver relies upon various tools to aid their communication such as communication boards, pictorial aids and interactive choice boards and these were observed during the inspection. One staff member also described that the care receiver occasionally uses Makaton language to communicate and staff demonstrated how they use these signs and symbols to communicate.

Throughout the inspection, the Regulation Officer observed that staff understood the needs of the individual's communication and support needs. The support provided was noted to be professional, whilst also demonstrating warmth and friendliness. It was evident that the support provided was respectful to the individualism and rights of the care receiver. Maintaining contact between the care receiver and their family is significant to both individuals and staff described the ways in which communication is facilitated. This includes a daily text message sent to the family member which, during discussion with the Regulation Officer they reported was appreciated.

Staff described that the care receiver benefits from having a structure and routine in their daily life, although they provided an example where the care receiver was empowered to decide that participating in a regular evening activity was no longer of their choosing. Care staff explained that the pandemic in 2020 had impacted upon the care receiver's regular routine to engage in community activities and they described the alternative activities which had been put in place which they reported the care receiver had enjoyed and benefitted from. An example of this was the provision of exercise equipment for use in the home and another form of sporting equipment that was used outdoors when the easing of Covid-19 restrictions allowed.

Care staff described the benefit of having easy access to communication aids that are used to provide clear information and reassurance to the individual whilst out in the community. A discussion with a family member confirmed that the individual is supported to remain independent and in control over certain aspects of their life which includes deciding how to spend their time and making choices about food options. Specific equipment including a temperature-controlled kettle is provided which allows the care receiver to be independent when making a hot drink. Records of meals provided are maintained in the home and were examined during the inspection. These showed that foods provided are nutritious, healthy, varied and freshly prepared.

The registered manager confirmed that a Significant Restriction on Liberty (SRoL) authorisation was in place due to the care receiver's restriction from leaving the home unescorted. The Regulation Officer reminded the registered manager of the requirement to notify the Commission of any such notification in writing, and this was received soon after the inspection. Care staff that were spoken with during the inspection explained the impact of the SRoL and the rights of the individual.

The care receiver's plan of care is recorded electronically on a system called 'Care Partner' which was reviewed during the inspection. The care plans were comprehensive and detailed the health, personal and social care needs of the individual based on their assessed needs and wishes. The plan was accompanied by an easy read paper version which provided a detailed overview of the individual which also contained a photograph of the care receiver. The electronic care plans highlighted the importance of maintaining contact with friends and requiring support to manage finances, however there was no evidence in the plans in the home to make clear how these assessed needs would be met. This is an area for improvement.

The care records evidenced that the care receiver is involved in decisions and discussions about planned changes to care. One example confirmed that they had been involved in discussions and agreed to trialling a piece of equipment suggested by the Occupational Therapist.

The Regulation Officer obtained feedback from a family member who spoke in positive terms about the manager, staff team and home environment. They reported that their loved one was very happy in the home and that they were very well supported by a staff team, some of whom had worked with the individual for several years.

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."

Staffing levels and skill mixes were consistent and sufficient to meet the needs of the individual at the time of inspection. The registered manager explained that some of the staff team have worked alongside the care receiver for a number of years. Two members of staff who were spoken with as part of the inspection, described the

progress and improvements in their wellbeing that they had noted over the past couple of years. This was also described by the care receiver's family member who also explained that the care receiver is "really settled in the home and [name] is really happy as it is their own home with their own staff team". The family member explained that they have confidence in the abilities and competence of the staff team and believes that the care receiver has built positive relationships with them. Additional staff had been recruited over the past year in order to strengthen the staff team already in place. The consistency of the staff team was found to have a positive outcome on the care receiver's wellbeing.

There were some authorised restrictive interventions in place at the time of this inspection and clear protocols were in place to guide staff on their application in practice. Discussions with staff confirmed that the care receiver has many freedoms within the home environment, and of which was directly observed by the Regulation Officer during the inspection. Staff described their understanding and awareness of promoting the individual's rights and allowing and respecting their wish to spend time in the home without staff presence. This was directly observed during the inspection when staff recognised and understood the care receiver's signs which indicated they wanted staff to leave the area which was fully respected. The care receiver is not able to leave the home without staff presence.

The registered manager showed the staff rota board that is displayed in the care receiver's living area which allows them to know which staff members are always on duty. Staff are provided with MAYBO training which is designed to equip staff with the skills to manage difficult circumstances. Care staff that were spoken with, explained that they had received training and described how they apply it in practice. A review of the Datix electronic incident reporting system during the inspection confirmed that staff had completed records to reflect occasions where they had noted an increase in the care receiver's distressed behaviours.

All staff who administer medication have completed appropriate training. The medication administration records (MAR) and medication storage systems were reviewed during the inspection and found to meet Standards. The registered manager explained that the administration of one type of medication has not been needed over the past year or so and that this indicates that the interventions to reduce adverse behaviours have been effective.

Care staff spoken with explained they would contact the learning disability nursing team to review, assess and decide about administering certain medicine types.

From a review of the records, it was noted that proper provision had been made for the care receiver to benefit from routine health checks which included dental and optical screening. The Occupational Therapist had been contacted to provide advice about trialling a piece of equipment for use in the car which was an example of good practice.

Two care staff who were supporting the individual at the time of inspection explained their approach to keeping the care receiver safe whilst out in the community. They described the various unforeseen challenges that they may have to deal with and

explained that before participating in any outside activity, they carry out a risk assessment and determine the suitability to partake.

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 a large detached property which provides personal care and support to one care receiver. The home has recently been refurbished according to the care receiver’s needs, individual style and preference. Communal facilities include a large en suite bedroom, spacious furnished sitting room, sensory room, additional multipurpose rooms and bathroom. The home has recently been upgraded to better suit the individual’s needs and preferences. These works have included the provision of a bath, of some internal doors and a redesign of the kitchen. The care receiver has direct access to the outdoor garden also. The door leading from the care receiver’s accommodation to the outside of the home is locked and requires staff to unlock. This arrangement forms part of the SRoL authorisation.

There is a designated staff area with a staff office and sleepover bedrooms which the care receiver does not have access to. There is a communication system in place which allows the care receiver to call for staff assistance if needed and this was observed being used during the inspection. The home was observed to be homely, warm and welcoming and very much provided for a home-like environment for the care receiver. The lounge was personalised with photographs of the care receiver and their family on display. During a discussion with the individual, they confirmed they were happy living in the home and the Regulation Officer noted that they appeared relaxed and comfortable in the presence of staff members.

Care staff spoke of the ways in which the care receiver is supported to partake in daily living activities which included helping to prepare food in the kitchen, wiping the dining table and cleaning the bathroom for example. It was clear that this was a common occurrence and the individual is frequently supported by staff to engage in these activities. All hot water outlets within the care receiver’s living area are fitted with valves to reduce the likelihood of scalding, however there was no evidence to show that these valves are subject to ongoing and routine checking. The maximum surface temperature of the radiators in the accommodation area was not known and the risk of harm to the care receiver must be assessed and any control measures necessary implemented. This is an area for improvement.

Management of services

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

The registered manager is responsible for managing two care homes operated by the Government of Jersey. She spends most of her time in this home and will divide their time according to the needs of both services. A discussion with the care receiver’s relative confirmed that they find the home manager to be “very open” and

has a positive relationship with her. They explained that they feel the “communication is great” and they meet monthly with the home manager and they are kept informed about any changes within their relative’s life. During the inspection the registered manager explained that they had arranged monthly meetings with the relative at the relative’s request. After each meeting, the manager provides the relative with records relating to the outcomes of their discussions and these were examined during the inspection. This was an area of good practice.

The manager provided information which related to the ways in which disciplinary and grievance issues are managed which are in line with the Standards. The registered manager explained that due to the pandemic and to minimise footfall into the home she had been reviewing the service and compiling a monthly report which is then reviewed by a colleague. With the easing of restrictions, this approach must be improved upon to ensure adherence to the Regulations and Standards to ensure a safe, effective service is provided to the care receiver.

Choice, preference 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”.

There was evidence that showed the care receiver’s voice was heard and their rights respected in the home. This included choosing how to spend their time and which social activities to engage in. Prior to the inspection, the care receiver had been swimming which is something that staff reported they choose to do and enjoy and benefit from. The interactive communication board that is used by the care receiver had several social activities provided on it which were noted to be varied and meaningful so that they can choose what activities they want to engage in.

The care receiver’s relative confirmed that the location of the home is of immense benefit to them and allows the care receiver easy access to community facilities such as the sports centre and shops and is in proximity for the relative to visit easily.

As stated earlier the care receiver’s care plan highlights the importance of maintaining friendships which needs to be resumed in order that their preferences are met.

IMPROVEMENT PLAN

There were two 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 4.7</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must ensure that the risks of harm from hot water and heating sources will be minimised.</p> <hr/> <p>Response by registered provider: The water temperature within the areas that the client uses have thermostatic controls that govern temperature that are set at 39-41Degrees.</p> <p>Radiators in the area have thermostatic control that is set to 43 Degrees as a maximum within the home.</p> <p>Both taps and radiator temperatures are checked by staff prior to these being used by the client.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 5</p> <p>To be completed by: 6 May 2021</p>	<p>The registered provider must ensure that care plans are comprehensive, reviewed and updated regularly and take account of the social and financial support needs of the care receiver.</p> <hr/> <p>Response by registered provider: Care plans are developed by the Care Coordinator on Care Partner and then translated into personal plans by the client, The Registered Manager and the support team. This takes into account social activities and resources required in line with his income support payments.</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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