



**Jersey Care
Commission**

INSPECTION REPORT

St Ewold's

Care Home Service

**Balmoral Drive
La Route de la Trinite
St Helier JE2 4NJ**

31 March, 13 & 15 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 St Ewold's Care Home. The service is owned and operated by the Parish of St Helier. The home was registered by the Commission in August 2019 to accommodate up to 66 care receivers, including up to five who have nursing care needs. This provision enables care receivers to elect to remain in the home if they develop nursing care needs (if there is a vacancy).

The home is approached via a driveway which encircles the building with parking provided in front of the main entrance and to the rear. The main sitting room is located near the entrance on the first floor; this is equipped with a variety of comfortable seating and is an environment that can promote both social activities and relaxation. In addition, each of the three floors providing bedroom accommodation has seating areas and a kitchenette with good sized dining facilities at one end of each of these floors. The main dining room is located on the ground floor next to the main kitchen.

At the time of the inspection there were 61 residents being supported in the home and that included five receiving nursing care.

The management arrangements remain as recorded in the last inspection report, dated 6 July 2020, with no registered manager in post at the commencement of inspection. However, formal application documents were subsequently received by the Commission during the process of this inspection. These were submitted by the interim manager who had been managing the home since March 2020, as noted in the previous report.

A programme of refurbishment of the home and the development of an additional 20 bedrooms began in April 2019 and remains at the time of inspection still to be completed. However, significant progress was noted from the previous visit with building work due to be completed in the foreseeable future with final fixtures and fittings pending.

Regulated Activity	Care Home
Conditions of Registration	Type of care: nursing care and personal care. Category of care is Adult 60+. Maximum number of care receivers: 66. Maximum number in receipt of nursing care is 5. Age range of care receivers: 65 and above. Maximum number of care receivers that can be accommodated in the following rooms: First Floor: 22 bedrooms 100A, 100B, 101 – 120. Second Floor: 22 bedrooms 200A, 200B, 201 – 220 Third Floor: 22 bedrooms 300A, 300B, 301 – 320
Dates of Inspection	31 March, 13 April and 15 th April 2021
Times of Inspection	8.30 am -3.15 pm, 1 pm – 6 pm, 5 pm – 9.45 pm
Type of Inspection	Unannounced first day, announced second and third day
Number of areas for improvement	Five
Number of care receivers accommodated on the day of the inspection	61

Since the last inspection on 6 July 2020, the provider had engaged with the Commission over some specific issues relating to the Covid-19 pandemic arising in December. In accordance with Covid-19 (Regulation of Care – Standards and Requirements) (Jersey) Regulations 2020, the Commission received a notification from the home’s manager on 11 December 2020. This related to some challenging circumstances relating to both staffing levels and the safe and effective care of residents, many of whom had tested positive for Covid-19, and some of whom were suffering from the symptoms of this virus.

The Commission was advised at the time that, due to significant staffing shortages, the home was unable to comply with the condition on registration relating to the requirement to conduct the regulated activity in accordance with the Statement of Purpose. These conditions were therefore suspended for one month on the basis that it was proportionate and reasonable to do so in the context of the Covid-19 crisis. In accordance with the above Regulations, on 14 December 2020 the Commission reported to the Minister for Health and Social Services its concerns about the serious risks to care receivers posed by these staffing shortages. The Commission recommended that the Minister identify and deploy appropriate staffing resources to support the registered provider to secure the immediate safety and wellbeing of the home’s residents.

The suspension of conditions commenced on 14 December 2020 and ended on 14 January 2021. The registered provider forwarded regular updates to the Commission during this time, confirming that the home had benefitted from support from a range of Health and Community Services staff during this time and subsequently.

The home continues to operate in line with its Statement of Purpose but within the specific government guidelines for the management and risk of ongoing transmission of this infectious disease, including the use of Personal Protective Equipment (PPE) and the imposing of some visitor restrictions.

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.

We followed up on six areas for improvement noted during the last inspection and found that improvements had been made to the home's safeguarding arrangements, infection, prevention and control measures and medicines management.

It was a finding of this inspection that the Commission had not been notified of significant incidents that had occurred, including injuries to care receivers. This breach of the Regulations has been noted on previous inspections and must be addressed urgently.

The home's care records were examined and found to be inadequate and, in two instances, there was no plan of care for care receivers. This has the potential to place care receivers at serious risk of harm and must be addressed urgently.

From examination of the home's recruitment arrangements, it was established that staff recruitment practices had been followed and the appropriate pre-employment checks were in place. However, there were concerns about staffing levels noted during this inspection, particularly overnight. The increasing dependency of the home's care receivers and the layout of the home must be taken into account to ensure safe and effective care is provided.

Approaches to the care and welfare of care receivers was well evidenced from feedback from care receivers and their relatives and from observed practice. However, the care plans reviewed had significant gaps in how this was being recorded or promoted.

The home has well established staff team who were found to be experienced and confident. The staff training records evidenced RQF accreditation for the majority of staff. However, staff had not received supervision or an appraisal and there were no arrangements in place for staff supervision. The home's management structure does not include enough supervisory roles and there were no arrangements in place for overseeing the quality and safety of care practices. This has the potential to place care receivers at risk and must be addressed urgently.

The registered provider's governance arrangements were found to be weak and didn't include a regular review of the quality of services provided. Three monthly reports had not been forwarded to the Commission and several areas for improvement identified during the previous inspection had not been addressed.

In light of these concerns and in accordance with the Commission's Escalation, Enforcement and Review Policy a meeting was held with the registered provider at the Commission's offices on 19 April 2021. During this meeting the actions required to meet the Standards and Regulations were discussed and these are set out in the Improvement Plan at the end of this report.

INSPECTION PROCESS

This inspection was initiated by an unannounced visit commencing on the morning of 31 March, and with two further visits arranged with some notice. The last visit was arranged with a specific aim of observing the day into night handover period and to have the opportunity to meet with some members of the night staff on duty.

The three separate visits provided an overview of how the home operates throughout the day, allowing observations to be made of activity levels of care receivers, staff and the organisational culture of care which is promoted.

Prior to the inspection, reference was made to the previous report and areas for improvement. Correspondence with the provider and notifications as held on file were also reviewed. From this, a structured inspection plan and process was set out that would enable two Regulation Officers to carry out a focussed inspection.

Initially, the inspection was intended to be carried out over two days but as a result of the themes which emerged from the first and second visits, a third was added.

The Care Home Standards were referenced throughout the inspection.¹

This inspection addressed 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**

The Regulation Officers sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. The Regulation Officer established direct contact with nine care receivers during the inspection visit

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

and observed a small number when moving around the large home or when alone in their rooms. Seven relatives were contacted following the completion of the visits as were two healthcare professionals to gather some feedback of their experiences of the home.

During the inspection, records including policies, 18 care records including five for nursing care (as found on electronic recording system), incidents and complaints were examined. This inspection included a tour of the premises and some specific engagement with housekeeping staff to establish the protocols in place, with reference made to the impact and challenges which were apparent during the home's suspension of conditions in December 2020. Engagement also took place with the chef about some restrictions on routine practice, for example access to the main dining room which care receivers are unable to use at this time, instead utilising the three smaller dining areas found on each of the floors. This will be in place until refurbishment of the adjacent ground floor area is fully completed.

A follow up visit to the Town Hall was undertaken to view recruitment records and this was facilitated by a representative of the provider.

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

This report sets out our findings identified during the inspection. These include areas of good practice and the areas for improvement which were discussed with the registered provider at the Commission's offices on 19 April 2021. These are described in the report and the associated action plans are attached at the end of the report.

INSPECTION FINDINGS

At the last inspection six areas for improvement were identified that required follow up on this inspection. An improvement plan to address these areas for improvement was submitted to the Commission by the registered provider on 14 September 2020. This set out the actions taken and planned by the provider to address each area for improvement. The improvement plan was examined and discussed during this inspection.

The failure to notify the Commission of specific incidents had been highlighted as an area for improvement from the inspection undertaken in 2020. This was also a finding of previous inspections, as far back as October 2018. It was noted that notifications which ought to have been submitted to the Commission in recent months, had not been submitted. These included significant incidents such as a fracture and a skin tear.

The failure to notify the Commission of these events is a breach of Regulations and calls into question the effectiveness of both the management arrangements and the registered person's governance arrangements. Immediate improvements are required to address this matter.

It was a finding of this inspection (and the inspections of 6 July 2020, 2 and 3 October 2018 and 17 April 2018), that the care planning arrangements are inadequate. It was noted that two care receivers did not have any plan in place to inform or direct their care. This was a very concerning finding which has the potential to impact significantly on the health and wellbeing of care receivers. In the absence of appropriate plans of care, it was not possible to determine how appropriately or effectively staff, including nurses, were meeting the needs of care receivers. Immediate improvements are required to address this matter.

In addition, Regulation Officers noted the absence of a person-centred narrative in how some care plans were being compiled. The practice of using a generic 'drop down' format in compiling care plans was considered to be unlikely to facilitate individualised care planning. For example, where care plans related to dementia care, these did not in any way focus on the personality or personal history of the individual. The risk which is inherent in such a generic approach to care planning is that task-orientated approaches develop or that approaches in delivering care become inconsistent. In either case, the outcome is unlikely to be helpful in holistically meeting the needs of individuals and may cause increased confusion in those with cognitive impairment.

A review of the potential factors which might have prevented notifications from being submitted to the Commission, highlighted a record keeping process which is unduly onerous. Regulation Officers navigating through the care record system also observed the time-consuming nature of this system which needs to be utilised by a very large staff team. It was not apparent that all staff had the necessary skills or had received training to make best use of the system. Most striking in this regard, was an absence of clearly delegated responsibility for reviewing care plans. The impact of this is likely to be that there will be significant variances in how the principles relating to basic care planning are applied, given the large number of staff who were required to contribute to the review and evaluation of care plans.

It was noted from discussions with the Head of Housekeeping, that some effective and diligent approaches are now in place that have suitably addressed the area for improvement recorded in the previous report relating to infection control. Also noted during this inspection, were the particularly challenging working conditions which would have been evident during staff shortages in December. During this time, the home had engaged with the Community Infection Control Nurse to ensure they were meeting specific Covid-19 practice guidelines. All such work during these times was to be commended and it was evident that the housekeeping staff continued to be fully engaged in maintaining the home to a good standard during this inspection.

The arrangements in place for the administration and management of medicines were examined and an audit of medication was discussed with the manager who confirmed the procedures that are in place following the last inspection report. A community pharmacy inspection is anticipated in the near future which will offer a fuller review of this area of practice. The Regulation Officers were satisfied with the improvements made in this area.

It was a finding of this inspection that the registered provider has failed to ensure that a review of the quality of services provided is undertaken, and that a report subsequently produced. It was a requirement of the previous inspection that such reports would be submitted to the Commission on a monthly basis. This requirement had not been met.

The content of the few reports which had been made available for review, were comprehensive and detailed, demonstrating good levels of engagement with staff and some focussed areas of attention given to events, not least the Covid-19 situation. However, there was an apparent delay in this system which therefore meant some of the most recent reports were not available for review as was required during the inspection. A discussion with the manager and Quality Assurance report author indicated there may be some misinterpretation of the key principles to be followed for the completion of the report. It was highlighted that any action points which may be identified from this report should primarily be given to the manager that they should action at the earliest opportunity. Immediate improvements are required to address this matter.

The arrangements for the provision of safeguarding training were examined and were satisfactory and the home's safeguarding policy and procedures were in place. The trainer reported that this subject is covered as part of mandatory training and that all staff have completed training in this area. It was also noted from this information that the new training forum is now fully operational. This is an online training portal available to all staff working in the home and which they access through their personalised log in account. This was demonstrated and appeared to be a useful addition to the training and development opportunities for all staff.

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."

The home employs 69 staff and the provider has a larger staff group for its wider portfolio covering separate and wider Parish business. In this matter, the manager confirmed their involvement with all recruitment practices but was unable to provide Regulation Officers with access to such records as references and criminal record checks (DBS) as these are situated off site at the Town Hall.

Subsequently, a separate visit was carried out with an HR Officer at the Town Hall who provided sample records as requested. During this visit, it was clarified with them the good practice which was observed from an examination of the records and of the due diligence which is carried out as routine. This involves engagement and agreement with the manager prior to appointing new staff.

There were no issues with the process and there were clear examples of good practice. However, it was agreed in principle that some records should be transferred to the home rather than to be retained at the Town Hall. This has been a longstanding issue from a regulatory perspective prior to the enactment of the 2014

law. Previously, three care homes had been operated by the provider and this was the justification for centralising these records.

It is now recognised that the manager should have ready access to all such documentation. This would enable them to respond to enquiries made by the Commission or other statutory organisations, pertaining to safe recruitment, particularly if such enquiries are made outside of conventional office hours. This would also enable the Commission to inspect all relevant records at the home.

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."

As referenced earlier in the report, deficits in the care planning process mean that there is a general absence of personalisation or of highlighting the uniqueness of individual care receivers. While there were some good examples viewed, the general information as recorded was not always demonstrative of how care and support is to be provided in this way.

It was however noted from observed practice, the kind and compassionate care which the staff provide in their interactions and interventions. There was evidence of the fostering of good relationships with care receivers. This was easily recognisable by the positive rapport and good humour seen between staff and those they were supporting. Care receivers who spoke with Regulation Officers provided some very positive feedback about how they perceive the care and support that they receive. One reported care as being "exceptionally good, food is really good too".

Relatives who were contacted, provided some further confirmation of their observation and/or the feedback they gather from loved ones when visiting, or in some cases during regular telephone contacts. A sample as below evidences some of the very positive approaches to care and welfare

"Very happy, staff absolutely amazing"

"Absolutely fantastic, staff so supportive"

"Very good, staff tried their best under trying circumstances and are very committed"

"Staff are wonderful"

"Well treated"

"I cannot extol their virtues anymore, they are brilliant"

"Staff are lovely including the cleaners, very helpful, food is good, home spotlessly clean and staff are always there for you"

“At Easter the home was beautifully decorated”

Regulation Officers were reassured by such feedback of the current care provided. Despite this, the identified shortcomings in the care record systems and in the reliability of the processes followed within the IT system represent a significant issue of concern. In addition, the increasing dependency levels of many care receivers requiring higher levels of care, presents increasing risks if comprehensive care planning principles are not in place or followed consistently.

It was of note from inspection findings, that 16 care receivers have been assessed as currently requiring 2:1 carer intervention due to reduced mobility; 17 have symptoms or diagnosis of mild to moderate dementia and 23 are considered at high risk of pressure trauma. These care needs, coupled with poor care planning systems as was evidenced and reported by some staff, along with the large footprint of the building and lack of supervisory practice of the current staff mix, all require immediate action and remedy.

One specific issue noted from this inspection was that there should be clearer consideration of staff resources, to address changing need and increasing dependency of care receivers. Care receivers living with dementia or at high risk of experiencing falls, are likely to need an increase in resources, whether due to the need for increased observations, the need for more time to be devoted to completing care tasks or for an increase in one-to-one staffing provision. There was limited evidence that staffing provision or the coordinating of shift planning clearly reflected these needs.

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.”

A discussion with the manager and training coordinator confirmed that the necessary skill mix and qualifications are in place for what is a well-established and experienced team. Indeed, it was considered by Regulation Officers that this experience was of great benefit and may have partially mitigated the impact of the weaknesses in the governance and management arrangements which was illuminated during these visits.

It was reported that the majority of staff have RQF level 2 or RQF level 3, which ensures the necessary skill mix is in place as set out in the Standard. For those staff administering medication, they have additional level 3 RQF for this specific competency as best practice.

Regulation Officers were provided with an overview of the recently adopted online training modules which appeared very comprehensive and easy to access. Furthermore, this system provides for regular updates and prompts to ensure induction and updates for all mandatory training topics are completed for all staff. The introduction of this system, with consideration of the challenges that have arisen

in the past year, and where face to face training has been curtailed to a large extent, due to infection control requirements, provided some good evidence of investment being made by the provider to further meet this Standard.

The lack of any formal staff supervision or appraisal recorded within the last 18 months, (the last recording related to October 2019), is a concern and represents an area of improvement. The current staffing structure lacks sufficient designated supervisory roles indicating care staff are not adequately supported, line-managed or held to account for the quality of their practice.

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.”

Regulation Officers had the opportunity to meet with the Head of Housekeeping and some of their colleagues which established that good systems have been introduced and embedded into practice. In addition, there was some opportunity to meet the Community Infection Control Nurse undertaking a site visit. The provider has engaged with them on several occasions to ensure that best practice was being promoted in managing infection risk of Covid-19.

The home was found to be clean and well maintained. Housekeeping staff were observed carrying out their tasks throughout the building which is large and covering three floors accommodating the care receivers. There were some areas showing signs of wear and tear, but these are to be addressed in due course by the planned refurbishment project that has been previously identified. The entrance to the home and the immediate environment, including the large lounge, provide a bright and welcoming reception area for care receivers and all visitors to benefit from.

Observations shared with the manager about the lack of many care receivers seen about the communal areas of the home during the days of inspection and at various times of the day, established some possible reasons for this. It was indicated that the isolation and reduced social activities associated with the pandemic has possibly had some long- lasting effects. In addition, the increasing frailty and dependency of some care receivers with impaired mobility were also suggested as factors that have reduced the social activity and movement of care receivers around the home environment.

The large footprint of the home and temporary loss of the large communal dining room, has also had some impact, with the dining experience now incorporated for care receivers in the smaller dining rooms found on each floor. It would be anticipated that this situation may change in due course where there is a return to the conventional dining experience previously in place. However, those care receivers who were spoken with about the current situation, appeared happy and content with these arrangements that were in place.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.”
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The interim manager has worked in the home for the past seven years as deputy to the Registered Managers who have been in post during this period. The interim manager has been managing the home for one year. In January 2021, the Commission was advised by a representative of the registered provider that the interim manager would be making an application to the Commission to register as the home's registered manager. At the time of this inspection, a completed application had not been received. An application has subsequently been submitted to the Commission and registration is pending.

It was a finding of this inspection that the manager spends a disproportionate amount of time undertaking administrative and other tasks including direct care provision. The impact of this is that management time is redirected away from the core function of overseeing the quality of services provided to care receivers. Staffing arrangements were noted to lack a management structure that would enable the manager to have appropriate oversight of the care delivered in the home.

Specifically, it was noted that the current staffing structure does not include sufficient numbers of staff who have designated supervisory roles and that some staff had not received any formal supervision in eighteen months. This finding would suggest that care staff are not adequately supported, line-managed or held to account for the quality of their practice.

The current staffing framework lacks both a formal deputy manager position and relies too heavily on one senior carer who in effect deputises along with registered nurses in the absence of a manager. For a home of this size and function, a 'flat' managerial structure of this nature would appear to be wholly ineffective and places an unrealistic expectation on both the manager and other members of staff.

With reference to the themes of concern during the inspection, Regulation Officers were struck by the significant and challenging work environment for all staff given that each of the three main corridors is 65 metres in length. The fatigue that may arise for all care staff was evident. This is likely to be particularly challenging for the nurse on duty, given their dual role of both overseeing staff and in being responsible for the provision of care to the five care receivers in receipt of nursing care. The minimum staffing levels are clearly recorded in the published Standards and it is the provider's responsibility to proactively ensure there are adequate staffing resources. This means that the staffing levels need to take account of the care receivers' dependency needs and the layout of the building.

One of the most pressing issues to be addressed concerning staffing levels, was a shortfall for night staff where a ratio of one staff member to 22 care receivers was noted on the third floor from 9pm. There is reliance on staff to move from the other floors during the period from 9pm onward to support this one colleague working on their own. At this time, it might be expected a number of care receivers would still require a level of assistance and/or monitoring as they prepare for bed independently

or with assistance from care staff. Immediate improvements are required to address this matter.

Comparisons were made by Regulation Officers with the management structure which was in place prior to the manager taking on this role in the past year. At that time, they had held the deputy manager role in supporting a registered manager.

In addition to the above issue, the daily workload in effect has one nurse overseeing all work of carers across all three floors (each 65 metres in length), without any potential for delegation being available to Senior Care Assistants (SCA's). Failure to put in place appropriate management and supervisory arrangements means that care staff do not benefit from appropriate oversight and support. It is the Commission's view that the experience and confidence of care staff has been heavily relied on without the necessary structures in place to assure the quality and safety of care provided.

The accountability for staff with roles and responsibilities too widely shared has led to inadequate supervision of all staff. This has diluted the process for the care planning. For example, all carers may participate in the review and evaluation of care, but this is not always completed consistently and there is no structured approach or appraisal to address any issues which might arise. A review of the management structure to address these shortfalls is an area for improvement.

IMPROVEMENT PLAN

There were six 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: Regulation 21</p> <p>To be completed by: With immediate effect</p>	<p>To put in place suitable measures to ensure that notifications of accidents, incidents and other significant events are reported to the Commission in a timely manner and an accordance with the Regulations and Standards.</p> <hr/> <p>Response by registered provider: The existing Notifications policy and procedures have been reviewed and recirculated to all staff responsible for submitting notifications.</p> <p>All staff have been briefed on the importance of notifying senior staff of any incident, accident or other relevant event.</p> <p>Notifications are now a standing agenda item at daily, weekly and monthly management meetings.</p> <p>Notifications will also be included in a new internal quality assurance process that will check the documentation for up to 10 care receivers each month.</p> <p>Accountability for notifications is being incorporated into revised job descriptions for relevant staff.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 3</p> <p>To be completed by: With immediate effect</p>	<p>To introduce without delay, a system of formal staff supervision and oversight of care practices.</p> <hr/> <p>Response by registered provider: Appraisals have taken place for the Home's extended management team.</p> <p>One third (33%) of remaining staff have already received a quarterly (clinical) review and all staff will have received either an appraisal or a quarterly (clinical) review by 30 June 2021.</p> <p>A plan is being developed to ensure all staff receive one appraisal and 3 quarterly (clinical) reviews in any 12 month period. This plan will ensure staff receive the correct number of reviews, enable these reviews to be distributed evenly throughout the year, and for</p>

	<p>progress to be monitored at monthly management team meetings.</p> <p>The Registered Manager will conduct spot-checks regarding the quality and timeliness of these reviews.</p>
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<p>Area for Improvement 3</p> <p>Ref: Regulation 19</p> <p>To be completed by: With immediate effect.</p> <p>Reports of quality monitoring must be submitted to the Commission within one month of their completion until further notice</p>	<p>To urgently review the effectiveness of the system in place to review the quality of services provided in the home to ensure that inspection findings and other areas for improvement are addressed.</p>
	<p>Response by registered provider:</p> <p>The monthly quality review and reporting process includes a review of performance against relevant standards. These reports will be forwarded to the Commission within one month of completion.</p> <p>A new internal quality check will be introduced whereby a review of 10 care receivers will be undertaken each month. The scope of the review will include general welfare, opportunities for improvement, standards of food and activities, as well as the documentation and compliance against Regulatory Standards (for example, care plans, notifications, GDPR consent forms etc.)</p> <p>A programme of spot-checks by the Registered Manager and the Extended Management Team to ensure compliance against Standards will be introduced in due course.</p> <p>A Project Board, and associated governance arrangements, has been established to oversee a change programme within the Home, including the areas for improvement set out in this report.</p> <p>Quality, improvement, sustainability and compliance are considered as key elements of the changes being implemented.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 11</p>	<p>To urgently implement a management structure in the home where clearly identified roles are in place to ensure clinical oversight and support of care staff is in place. This structure to be reflective of the care needs and working environment where all care is delivered.</p>
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<p>To be completed by: 3 months from the date of from the date of inspection (15 July 2021).</p>	<p>Response by registered provider: A new organisational structure has been developed and approved. Temporary additional resources have been put in place to immediately strengthen the management and supervisory capability of the Home, pending permanent recruitment to the new management structure.</p> <p>Substantive job descriptions are being finalised and permanent recruitment will commence shortly.</p> <p>The implementation of this new structure is being managed as part of the overall change project.</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 11</p> <p>To be completed by: 1 month from the date of inspection (15 May 2021).</p>	<p>To urgently review the staffing arrangements with a view to increasing the home's staffing levels and the roles and responsibilities of staff, particularly at night.</p> <p>Response by registered provider: The review, research, investigation, risk analysis and assessment of staffing levels has been completed.</p> <p>Documented analysis and proposals for implementing changes as a result of this review are currently being finalised for consideration and approval by the Project Board.</p>
<p>Area for Improvement 6</p> <p>Ref: Regulation 9</p> <p>To be completed by: 3 months from the date of from the date of inspection (15 July 2021).</p>	<p>To develop and implement without delay, appropriate care planning systems for each care receiver</p> <p>Response by registered provider: A decision was taken to move away from the historic electronic care planning system to a paper based care record and planning system.</p> <p>A detailed plan is in place to review, update and rewrite care plans for all care receivers by the end of June 2021. Training is being rolled out as part of the review/update process and responsibilities and accountabilities are being incorporated into revised job descriptions.</p> <p>As at 31st May 2021, two-thirds of care plans have been reviewed and updated. Progress is being monitored and reported to the Commission weekly as part of the overall change project.</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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je