



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**HCS103**

**Care Home Service**

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

**20 May 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 HCS103. 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 in Trinity, with access to a shop and public transport. The service has the benefit of a vehicle for the use of the care receiver. The service became registered with the Commission on 18 December 2020.

Regulated Activity	
Conditions of Registration	<u>Mandatory</u>  Type of care: Personal care/personal support  Category of care: Learning disability  Maximum number of care receivers: One  Maximum number in receipt of personal care / 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
Dates of Inspection	20 May 2021
Times of Inspection	1.30pm – 5.30pm
Type of Inspection	Announced
Number of areas for improvement	One

Number of care receivers accommodated on the day of the inspection	One
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HCS103 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 a safe recruitment process is in place. The specific training programme, regular supervision and multi-disciplinary reflective practice have all supported development for the care receiver. The staff team feel well supported. Professionals are positive about the development of the relationship between the staff team and the care receiver and there is evidence of improvements in some areas of the care plan. This was an area of good practice.

The wishes and preferences of the care receiver are evident in the care plan and in a document easy to access by the staff team. Positive relationships were observed by the staff team with the care receiver and this was supported in positive feedback from healthcare professionals. The care plan promotes independence but also highlights areas where there are concerns about the vulnerability of the care receiver. The care receiver's needs and wishes are respected and the plans evidence positive risk-taking. The care receiver has regular access to an advocacy service. This was an area of good practice.

There had been positive change to the home environment since the pre-registration visit. The home was now more homely, and on this visit, the Regulation Officer could see more evidence of the care receiver's preferences being taken into account. The hall and stairway needed redecoration and consideration should be given to decorating the bedroom of the care receiver to include curtains at the window. This was an area for improvement.

There is a system of quality monitoring in place which consists of a registered manager from another service visiting the home and completing a monthly report. In discussion, it appears that this is done as a joint exercise and would benefit from more analysis of information available and actions arising from monthly quality monitoring should have timescales to prevent delay. The latest monthly report after the inspection visit demonstrated that discussions with the registered manager had been considered and action had been taken.

The staff team advocate for the care receiver to ensure that family contact is as frequent as possible. There was evidence of creative activities which are

encouraged, and the team are exploring possibilities for other activities which the care receiver would like to enjoy. The daily plan provided evidence that the care receiver is encouraged to engage in community activities and the staff team provide as much opportunity for independence as possible. This was an area of good practice.

## INSPECTION PROCESS

This inspection was announced and was completed on 20 May 2021. The inspection was announced and notice of the inspection visit was given to the registered manager 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. Due to the needs of this care receiver, part of the inspection took place in a Government of Jersey office and a visit was then made to the home to include a discussion with the care receiver.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

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, the manager and emailed all staff members to seek their views. Four members of staff provided feedback.

The views of four professionals were requested as part of the inspection process and feedback received from two professionals involved.

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

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

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

## 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 reviewed a sample of staff files on 19 May 2021 which confirmed that a safe approach to recruitment is adopted. The Human Resources representative demonstrated that there is now a process in place whereby, once the references and criminal records check have been obtained, the information is sent to the registered manager who confirms that they agree that the new member of staff can start work.

Records demonstrate that this has been a consistent staff team since the care receiver moved to this property in July 2020. Prior to this placement commencing, staff attended workshops with the learning disability nurse and a clinical psychologist in order to receive training appropriate to supporting this care receiver. This was evidence of good practice.

All staff have the QCF Level 2 Health and Social Care qualification and some are working towards QCF Level 3. Staff have received specialist medical training for the care receiver's health condition. It was noted that it is recommended that staff receive specific training for care receivers with autism (SPELL) but the pandemic has had an impact on the provision of face to face training. Alternate methods of training, for example online, should be considered and there should be a plan to address this.

In addition to one to one supervision, staff have an opportunity to attend the monthly multi-disciplinary team meeting on a rota basis with the registered manager and there is a monthly reflective practice session. This enables staff members to raise issues of concern and be part of the review and planning for the care receiver. The staff team also have Away Days to reflect and review progress. Multi-disciplinary planning which includes all staff members is an area of good practice.

The staff team are made aware of disciplinary and grievance procedures through the staff intranet. All staff have attended Safeguarding training and the registered manager keeps a log of training and dates when updates are due.

All staff members contacted provided feedback. The last team member has joined the team relatively recently but has felt that the appropriate training and supervision has been provided. All team members provided positive feedback about training provided and support given by the registered manager. They feel valued by the multi-disciplinary team and one stated that it was helpful to be encouraged to be reflective as this has helped them to see the progress made by the care receiver. The registered manager described the measures in place to review the effectiveness of the home's staffing arrangements and working relationships with the care receiver. The Regulation Officer was satisfied that there were appropriate arrangements in place to manage any conflict.

The registered manager provides supervision at least every three months, and this is within the Standards of supervision being offered at least four times a year. Additional to this, an appraisal is completed on a yearly basis using the Government of Jersey "My Conversation, My Goals" performance approach.

### **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's plan of care is recorded electronically on a system called 'Care Partner'. The Regulation Officer reviewed the care plans which demonstrated a good knowledge of the lifestyle, wishes and preferences of the care receiver. The care plan included interests in arts and crafts, daily tasks to support independent living and was outcome focussed. An easy read version of the initial care plan was also reviewed and demonstrated that the care receiver is provided with information in a format that meets their individual communication needs. There is a record on file that the care receiver wants respect and to be listened to. They want to be treated as an equal. The Regulation Officer observed this in the relationship with a member of staff and in the way that the team work. For example, care plans are on record and discussed with the care receiver, but they do not wish to have a written version or to sign it.

Staff have received information about how historic events have impacted on behaviour and trust issues for the care receiver. There is a plan in place if the care receiver should decline care or support and escalation to appropriate agencies if necessary. However, a social worker consulted reported that the staff team have "shown a real commitment to (the care receiver) and developing an understanding of (their) individual needs and (their) past experiences that impact on (their) behaviour."

The registered manager and staff team demonstrated that they have a good understanding of the care receiver's rights and action to be taken to be compliant with the Capacity and Self Determination (Jersey) Law 2016.

The care receiver is encouraged to maintain independence while being kept safe from harm. Care records demonstrated that person-centred plans consider positive risk taking, alongside support and education being provided by staff members as they have built trust with the care receiver. Respect is shown to the care receiver in allowing them to live in a way that they are comfortable with and demonstrates that this is their home.

The care receiver has access to an advocacy service and the Regulation Officer was advised that an advocate is involved in regular reviews.

### **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.”
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This care home benefits from having a consistent staff team of four, and there have been few changes since the care receiver’s placement commenced in July 2020. There is currently one staff vacancy. It was evident from feedback given by members of staff that their focus is on positive outcomes for the care receiver. Two members of staff both reported that the care receiver would benefit from a staff member working longer days, with fewer changes of staff as they do not react well to change. The registered manager reported that the daily routine of the care receiver is considered in the staff rotas, ensuring that there is no handover in the middle of the afternoon when they are likely to be out and about. This was discussed with the registered manager during the inspection and the Regulation Officer was satisfied that the welfare of both care receiver and staff is considered when allocating the staff rotas.

Feedback from all members of staff reflected that they feel valued by the multi-disciplinary team and receive regular supervision and support. All staff reported that the registered manager is approachable and available for informal discussion as and when needed.

The Regulation Officer observed a member of staff providing support to the care receiver who was upset at one stage during the visit. The staff member was observed using active listening skills and providing appropriate support to the care receiver. It was evident from this interaction that the staff member had effectively provided reassurance to the care receiver.

Opportunities are provided to staff for trauma informed training and multi-disciplinary meetings to ensure that they have the information to meet the needs of this care receiver.

There is a multi-disciplinary team who meet regularly and work collaboratively, sharing information appropriately to ensure the safety and welfare of the care receiver.

## 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 in a pleasant area in Trinity. There is a long driveway and privacy for the care receiver, while still being able to access local services and public transport.

There had been positive change in the home's environment since the pre-registration visit, such that staff had worked with the care receiver to overcome some storage issues, thereby freeing up space in the lounge to allow this to look more homely. However, large metal door handles were noted throughout the building and these are not domestic in style and cause the home to look clinical. It was also noted that the doors created some noise when shutting, as they must be pulled firmly, and this was commented on by the care receiver. The Regulation Officer was assured that the needs and anxieties of the care receiver would be considered in making any changes.

The hall and stairway needed redecoration as the paint was in poor condition. This had not been identified as an area for improvement in the monthly reports. Although it is acknowledged that carpet would not be appropriate in this home, the paintwork should be fresh, and some attempt made to personalise these areas in keeping with the preferences of the care receiver.

The bedroom is personalised according to the wishes of the care receiver, but again, would benefit from decoration and the care receiver was agreeable, at the time of inspection, to the idea of having this painted in their preferred colour. Although there is a blind at the window of the bedroom, there are no curtains and especially during the summer, it is likely that the care receiver would be woken early.

The kitchen is available for the care receiver to use and their wishes to have their food kept separate from the staff team's food is respected. There is a large garden area which can be secured as and when necessary and the care plan recorded that this supported the care receiver in feeling safe.

The care receiver was consulted about support for personal care. Adaptations had been made according to their preference and which made it more likely and realistic that objectives in the care plan would be met.

Overall, the home meets the specific needs of this care receiver and has been adapted according to their wishes and preferences. However, the quality of the home environment would be improved with additional decoration and changing of the door handles.



## 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 this service has responsibility for another regulated activity and divides their time depending on the needs of the service. They reported that they spend approximately two days per week at the home and are available at other times as required.

The registered manager has good oversight of the needs of the care receiver. Supervision is consistent and includes attendance at multi-disciplinary team meetings where staff can request support and are encouraged to engage in reflective practice. The staff team has been consistent, and the needs of both support staff and the care receiver are considered in any changes to the rota. Safe recruitment practices are followed, and new staff members report a positive induction and training.

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.’ Reports are completed by a registered manager of another Government of Jersey regulated activity. Reports reviewed for March and May 2021 demonstrate that action had already been taken in respect of a request for the decoration of the home. At the time of the inspection report, the Regulation Officer was unable to review action plans. However, at a meeting on 9 June 2021, representatives from the management team demonstrated the action log. It is important that actions are timely, and a rolling record is kept of outstanding actions for each home and target dates for completion.

## 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.”

The Regulation Officer reviewed care plans and discussed activities undertaken with the care receiver. It was evident that the staff team advocate for the care receiver with family members to support contact which continues to be important for their emotional wellbeing.

There is a programme of activities and the staff team are working towards a more structured weekly plan. There was evidence of craft activities which the care receiver enjoys and is encouraged to participate in. Activities are based on the preferences of the care receiver and there was evidence that future activities in the community are in line with their personal interests and preferences. It was evident that the team were making enquiries about two specific activities which the care receiver was interested in. The staff team are seeking links with community activities

which will be of benefit to the care receiver. Family members and friends can visit at any time and this is facilitated and supported by the staff team.

## IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>To be completed by:</b> By 30 September 2021</p>	<p>The accommodation will feel homely with appropriate décor. Specifically, the hall and stairway will be redecorated and there will be personalisation of the environment according to the preferences of the care receiver. Curtains should be put up in the bedroom of the care receiver. Further consideration should be given to changes to the door handles.</p>
	<p><b>Response by registered provider:</b></p> <p>The hallway &amp; stairway in the property is currently being reviewed and a request for redecoration has been made with the colour of their choosing.</p> <p>Personalisation of the environment is at the discretion of the tenant and they have chosen to make the home personalised in a way they want for themselves.</p> <p>The tenant refuses to have curtains in her home even though they have been provided with them but will be encouraged further to see whether they wish to take up this opportunity or whether alternatives need explored with them.</p> <p>The person resident has been offered to change the door handles however does not want to do so and is happy with what they currently have.</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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