



**Jersey Care
Commission**

INSPECTION REPORT

St Joseph's Residential and Nursing Home

Care Home Service

**St John's Road
St Helier
JE2 4XZ**

19, 20 & 24 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 St Joseph's Residential and Nursing Home which is owned by LV Group Limited. The home is registered to provide nursing and personal care to a maximum of 82 care receivers. The home is surrounded by extensive gardens and a chapel which is attached to the home has been closed to members of the public because of the pandemic.

Bedroom accommodation and communal areas are divided into four separate units, namely Jeanne Jugan, John of God, Caroline Shepherd and John Eudes which are located over two floors. There are lift facilities to all floors. Caroline Shepherd unit provides care to a maximum of 16 care receivers who are living with forms of dementia and there is restricted access to external areas by means of a door that requires a code.

There are plans underway to refurbish and upgrade the home and at the time of inspection a new fire sprinkler system was being installed. The next phase of refurbishment will include the relocation of the kitchen, laundry and aesthetic improvements to bedrooms and communal areas throughout.

The home cares for people with long term health needs and all dependency levels are considered for admission. At the time of the inspection, there were 75 care receivers accommodated in the home which included forty people receiving nursing care. Since the last inspection, Tracey Gentry has been registered as home manager and the category of dementia care has also been included to the home's registration.

Regulated Activity	Care Home
Conditions of Registration	Type of care: nursing care and personal care Category of care: Adult 60+ /Dementia care Maximum number of care receivers: 82 Maximum number in receipt of nursing care is 43

	<p>Maximum number in receipt of personal care is 39</p> <p>Age range of care receivers: 60 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>1-32, 101-105,107-109,111, 112, 112a, 113, 114, 114a, 115, 116, 117, 118, 118a, 119, 119a, 120-123, 201, 203, 204-219, 220-227 – one person</p>
Dates of Inspection	19, 20 & 24 May 2021
Times of Inspection	2pm – 7.30pm, 7.30am -12.30pm, 1.15pm – 4.30pm
Type of Inspection	Unannounced first day, announced second and third day
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	75

Since the last inspection on 22 and 23 July 2020, the provider has maintained frequent contact with the Commission regarding varying the conditions of registration, staffing issues relating to the Covid-19 pandemic and to discuss the refurbishment plans. The Commission was advised in September 2020 by the registered provider of plans in place to reconfigure Caroline Shepherd unit, with a view to accommodating up to 16 care receivers in the unit. The Commission had not been notified of this plan in a timely manner and expressed in writing to the registered provider concerns about the short notice given to care receivers and their representatives.

A visit to the home was undertaken by one Regulation Officer and the Chief Inspector on 6 November 2020, to review and discuss the application to vary the conditions on registration of the designated dementia unit in Caroline Shepherd. The Commission was satisfied with the registered provider's modified plans for the unit and granted the variation application.

The Commission received a notification from the home's registered manager on 10 January 2021 regarding some challenging circumstances that had arisen out of the Covid-19 pandemic. This related to registered nursing staffing shortages which prevented the home complying with the condition on registration in respect of the requirement to conduct the regulated activity in accordance with the Statement of Purpose.

The Commission was satisfied at that time, that these conditions on registration were suspended for one month on the basis that it was proportionate and reasonable to do so in the context of the Covid-19 crisis. The suspension of these conditions ended on 8 February 2021 and the registered manager provided regular updates to the Commission during this time in relation to the staffing arrangements.

The Commission received an updated copy of the service's Statement of Purpose. This was submitted as part of the application to vary the conditions to add dementia care onto the home's registration.

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 four areas for improvement noted during the last inspection and found that improvements had been made to recruitment practices, complaints management, staffing arrangements and confirmed that the home was operating within its Statement of Purpose. The home was found to be compliant overall with the Regulations and Standards that were reviewed as part of this inspection.

Robust recruitment procedures were in place which demonstrated that all staff who have contact with care receivers were safely recruited prior to being employed. The staffing levels across all four units were found to meet the minimum Standards and reflected what is outlined in the Statement of Purpose. Staff are provided with opportunities to undertake training in a wide range of mandatory and additional training areas and can also complete vocational level training through the provider's education department.

Care receivers described that they felt well cared for and they expressed confidence in the abilities of the staff team to look after them. The Regulation Officer observed respectful approaches to communication from staff to care receivers. Family members that provided feedback, described open communication and dialogue about their relatives with the staff team and were positive about the standards of care. A new electronic record keeping system has recently been introduced and samples of care records showed care receivers needs were assessed and reviewed on a regular basis.

Staff who were spoken with, were clear about their roles and responsibilities and were able to describe in detail what actions to take, if they observed changes in care receivers' health conditions or care needs. There are effective communication systems in place to ensure all staff are aware of detailed information about care receivers' health and wellbeing.

There are plans underway to improve and enhance the environment. Priority has been given to upgrading the internal fire safety systems and in due course the bedrooms and communal areas will also be improved upon. New bathrooms have recently been installed and there are plans to enhance the appearance and décor in Caroline Shephard unit so that it becomes more focussed to meet the needs of individuals living with dementia.

The registered manager works full time in the home and is supported by an experienced deputy management team who have been recruited since the last inspection. In addition, there is a good level of governance and oversight of care provision to ensure consistent levels of care are provided. Discussions with the

management team, nurses and care staff confirmed knowledge of the regulatory requirements and Standards.

There was evidence during this inspection of a strong commitment to continuous service improvements and of a culture of transparency and high regard for care receivers.

INSPECTION PROCESS

This inspection started with an unannounced visit commencing during the afternoon of 19 May which carried on through to the early evening. The second and third visits were announced and took place at various times of the day which allowed the Regulation Officer to meet with care staff who work both day and night shifts. The visits were carried out in accordance with the home's infection and prevention protocols. The second inspection visit allowed for the Regulation Officer to listen to the early morning team handover discussion. An unannounced inspection was also carried out on 20 May 2021 which focussed exclusively on medicine management. The inspection was carried out by a Senior Pharmacist employed by Health and Community Services.

Prior to the inspection, reference was made to the previous report and areas for improvement. All information including correspondence and communications between the registered provider, manager and Commission was reviewed as part of the pre inspection planning to carry out a focussed 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**

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial, nursing and care staff. The Regulation Officer spoke with eleven care receivers either in the privacy of their bedrooms or in the communal areas. Six relatives and one health professional were contacted after the inspection to allow them the opportunity to express their views of the home.

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

During the inspection, records including policies, staffing rosters, training records, care records, recruitment records, maintenance 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.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, four areas for improvement were identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed. The improvement plan was discussed during this inspection and it was positive to note that all of the improvements had been made. This means that there was evidence that the home was operating in accordance with its Statement of Purpose, staff are recruited safely, staffing levels meet the minimum Standards and information about the provider's complaints process is available.

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 staff team in St Joseph's is made up of registered nurses who are on duty over the 24-hour period, care assistants, activities coordinators, domestic, catering and maintenance staff. The manager is a registered nurse, employed on a full-time basis, and maintains a regular presence in the home. The manager was available and helped facilitate the inspection process during two of the inspection visits, and the third visit coincided with the manager's arranged time off. During the manager's absence, there was a nominated, experienced member of nursing staff in charge who was supported by additional registered nurses and care staff.

Since the last inspection, some new staff have been recruited which included a deputy nurse manager who has a qualification and experience in dementia care, a deputy residential care manager and an additional deputy nurse manager. Staff spoke in positive terms of their colleagues in these roles and described that they were confident in their abilities to provide direction, leadership and share their professional knowledge.

A review of six personnel files relating to staff of various roles was undertaken as part of this inspection also. The recruitment process evidenced a safe approach to recruitment with all necessary checks obtained in advance of staff starting work. The

manager described that an audit of staff personnel files was carried out in April and supplementary criminal records checks are to be requested for staff who were employed in the home some years ago.

There are arrangements in place for staff supervision. This includes the provider's clinical supervisor who works alongside and educates care staff about practical and fundamental aspects of care such as carrying out oral hygiene, handling techniques and carrying out bed baths to ensure practices are up to standard.

All new staff are provided with an induction programme and are expected to complete the care certificate if they have no experience of care work. The provider's education department, the Care Academy will provide opportunities for care staff to complete Level 2 and Level 3 vocational training in health and social care. Care staff who are allocated to work in Caroline Shepherd unit are provided with Level 2 and 3 training in dementia awareness. Provision is being made for catering staff to undertake a Level 3 food hygiene course to develop their knowledge in the implementation of food safety management systems. All care staff who administer medication have completed appropriate training.

A discussion with one newly recruited member of care staff, confirmed that had been provided with a comprehensive induction programme and had been supported by their colleagues and the clinical supervisor. Another member of staff described that they were part way through medication training and others referred to dementia awareness training and its application in practice.

During the inspection visits, there were enough care staff on duty with the appropriate skills, qualifications and experience to meet the needs of all care receivers, including those living with dementia. Staff were observed being kind, courteous, respectful and discreet when attending to care receivers' needs. A sample of staffing rosters were examined which showed that the staffing levels meet the minimum Standards.

Some staff commented that when six care staff are rostered, rather than five on John of God unit, where there are a number of care receivers receiving nursing care, they have more opportunities to engage with them. The manager described that there is a current review into the working patterns of the domestic team, and it is anticipated that there will be an increase in domestic staff each day after 2pm.

Staff described that overall, they feel well-resourced to meet the needs of care receivers and explained that they feel supported in their roles and have good relationships with their colleagues. Staff appraisals were completed and these informed professional development and team building. Minutes of team meetings showed items discussed included team building, supervision, dignity, respect for colleagues and safeguarding.

It was evident that the management and leadership arrangements in place are effective in respect of providing safe, compassionate care. Care receivers' needs are consistently attended to, staff are clear about their roles and there is transparency in relation to errors. There is a continuous development of the

knowledge, skills and abilities of staff to improve quality of care and a strong commitment to team working.

The Commission received concerns from an anonymous source on 12 March 2021 alleging that some care staff were working in excess of 48 hours per week. These concerns were brought to the manager's attention, who investigated and provided the Commission with a response which confirmed that some staff had been working excessive hours. This was followed up during the inspection and the manager explained that she has now implemented some additional checks and audits to review and monitor the rosters and staff working hours on an ongoing basis.

Several care staff across all four units of the home, were spoken with and were clear about their roles and responsibilities and how they have recognised and reported changes in care receivers' health conditions. Discussions confirmed that the home makes arrangements for care receivers to be reviewed by health and social care professionals such as GP's, community nurses and social workers where indicated, which was also evidenced from review of samples of care records. During the inspection, the home had arranged for some care receivers to be reviewed, assessed and treated by both a visiting dentist and a chiroprapist.

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."

There are several care receivers living in the home who have an authorised SRoL (Significant Restriction on Liberty) authorisation in place, some of which were in place prior to them moving into the home. The home has been fully compliant in notifying the Commission of these authorisations and have also submitted some requests to have care receivers assessed. Some assessments are yet to be carried out by the relevant assessors employed by Health and Community Services.

The home has recently implemented an electronic system for record keeping and samples of care receivers' care plans were examined. This showed that the plans correlated with assessed needs in many aspects of daily living skills. Information within the care plans confirmed that they were person-centred and unique to each care receiver's personal preferences, wishes and choices. One example of this related to a care receiver's preference to 'skip breakfast' as they preferred to remain in bed until afternoon. The plan set out the ways in which food, drinks and snacks are provided which respected the person's wish to remain in bed during the day.

Another care receiver's care plan referred to their inability to consent to their care and treatment and inability to foresee risks and keep themselves safe. The plan took account of their privacy and dignity and set out ways in which interventions were adopted when experiencing distressed behaviour. Another care receiver's care plan highlighted that they receive their medication covertly which is on the basis that they lack capacity to consent to take medication. There was evidence that this decision had been made in consultation with the care receiver's GP and the plan described

the least restrictive means of administering the medication. Another care plan showed evidence that the care receiver's views had been considered in respect of the effectiveness of medication to manage their pain.

Records showed that fundamental aspects of care such as nutrition, fluid intake, rest, elimination, choking and pressure ulcer risks and skin fragility are assessed and monitored regularly. Paper copies of DNAR (Do Not Attempt Resuscitation) records were available and easily accessible. The quality and standard of care plans for care receivers who are living with dementia were in the process of being improved upon, which was to inform individual care and support needs in relation to episodes of behaviours and psychological symptoms of dementia.

Daily routines were found to be varied and flexible to meet individual preferences. During all three visits, care receivers were observed engaging in various activities; some were in their bedrooms and others were in communal areas. There were two activities coordinators available one of whom was facilitating group art activities. Staff described that activities varied from day to day and were developed in conjunction with care receivers' interests and feedback. Various one to one sessions were discussed. These included reading the newspaper and discussing news items, chatting and reminiscing for example.

Care receivers in Caroline Shepherd unit were observed to be singing and appreciating the choice of music that was on the television and another was observed listening intently to French radio. The atmosphere, activity levels and social interactions throughout the home were variable with some areas found to be calm and restful and others more vibrant and uplifting.

A discussion with a member of staff working on Caroline Shepherd, unit highlighted that they were in the process of contacting care receivers' family members to obtain information about their previous lives. This was to be transferred into a document specific to each person and shared with the team so that the information could be used to engage and communicate with care receivers. The staff member described to the Regulation Officer that they had been informed by a family member that their relative enjoyed watching quiz programmes. During a walk round of the unit, the care receiver was observed in their bedroom watching the quiz show 'Eggheads'.

An unannounced medication inspection was carried out by the Senior Pharmacist employed by Health and Community Services on the second day of inspection. The findings were positive and evidenced that medication management systems in the home are safe. Where appropriate, care receivers can retain a degree of independence in taking responsibility to administer their own medicines.

Care receiver meetings are held periodically and the outcome of one of the most recent meetings highlighted that some care receivers had expressed some negative feedback which the manager will address.

The Regulation Officer spoke with several care receivers who spoke positively of the care and attention they received and were complimentary of the staff team. The following are examples of what was directly reported;

"It's lovely, very good in fact. The meals are lovely"

“I think it’s really good, everything is done for you so willingly. They do everything they can for you, and we go out for a drive which is lovely to get out”

“The staff are very friendly, and the food is very good. If you ask for something, they do it for you, you can always ask for something else on the menu. There’s no problems at all”

“The food is excellent here; I’ve put on weight and there’s always plenty of it. The staff are lovely they spoil you like mad. I can’t find any fault with this place. My life is much easier now that I’m here and I don’t worry about anything”

“I’ve never lived anywhere better; I was falling a lot at home before and now I’m well looked after. I can stay up late and I’ve never gone hungry since I’ve been here. It’s nicely presented, and the staff are just like my family they’re brilliant”

“Everyone is so kind, they will do anything they can for you. The girls are super they really go out of their way to help you. They always titivate my hair and keep it looking nice”

Four family members provided feedback to the Regulation Officer also and commented;

“In my opinion St Joseph’s provides an excellent standard of care for its residents. [Name] is very well looked after and the staff are very kind, thoughtful and professional. I am happy that [Name] is a resident there where I know people with cherish her and keep her as safe and well as they can”

“The ethos of the Caroline Shepherd unit appears to be superb. The deputy manager is clearly an expert in her field and runs the unit with a calm and measured attitude that engenders confidence and calm in her staff, the residents and the family. The carers are all lovely, friendly and smiley and by the hugs [Name] gives them, she is clearly happy and comfortable in their care. There is great attention to detail given to skincare and footcare and [Name] reports that she is happy with the food, and discussion this week revealed they acted on information I provided with [Name] offered foods that she previously favoured in order to tempt her to eat”.

“[Name] was so well received when she moved in and is so well cared for. We can only sing the praises of the staff team, they have been great, and she loves the food, activities and she gets the daily newspapers which is very important to her. We are more than happy with the care and so is [Name] which is the main thing. She’s really chipper”

One family member described the vast improvements they had observed in their relative’s wellbeing since they had moved into the home. They spoke of the dedication and commitment of the staff team in encouraging their relative to regain some independence in daily living skills, which they described as being a positive outcome for the family. They described the skills and qualities of the staff team in providing reassurance when their relative becomes upset and believing that the staff team genuinely care for her relative. The family member spoke of an initial

conversation held with staff when their relative had moved into the home, which confirmed that the 'staff will never give up on [Name]' which they had valued.

Two relatives outlined the excellent communication they had received from the staff team at a time when visiting restrictions were in place. They both described that they had been kept informed and up to date about ongoing reviews of health and conditions. They described emails and phone call enquiries being answered swiftly and confidence that they would be contacted in any event.

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."

The Regulation Officer took the opportunity to listen to a handover of information about care receivers from the night to day staff. Their welfare and wellbeing were described, and it was clear that the staff had a good understanding of their needs and the care that provided. The registered nurse who was in charge of the morning shift provided some clear instructions and directions for the care staff to follow and set her expectations in terms of addressing specific personal care needs.

The discussion also highlighted which care receivers were at risk of pressure ulcer development and the ways in which this was to be managed. One care receiver who was admitted to the home with a pressure ulcer was described as being at risk, however the handover reported that their skin had improved immensely. The handover made reference to one care receiver who does not have any family living locally and was in hospital receiving treatment. Arrangements had been made for staff who spoke the care receiver's native language to visit them in hospital each day and staff expressed empathy and compassion at their situation.

The Regulation Officer spoke with nursing and care staff across all four units about care receivers' needs and the discussions demonstrated that staff had a comprehensive knowledge of care receivers' histories, interventions and care delivery requirements. The variance in care needs and dependency levels across the units was described by staff and they described the differing presentation of care receivers from John Eudes unit in comparison with the nursing needs of those accommodated on John of God unit for example. They described that part of their role is to encourage some care receivers to self-care and maintain their independence, whilst others, due to advancing health conditions are more reliant upon staff for their needs.

All care receivers who are admitted into the home, are assessed by the manager or deputy manager to ensure that the home can safely meet their needs. The assessment identifies issues such as clinical background, health status, mobility, needs in terms of activities of daily living, social history and cognitive ability. Care staff spoken with described the referral pathways to allied health professionals which included the community nursing team to refer care receivers for certain nursing tasks. The manager explained that some care receivers had recently been referred

to Health and Community Services for an assessment of need which was in response to a change in their health status and predicted need to transfer into nursing care. The manager also provided examples where some referrals had been made and following an assessment their admission has been declined on the basis that their needs could not be safely met in the home.

A notification of incident was submitted to the Commission on 23 May 2021 which provided details of the prompt action taken by nursing staff in recognition of one care receiver's sudden deterioration in their health. This evidenced that staff are skilled to recognise and escalate deteriorating situations appropriately.

A discussion with staff confirmed that one care receiver no longer needs a certain type of medication to be administered which indicates that the interventions to reduce adverse behaviours have been effective. The language used by staff to describe care receivers living with dementia was positive and respectful.

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 environment was in the process of being refurbished and upgraded to meet the Standards. At the time of inspection, certain areas of the home had been cordoned off to allow for the installation of a fire sprinkler system, replacement of fire doors, lighting and upgrading of the fire alarm. The next phase of refurbishment will allow for aesthetic improvements to be made to several bedrooms and communal areas. The home's complaints policy was on display in the main entrance and on notice boards throughout the home.

During the inspection visits, the Regulation Officer observed that the home was following the Government of Jersey advice for visitors to care homes as part of visitation protocols. The environment was found to be visibly clean and hygienic in appearance and staff were always observed wearing masks and adopting good hand hygiene practices. Housekeeping staff were seen to adopt good practice when cleaning areas within the home and were knowledgeable about infection prevention.

The home was found to be homely with traditional décor and furniture. There were a variety of sitting rooms and dining areas which were being used by care receivers at various times during the inspection. Care receivers were noted to have easy access to their call bells and comforting and meaningful interactions were observed and heard between staff and care receivers. Care staff demonstrated having good interpersonal and listening skills.

Three new assisted baths have been provided on three of the four units and there are plans to enhance Caroline Shepherd unit to a more dementia focussed environment. The plans were reviewed during the inspection which are aimed at enhancing the décor to include artwork in the communal areas to support cognition, encourage stimulation and involvement in gardening type activities.

Scaffolding remains to some areas of the exterior building which had been necessary so that repairs could be made to the balcony areas. The scaffolding to the exterior of John of God unit is impacting upon care receiver's choice to use the balcony which leads from the lounge and an assurance given for this to be removed in mid-July.

The manager has recently undertaken a review of health and safety issues within the home to ensure that a safe environment is provided. This has identified that additional safety measures are required to reduce risks from radiators within the home and a plan in place to address this. A sample of service records were examined which showed that equipment is serviced regularly by external contractors and hoists, hoist slings and profile beds have recently been replaced. Water management systems to include ensuring water temperatures are discharged at safe temperatures and testing for the presence of Legionella are carried out routinely.

Samples of bedrooms were viewed, and all found to be varied in their layout and design and personalised with photographs and ornaments and other furniture brought from their homes. Within Caroline Shepherd unit, care receivers' bedrooms were identified by a familiar cue of their personal history for them to easily locate their bedroom.

Management of services

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

The management structure is clearly defined and there are distinct lines of accountability and responsibility. It was evident that the registered manager maintains a strong presence in the home, and during her absence there is a nominated person to take charge. There are governance systems in place to ensure that the service provided meets Standards and monthly reports are produced. Monthly board meetings are held which are attended by the registered provider representatives and human resources lead.

Staff who were spoken with during the inspection all described the home's leadership as an important strength and described effective team working which is built on professional relationships. Frequent screening for all staff for Covid-19 has been ongoing and all staff have presented for testing.

An example of a contract of residency was examined which identified the terms and conditions of the agreement, payment arrangements and services which are excluded from the care fee.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je