



**Jersey Care
Commission**

INSPECTION REPORT

Eden House

**Care Home Service
(Short Breaks Centre)**

**Le Cloches
St Clements
JE2 6NQ**

8 July 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 Eden House short breaks children's home. The service is situated in the parish of St Clement. The building is a semi-detached house within a cul-de-sac. It has two bedrooms upstairs and a third bedroom in a self-contained flat at the side of the property which has a separate entrance. There is a supermarket within walking distance. The home has two vehicles which are used to support care receivers with social activities and transportation to and from school. The location allows easy access to the main coastal road, bus services and local beaches. The service became registered with the Commission on 6 December 2019.

Eden House short breaks service allows care receivers to spend a period of time, including an overnight stay, away from home. During this time the young person will be engaged in a variety of activities of their choosing, both within Eden House and within the local community. The support which is provided is based on a social work assessment of need that indicates the level of support required and the specific outcomes to be achieved. All stays are planned with the young person and their families and are also inclusive of the wider support systems in place, such as school and social clubs.

The home currently provides a service for 13 young people. The staff team consists of nine full time and one part time residential childcare officers (RCCO). There was also one vacancy at the time of inspection. The service is also supported by a cleaner and the registered manager is present within the home five days per week.

Regulated Activity	
Conditions of Registration	Type of care: personal care, personal support Category of care: children and young people Maximum number of care receivers: three Maximum number in receipt of personal care / support: three

	Age range of care receivers: 0 - 18 Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1 and 2 - one person, flat - one person
Dates of Inspection	08 July 2021
Times of Inspection	11am to 2pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	One

The Care Home is operated by the Government of Jersey and the registered manager is Chloe Burt.

Since the last inspection on the 23 September 2020, the Commission has received updated copies of the service's Statement of Purpose on the 25 January 2021 and 13 April 2021 respectively. This was to reflect changes in the staff team. A further update was received on the 9 July 2021 following the inspection visit.

The discretionary condition on the service's registration was discussed and the registered manager informed the Regulation Officers that they have completed their portfolio for the Level 5 Diploma in Leadership in Health and Social Care, and are awaiting the outcome of the quality assurance process before the certificate can be issued. Once this is received, the registered manager will inform the Commission and the discretionary condition can be removed from the conditions of registration. The timeline for completion on the discretionary condition was 6 December 2022.

The Regulation Officer discussed with the registered manager and team members, the impact that Covid has had for care receivers and the staff team. There was some fear and anxiety amongst the staff team at the start of the pandemic. The registered manager reported that they are a close team and were able to support each other. Opportunities were created for staff to work remotely, reducing footfall into the home to two staff at a time. There was a reduction in the overnight service for a period of two to three months with decisions to reduce attendance taken by the families themselves. The team made themselves available to support in other ways, such as, shopping, collecting prescriptions. The team also developed new ways to support each other, one example was the introduction of 'walk and talk' supervision sessions.

The registered manager shared that she was the main point of contact during lockdown for families. This was agreed with the social work team so as to avoid multiple contacts being made. The registered manager reported that families were very honest about their needs and worked with the team to provide appropriate support when it was required.

When returning to normal overnight services, waking night staff were introduced for a period of three months, in order to allow the young people sufficient time to settle back into their routines at Eden House. The registered manager reported that this worked well and ceased as soon as it was no longer required. This is an area of good practice.

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.

Overall, the findings of this inspection were positive. There was evidence that care receivers were being provided with a service that is safe and which takes their wishes and preferences into account.

The Regulation Officer followed up on one area for improvement identified in the previous inspection report. There were clear indications of improvement.

Information provided to care receivers and their families prior to accessing the service, was found to be informative and user friendly. There is an ongoing commitment within the team to ensure that the service provided is person-centred and evolves as the young person develops. In addition, the Regulation Officers noted the processes in place for continual learning opportunities through reviews, de-briefs and outcome focused plans of support.

The choices and preferences of the care receivers are at the forefront of the service delivery. Evidence was also found of strong links with families and other agencies, in order to work collaboratively to achieve the best outcomes for the young person. Positive attitudes amongst the staff team in relation to supporting care receivers to make choices were noted by the Regulation Officers at the time of inspection.

The environment of the home was found to be comfortable and homely. Care receivers are encouraged to bring personalised items for their overnight stays. Consideration is given to age, with older care receivers accessing the flat to afford them greater privacy and offer opportunities for them to develop independence and self-help skills.

There are good practices in place for the recruitment, induction and ongoing training for staff. Clear lines of accountability exist within the team and there is a strong, supportive presence from the registered manager. The team consists of long-standing staff members who have a wealth of knowledge and experience which is respected by the team, as well as some new staff members who bring new ideas and perspectives.

INSPECTION PROCESS

This inspection was announced. Notice of the inspection visit was given to the registered manager three days before the visit and was carried out by two Regulation Officers. This was to ensure that the registered manager would be available during the visit and to confirm the home's infection prevention and control arrangements. The inspection took place on the 8 July 2021.

The Children and Young People's Residential Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Information about the home and the care provided**
- **Awareness of rights and choices in relation to age and abilities**
- **The home's environment**
- **Approaches to care and welfare of care receivers**

Prior to the inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, notifications, correspondence and the home's Statement of Purpose.

Discussions were held with the registered manager and two members of staff at the time of inspection, with a further member of staff contacted via e-mail.

Following the inspection, contact was made by telephone or e-mail with three relatives who were happy to provide feedback on their experiences of the service provided. The views of two professionals were also obtained as part of the inspection process.

A subsequent visit was also made to the Government of Jersey Human Resources (HR) department on the 19 July 2021, in order to review the recruitment file for a newly appointed member of staff.

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

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

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

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

INSPECTION FINDINGS

At the last inspection, one area for improvement was 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 of improvements to the processes in relation to safe recruitment practices. All recruitment records are stored centrally on an electronic system and are easily accessible to the registered manager.

Information about the home and the care provided

Reference was made to Standard 1 of the Children and Young People's Residential Care Standards which states: "You will be given information that is shared in a way that you understand. This will tell you and others about where you will live or stay and how you will be cared for."

The registered manager went through the referral and placement process with the Regulation Officers. Referrals are received from social workers and the registered manager will be given details of the assessment and reasons for referral. An initial meeting will then be arranged, and the registered manager will provide information on the services provided by Eden. There will also be an opportunity for families to visit the home. The registered manager reported that they also make families aware of the role of the Commission, the inspection process which is undertaken and subsequent publication of inspection reports.

Families are made aware of the Eden House Statement of Purpose. However, through discussion with the registered manager they were made aware that Statements of Purpose are not published by the Commission and some consideration may need be given to issuing copies at the point of referral or publishing the document on the Children, Young People, Education and Skills departmental website. The registered manager is aware of their responsibilities in ensuring that the Statement of Purpose is kept up to date. It has been reviewed twice since the last inspection.

Time is spent by the Eden House team gathering information from families about the preferences and choices of each young person, as well as any routines which are important to them. The team will also work closely with school staff. This includes information gathering as part of the assessment process and staff spending a period of time within school. This enables them to build a relationship with the young person, learn more about their routines and establish preferred communication methods. The team will then begin induction by supporting community activities and short visits to Eden for indoor activities, snacks and dinner.

The registered manager also explained to the Regulation Officers that they have been promoting peer group support for families. As part of the initial referral

process, the registered manager will offer new families the opportunity to have contact with existing users of the service. The registered manager reported that this has helped to reduce the anxieties for new families. There are also mechanisms in place to support families on an ongoing basis, for example, inviting representatives from services to meet with families, on an informal basis, to share information about services and the support they can provide. One of the family members who has been involved in peer support commented that they “want other families to trust them as I do”. They felt sharing their experiences helped new parents to build trust with the team,

There is also a strong focus upon providing continuity between the services that support the young person. This is reflected in the steps taken to ensure that there is effective communication between the team and families before, during and after overnight stays.

Information given to the young person is tailored to meet their preferred communication styles and level of understanding. The team will work to produce individualised communication tools and prompts which support the young person through their initial induction. Progress is reviewed weekly with the registered manager and team link worker. Information is shared with the family and social worker. Transition towards overnight stays is taken at the pace of the young person.

The registered manager reported that there are good relationships with other professionals. They described some work undertaken recently to strengthen working relationships following the introduction of several new members of staff within the social work team. Weekly meetings were introduced, and opportunities created for new staff to understand the role and function of Eden House. Work was also done to assist understanding that the need for very individualised support packages can result in fluctuating bed capacity.

There is a range of robust policies and procedures available to the staff team. These are available via the Government of Jersey website. Eden House also has a folder in place for all health and safety related policies, some of which are specific to Eden House. This was viewed by the Regulation Officers at the time of Inspection and found to be satisfactory and up to date.

There are good systems in place for the review of policies and practices. A de-brief process is established within the home which allows staff to reflect regularly upon their practice. This can also help to identify changes in working practices. All de-briefs are recorded and sent to the service lead for review. Incidents are reported via an electronic reporting system and investigations are completed by the registered manager. There are also mechanisms in place to escalate comments or concerns which may lead to policy and procedure review. Information on policy updates are e-mailed to staff and are also discussed at team meetings.

Feedback from relatives regarding the information that they receive was extremely positive. All felt that communication was very good. Families felt very supported during the initial referral and induction process. Some of the comments captured in feedback included.

“Their risk assessments are very good, and they took time to find out about likes, dislikes, preferences”.

“Staff met up with me a good few times before services commenced and spent time getting to know about needs, likes and dislikes”.

“We had an initial look around and met with the manager. Information was sought on likes and dislikes and the things our child was working on. They also had the opportunity to choose their own room”.

Awareness of rights and choices in relation to age and abilities

Reference was made to Standard 3 of the Children and Young People’s Residential Care Standards which states: “You will know about your rights. You will be able to make or will be helped to make choices right for your age and ability.”

As previously detailed, much information is shared with families at the point of referral to Eden House. An information leaflet is given to families by social workers which contained information about short breaks services, including details of how to raise a complaint. Families reported that they would know who to contact if they had a concern or complaint, with one family member stating, “minor issues are dealt with effectively and the manager is very responsive”.

Care receivers have a range of complex communication needs and these are supported in a variety of ways, in order to promote rights and choices. Examples of this include the use of social stories, pictures, symbols and picture exchange communication systems (PECS). Examples of some of the systems currently in use were viewed by the Regulation Officers and were found to be very person centred. They provide information in short descriptive segments and allow the young person to focus on a specific task, which helps with processing of information and aids decision making.

Comprehensive risk assessments and support plans are in place for all care receivers which were viewed by the Regulation Officers. There is an attention to detail which gives the reader a real insight into the support required for each individual. They are written in the first person and focus upon the wishes and preferences of the young person. There is a section entitled ‘my perfect day’ which details the ideal day for each individual. This is completed in pictorial form, showing the young person engaging in the activities which are important to them. Plans are reviewed on a six-monthly basis or when a change in need occurs.

All support plans and risk assessments are viewed by and signed by family members and social workers. Specialist plans or risk assessments are signed off by a relevant professional, for example, medical needs will be overseen by a paediatrician.

Paper files are kept securely within the home and are also made available within a central electronic system which can be accessed by social workers.

A shift plan is completed after each stay. This provides details of what went well during the visit and what could be improved upon. This information is used to review observations made and potential feedback from the young person through reactions and responses to routines and activities. The information is reviewed by the young person's link worker and any potential changes to support plans are discussed with the staff team. Team meetings are held weekly. Minutes were reviewed by Regulation Officers and found to be focused upon care receivers' needs, as well as generic issues to support team performance and wellbeing.

Monthly quality assurance reports are undertaken by an independent person. There had been a period of time when the independent person had not visited the home due to travel restrictions associated with the pandemic, a decision was taken to seek alternative arrangements. This has resulted in a gap of visits since May 2021. The registered manager reported that visits are due to re-commence on 13 July 2021.

Both families and professionals commented on the range of activities offered to the young people accessing the service and of the choices that are afforded to them. A common theme was also the support offered by the team to families in order to enable access to activities and to establish routines which the young person may otherwise find challenging, for example, attending medical appointments or visits to the hairdressers, or in making routine choices on a daily basis.

Care home environment

Reference was made to Standard 6 of the Care Home Standards which states: "Where you live or stay will be comfortable, safe and accessible."

Eden House is situated in a cul de sac within a housing estate. It is very homely in appearance. Parking is available at the front of the house and there is a large, enclosed garden to the rear, which is accessible to both the main house and the flat.

A tour of the home was provided to both Regulation Officers by members of the staff team. Staff explained that the furniture within the home is specially designed to sustain wear and tear and is in fixed positions for the safety of the care receivers. The furniture was found to be aesthetic in appearance and fitted in with the homely feel of Eden House. There are also external shutters fitted to some of the windows in order to protect privacy and dignity, however these are unobtrusive of the overall appearance of the home. Staff also showed the Regulation Officers personalised boxes for each care receiver. This enables them to store their personal items between stays.

The interior is comfortable and well maintained. Colour schemes are neutral, with young people encouraged to bring personal items during their stays, such as bedding, toys, games and blankets.

The rooms are designed to cater for all age groups. One room has a single bed, with another having a double, in order to accommodate the needs of older care receivers. However, the young person has the opportunity to choose which room they access.

There is a bathroom on the first floor which is shared between the two rooms in the main house. There is also two sleep-in rooms and a bathroom for the staff team to utilise.

There is a lounge area on the ground floor, which is comfortably furnished. Upstairs houses a kitchen area with access via a small dining room. All of the cupboards in the kitchen have pictures on the doors to help support care receivers to access food, drinks and utensils independently. Staff reported that care receivers are encouraged to be as independent as possible. However, supervision is provided at all times.

Staff further explained bookings for overnight stays are planned to take account of the young person's individual needs and the level of support they require. Therefore, the environment is not restricted in any way and the needs of one young person do not impact upon another.

The flat is fully self-contained with a separate bedroom and bathroom. The living and kitchen area are open plan and there is also a 'pull out' bed in the living area to facilitate sleep in staff. The environment of the flat allows staff to support care receivers with skill development, particularly as they approach adulthood.

The registered manager shared plans with the Regulation Officers for a refurbishment of the property which is to commence in September 2021. This will allow for better utilisation of the interior space and there are plans to create a larger sensory room which will be of benefit to the care receivers. This was echoed in the feedback received by staff and families. There will be an impact upon the service delivery while the refurbishment is taking place. The registered manager is confident that this will be kept to a minimum as the flat will be able to remain fully functional until the final stages. The registered manager is looking at contingency planning options which may include outreach and/or a temporary reduction in number of nights offered.

Approaches to care and welfare of care receivers

Reference was made to Standard 7 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."
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The service has a robust recruitment policy in place and the registered manager takes a lead role in the recruitment of new staff. There has been one new member of staff and one internal promotion since the last inspection. The registered manager explained that there is an electronic HR system in place which allows her to access all safer recruitment checks prior to start dates being agreed. This was confirmed during a follow up visit to the Government of Jersey HR department by one Regulation Officer on the 19 July 2021. The recruitment file for the new member of staff was reviewed and all necessary documentation was found to be in place.

There is a comprehensive induction in place. The registered manager explained that the induction booklet has recently been updated and this was viewed by Regulation Officers. It contains information on the organisation, requirements of induction,

training, supervision as well as a list of induction tasks specific to Eden House which require sign-off once completed. New staff members work supernumerary alongside experienced members of staff when being introduced to care receivers, in order to build positive relationships. Once settled in their role, the staff member will progress to work within the home's staffing numbers. The registered manager reported that they are also working on an induction plan for bank staff with a manager from another home.

Staffing levels are determined by the number and needs of the young people attending the service. Rotas were reviewed at the time of inspection and found to be sufficient to support the needs of care receivers and reflective of the Statement of Purpose which states,

“Staff numbers are determined by the activity risk assessment, with consideration given to the presentation of the child / young person at that time, the environment, transport, finance, the skill and number of staff available who know the child / young person”.

There are procedures in place for the cover of sickness and absence. The registered manager explained that due to the needs of the young people, the team only utilise a small number of bank staff who have been fully inducted to the home and have previous experience of the young person they will be working with. There are occasions where permanent members of staff will be asked to cover additional hours or change shift patterns, but staff reported that they are always consulted prior to any changes occurring.

The registered manager is available Monday to Friday, 8am to 4pm. Staff are present in the home whenever young people are accessing the service. Each planned stay has a grade 3 RCCO on duty who leads the shift. The service is also supported by an on-call service in the evenings and at weekends.

All mandatory training was found to be in place, such as First Aid, food hygiene, manual handling, food hygiene and safeguarding. Positive and safer approaches to behaviour training at an advanced level is also a requirement of working in the home. The registered manager reported that there has been some difficulty in accessing update training for the team. This could have had an impact upon service delivery had any care receiver required specialist support in this area. The registered manager has been vigilant in ensuring risk assessments are continually reviewed and any potential issues identified. At the point of inspection, there had been no disruption of services. The registered manager also reported that appropriate training had now been sourced and dates were in the process of being set.

All staff except two have a level 3 Regulated Qualification Framework (RQF) diploma or equivalent. The remaining staff members are due to commence their diploma courses in September 2021.

Additional training needs are determined by the specific needs of the care receivers. This includes training in autism, learning disability and Makaton. The registered manager explained that the team are currently looking in to training for sensory issues and pathological demand avoidance (PDA).

Eden house also holds accreditation status with the National Autistic Society (NAS). Accreditation status is described by the NAS as:

“A quality assurance programme of support and development for all those providing services to autistic people. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice”.

A medication inspection was carried out by the senior pharmacist from Health and Community Services on 24 June 2021, and no areas of concern were noted. Medication training is carried out within the home, is specific to the needs of Eden House and consists of theory and competency activities. All staff are progressing to the RQF level 3 in medication administration. There are robust processes in place to review any medication errors with provision for additional training if required. Through discussion with the registered manager, it was noted that there is not yet a system in place for annual competency reviews for staff. This was acknowledged by the registered manager who will take immediate steps to introduce a system for annual competency reviews.

Staff supervisions take place on a monthly basis. The registered manager reported that the team have recently been looking at different types of supervision, such as, peer, restorative and walk and talk sessions. The team look at different tools each month. There is also an element of peer supervision in place through team meetings. Annual appraisals are in place for all staff and are reviewed every three months.

Feedback from professionals on the approaches to care was very positive with one stating, “They understand the needs of the children they are working with and are appropriately meeting their needs”. Another commented that, “Staff are extremely competent in their role and their knowledge instils me with confidence whenever I am considering a placement for a child with complex needs”.

Families were equally positive in their feedback with one stating that they, “would like to thank the team for their input and their willingness to help their child learn”. Others spoke of the trust they had in the team to look after their child and the support they provide to help their children develop new skills and embrace new opportunities.

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.



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