



**Jersey Care
Commission**

INSPECTION REPORT

Field View

**Care Home Service
(Supported Accommodation)**

**La Grande Route de St Martin
St Saviour, JE2 7GS**

16 June, 6 July and 30 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 Field View. The service is situated in the parish of St Saviour, with good transport links to St Helier, shops, and a public house nearby. The service became registered with the Commission on 6 December 2019.

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| Regulated Activity | |
| Conditions of Registration | <u>Mandatory</u> Type of care: personal care, personal support Category of care: Young adults Maximum number of care receivers: 6 Maximum number in receipt of personal care / support: 6 Age range of care receivers: 18 – 21 Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1, 2, 3, 4, 5, 6 = 1 |
| Dates of Inspection | 16 June 2021 - 1.30pm and 5.30pm 6 July 2021 – 2.30pm to 3.30pm 30 July 2021 – 11.30am to 12.30pm |
| Type of Inspection | Unannounced |
| Number of areas for improvement | 6 |
| Number of care receivers accommodated on the day of the inspection | 6 |

Field View is operated by Government of Jersey and the registered manager is Anna Pospiech.

At the time of the last inspection on 30 July 2020, a variation to the age range of care receivers in the home had been agreed, with one young person aged 17 and a half accommodated. Since the last inspection, a further variation application to vary the age range of care receivers was granted and a young person aged 17 was admitted to the home. At the time of this inspection, all of the young people living in the home were within the ages of 18 to 21.

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 Statement of Purpose, notifications were made appropriately, and staff records were maintained and accessed when necessary by the registered manager.

It was a finding of this inspection that staffing remains an area for improvement and that supervision is not provided to all staff working at this home on a regular basis. The Young Person's Guide has not been reviewed to ensure that care receivers understand what is expected of them and what they can expect from the service. These remain areas for improvement and must be addressed urgently.

There was evidence that safe recruitment processes are followed and that there is a consistent staff team who have worked at this home for several years. The registered manager is responsible for two homes, and sometimes a third service, and this has had a detrimental impact on their ability to provide regular supervision to staff. One new member of staff has received no supervision and has not been able to attend training sessions. Overall, staffing has improved, and lone working does not routinely happen. However, there remains a need for further recruitment to ensure appropriate support for the care receivers. Young people are provided with a Personal Advisor, in addition to two staff members to support them. Additional staff are needed within the home and all staff should be provided with regular supervision. These are both areas for improvement.

There is no training log and the registered manager was unable to demonstrate that mandatory training is kept up to date. All staff, including bank staff, must have an opportunity to attend mandatory training sessions. While there was evidence that staff have attended training to support the needs of this group of young people, it is important to maintain training in areas such as infection control and first aid and this is an area for improvement.

A medications inspection was completed by a lead pharmacist and recommendations have been made to the registered manager. All staff should

undertake medicines management training and be signed off as competent by the registered manager. This is an area for improvement.

The views of young people are sought and respected. Where necessary, additional support or advocacy is provided. The Young Person's Guide has not been reviewed sufficiently to enable young people to know what is expected of them and what they can expect of the staff in the service. The 2020 inspection recommended that the Guide should include information on consequences if young people do not engage with the programme of support and this has not been rectified. Additionally, it should include details of where and how to raise a concern, including details of the Commission. A review of the Guide remains an area for improvement.

The registered manager agreed that the development plan which is used to identify and promote independence skills for young people would benefit from being more robust. The Regulation Officer noted that the plans are person-centred and where young people have confidence and independence skills, there is an element of proactive risk-taking which is positive. Additionally, staff are flexible in terms of how and when they provide support to the young people.

Field View is registered for six young people and this has meant that the staff do not have a sleep-in room. It has also resulted in a lounge area being used for the staff who sleep over. Senior management are aware of this issue and the Regulation Officer was informed of a plan to make this lounge area available. However, at the time of the third visit, it was evident that plans had been made for the room to be used for another young person. The provision of a plan for the lounge to be made available for the young people is an area for improvement.

The registered manager is responsible for two homes and at times has been responsible for an additional service, and this has had an impact on their ability to fully provide support to the young people and staff at this home. A Deputy Manager has been recruited and has recently taken up the post. It was noted that they would also provide support with supervision of staff and that this should have a positive impact on the management of the home.

INSPECTION PROCESS

This inspection was unannounced on 16 June 2021, with a phone call to inform of the visit two hours in advance. Two Regulation Officers attended the inspection. A further meeting was held with the registered manager on 6 July 2021 and the Regulation Officer returned to view a bedroom on 30 July 2021.

The Care Home Standards were referenced throughout the inspection.¹

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

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Care home environment**
- **Management of services**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report.

A Regulation Officer sought the views of two young people who use the service and spoke with the manager and two members of staff at the time of the visit and received feedback from two additional members of staff by email. Further feedback was also sought and received from four professionals who provide support to the young people outside of the home.

During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a limited tour of the premises which did not include the young peoples' bedrooms. The Regulation Officers were advised that none of the young people had consented to their rooms being inspected. Both young people who spoke with a Regulation Officer advised that they were happy with their rooms but declined for it to be seen. One young person moved out of the home and it was therefore possible to see one room on 30 July 2020.

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 is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, six 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 concerning to note that insufficient progress had been made to address some of the areas for improvement. The following is an update to the areas for improvement:

Area for Improvement 1: *The registered person must undertake a review of the home's Statement of Purpose. The updated Statement of Purpose must set out the home's admission procedures, the categories of care and the legal status of care receivers, and the use of rooms.*

The Statement of Purpose has been updated and now includes the admission process and procedures, categories of care, legal status of care receivers and the use of rooms. It would benefit from the addition of details of the Commission, which can be contacted if a complaint is not resolved to the satisfaction of the care receiver. Overall, this area has improved.

Area for Improvement 2: *The registered manager must ensure that the Regulations, Standards and guidelines for Notifications of accidents, incidents and other events are understood by the staff team and followed.*

Notifications had been made appropriately during this inspection period. As suggested by the Regulation Officer at the time of the last inspection, a record is kept that the Commission has been notified on each occasion. This area has improved.

Area for Improvement 3: *A requirement that all existing staff HR records from past appointments are transferred and kept by each registered manager.*

HR records are kept securely by the central Human Resources team. The registered manager has access to these as necessary. This area has improved and our findings in this area are further documented within this report.

Area for Improvement 4: *The registered person must appoint a staffing structure which is consistent with the home's Statement of Purpose, and the associated staff-to-care receiver ratio.*

Staffing continues to be an area where improvement is required. There are occasions when one member of staff is lone working, although these have reduced. The Regulation Officer was informed that there is a further recruitment campaign but there has been delay in progressing this issue. This continues to be an area for improvement.

Area for Improvement 5: *The Young Person's Guide should include an agreement about what is expected of care receivers and what staff will do for them. The Young Person's Guide should also make clear what consequences there will be if care receivers do not engage with the agreed programme of support.*

This remains an outstanding action. The Guide does not include actions to be taken if young people do not engage with the agreed programme of support and needs to be fully reviewed. One young person who was consulted stated that they had not received a copy of the Guide.

Area for Improvement 6: *The registered persons must ensure that regular supervision sessions (monthly) are in place for all staff.*

Since February 2021, no staff have received supervision on a monthly basis. However, staff have received supervision which would be in line with the Standard of four times per year and have reported that they have been able to receive support when necessary. It is acknowledged that an assistant manager has been recruited

who is sharing the responsibility for supervision. This should improve the quality and timeliness of supervision offered to all staff every month.

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 recruitment policy and this is managed centrally by a Human Resources team. The Regulation Officer reviewed the recruitment records of one member of staff who had been recruited in the last 12 months and was satisfied that safe recruitment processes had been followed. The Human Resources representative also demonstrated that there is a process in place to ensure that the registered manager confirms they have seen the applicant’s information, criminal records check, and references prior to the date they start to work in the service.

It is positive to note that apart from one new member of staff, this has been a consistent staff team over many years. The new staff member was recruited in September 2020 but reported that they had not yet received supervision. The staff member further reported that they had been unable to attend training sessions as they usually provide cover for permanent staff who need to attend the courses. Bank staff should be able to attend both supervision and training courses in the same way as permanent staff. A permanent member of staff reported that, following a period away from work, they had received no supervision. The provision of regular supervision for all staff is an area for improvement.

Staffing numbers have improved, and this has had a positive impact on the ability to provide two members of staff during the day, and for one waking and one sleep-in member of staff overnight. During the week of the inspection visit, one member of staff was lone working during one shift, but staff reported that this was now an isolated rather than regular event. Staff members did report that at times they still cover a shift after working overnight which indicates that there is still a shortage of staff. There is an on-call manager within Children’s Service available outside of normal working hours.

All staff have a job description. However, with the advent of the Personal Advisor role within Children’s Service, for any young person in care over the age of 14, there was some confusion in the definition of roles and who would be providing support. Children’s Service have recruited a Team Leader for the Personal Advisors, who had taken up post during the week of the inspection and they had recognised this as an issue and would be working with the registered manager to ensure the needs of the young people were met by the appropriate person.

The Regulation Officer noted that the core staff group is experienced and appropriately skilled and qualified. There was enthusiasm from the staff team about working with young people with one staff member reporting “I love my job.” All staff consulted were passionate about their role in supporting young people into

independent living. Both staff members consulted on the day of the inspection visit reported that they felt valued by the registered manager but not by the senior management team. They reported that being outside of the main office function meant that wellbeing support put in place for Children's Service staff was difficult for them to access. One staff member who gave feedback by email did not feel valued as they are sometimes sent to cover other residential homes at short notice, despite expressing anxieties about this. They were concerned that the needs of the young people at this home were not being prioritised.

All staff members except one were qualified to NVQ Level 3 in Childcare. One member of staff is registered to start this course in September 2021. The registered manager reported that they do not maintain a training log and were unable to state if staff were up to date with all mandatory training. Staff were unable to report when they were last trained in mandatory areas such as infection control and first aid. This is an area for improvement.

Staff reported that they had received no medications training. A medications inspection was undertaken by a Senior Pharmacist (Health and Community Services) on 24 June 2021 and it was acknowledged that there were "obstacles which make it difficult to conform with the recommended standards for a typical care home" (due to the ages and capacity of the care receivers). Recommendations were made by the lead pharmacist concerning the use of a Medications Administration Record (MAR), a checklist for medicines policies, transcribing medications onto the MAR sheet and to ensure that an agreed medications policy is being used. This is an area for improvement.

Staff had received training in building relationships that create and inspire positive change (restorative practice). However, a member of staff reported that due to the pandemic this was delivered virtually and had been at a lower level and less useful training than they had expected. They reported that a further session, which should be face to face, was planned, and their hope was that this would be pitched at a higher skill level and would enhance their professional development in supporting young people. Previously, staff had received trauma-informed training and the registered manager reported that they had been able to observe how this training had changed the practice of staff members. Specialist training for staff to support them in working with young people is an area of good practice.

Approaches to care and welfare of care receivers

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| 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." |
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It was recommended in the 2020 inspection report that the Young Person's Guide should be reviewed. This should not be punitive in tone but should set out clearly that care receivers have specific responsibilities and of the likely outcomes if these responsibilities are not fulfilled. The Regulation Officer was not satisfied that the current guide has addressed these issues. Additionally, one young person who was

consulted stated that they had not been given an updated version of the Guide. There is also a Code of Conduct for the home but information about responsibilities and consequences remains outstanding. The Young Person's Guide does not include information about yearly inspections from the Commission and therefore it was difficult to complete a full inspection of the home as the young people did not give their permission. This remains an area for improvement.

The wishes of young people were respected. There was evidence that young people were encouraged to participate in either education or work, but this remained their choice and continuing support was provided by their key workers. Staff would benefit from attending a Capacity and Self-Determination Law course in order to fully understand when and if an application for a Significant Restriction on Liberty assessment should be made and this should be an area of training for this home.

The Regulation Officer reviewed an improvement plan which is completed for all care receivers. The improvement plan includes independence skills such as budgeting, travel, cooking, and social skills and provides a brief assessment of whether the young person is confident, very confident or working towards each area. However, the plan for each young person would benefit from a more robust plan which includes actions and appropriate timescales for these to be completed. A staff member gave an opinion that young people are not provided with enough independence skills or future planning after the age of 21. The Regulation Officer acknowledged that support with transition to independent living is not solely the responsibility of the home and also requires structured input from the Children's Service.

A review of records demonstrated that those young people who have skills in meeting their needs independently, are encouraged to maintain these and to seek out support when necessary. While there are rules in place regarding curfew and the number of nights per week that the young person is expected to be in the home, there is a level of positive risk-taking which allows the young person to make these decisions for themselves.

Each young person has a plan in place regarding their preferences and relationships outside of the home which may impact on their safety and wellbeing. There is choice regarding access to social and leisure activities and the young people maintain their own routines. Four times per week, staff prepare a meal which can be shared between the young people and staff. The young people are involved in menu planning for these meals. Residents' meetings are held, although the registered manager reported that it can be more appropriate to arrange individual discussions. One young person reported that they had raised an issue, and the registered manager explained what had been done to resolve this. A young person does not have to raise a formal complaint in order to request a response.

A professional who provides support to the young people outside of the home reported that there had been an improvement in the staff interaction with young people within the home. This professional stated that there had been only one time during the week that young people could request support with shopping. However, the Regulation Officer was assured in discussion with the registered manager that young people could request support at any time, and with notice, this would be

arranged and supported by a member of staff. The professional also reported that there are some examples of very good relationship building between staff and the young people and that this was an example of good practice.

A social care professional reported a “fantastic working relationship” with the staff team at Field View and stated that there has been good communication and support which has helped the plan to move forward for one young person.

Both young people consulted reported positive relationships with key workers and that they felt well supported. One young person reported that they had been well supported and now had the skills to transition to independent living. The other young person had a good understanding of the level of support they would need in the future.

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.”

Field View has been registered for six rooms. At the time of the initial inspection visit, it was not possible to see any of the bedrooms of the young people and, as stated previously, there is nothing in the Young Person’s Guide which informs those living in the home that Jersey Care Commission will request visits at least once a year. All young people were informed by staff members of the inspection and given an opportunity for the Regulation Officer to see their bedroom. Two young people present at the time of the first inspection visit met with a Regulation Officer. Both young people reported being satisfied with their room and that they had been able to decorate a feature wall on arrival but declined for their room to be seen. The remaining young people were asked by staff members if their room could be viewed as part of the inspection but declined. The registered manager reported that staff would see the bedrooms of young people approximately every 4-5 weeks, and more often when necessary.

One young person moved from the home, and it was then possible to view one of the bedrooms. The room was clean, although sparse and the registered manager informed the Regulation Officer that additional furniture and a television had been ordered in advance of a new admission.

The registration of six rooms does not allow for a staff sleep-in room and the lounge is used for this purpose. Young people have a lounge/dining room, but it would be beneficial for them to have the use of the two rooms in order to have choice and be able to entertain friends or relatives outside of their bedroom. At the time of the initial inspection visit, the registered manager confirmed that when a young person moved on appropriately from Field View, the Statement of Purpose would be changed to reflect that only five rooms would be used, thereby releasing the lounge to be used for its original purpose. However, this was not the case and the need for a plan to address this issue is an area for improvement.

The building is light and airy, and the registered manager reported that there is a plan to decorate all communal areas, and to update the kitchen.

The home has the benefit of an outdoor area which has been decorated and furnished. At the time of the first visit, the outdoor area was overgrown and did not appear attractive to sit out in. However, by the second visit, Jersey Property Holdings had mown the grass and this was due to be maintained on three-weekly visits.

Management of services

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| Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.” |
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In the last year, there has been an improvement in the management structure with the recruitment of a Deputy Manager who will provide support in the provision of staff supervision. All young people have two residential workers allocated to them for support. There was evidence that previous positive relationships with staff had been used to support a young person to settle at Field View when they first arrived at the home.

The registered manager is responsible for two registered homes and, at times, has also been responsible for another service. One staff member stated that they felt that this has had a detrimental impact on the ability of the manager to provide full guidance and support for both the young people and staff at this care home. The management of more than one home by the registered manager has had an impact on their ability to take forward all the areas for improvement from the previous inspection. Children’s Service are currently advertising for additional registered managers which will enable each care home to have its own manager. This would be an improvement on the current situation.

Children’s Services must put in place an arrangement for an Independent Person to visit the home each month to review the quality of services and produce a report. During 2020 and 2021, the period of the pandemic meant that the Independent Person was not able to visit the homes and provided a paperwork inspection. One young person reported that they had never been contacted by the previous Independent Person for their views. The absence of robust quality monitoring by the Independent Person has resulted in weaknesses in assurances as to the quality of service provided. There has been a period from April 2021 to date when no Independent Person has been in post. However, a new Independent Person has been appointed and the Commission looks forward to robust quality monitoring which will support the service in maintaining Standards.

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.

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| <p>Area for Improvement 1</p> <p>Ref: Standard 1</p> <p>To be completed by: 30 September 2021</p> | <p>The Young Person's Guide should include an agreement about what is expected of care receivers and what staff will do for them. The Young Person's Guide should also make clear what consequences there will be if care receivers do not engage with the agreed programme of support.</p> <hr/> <p>Response by registered provider:</p> <p>The Registered Manager will ensure that the Young Person's Guide is reviewed in its entirety, with specific consideration given to the expectations of the Young People who are residing at Field View and clarity around the support staff will provide to them and any implications for non-engagement with the agreed programme of support.</p> |
| <p>Area for Improvement 2</p> <p>Ref: Standard 3.14</p> <p>To be completed: with immediate effect</p> | <p>The registered persons must ensure that regular supervision sessions (monthly) are in place for all staff.</p> <hr/> <p>Response by registered provider:</p> <p>It is recognised and acknowledged that staffing resource constraints have impacted opportunities to complete monthly supervisions in the normal format. The Registered Manager has addressed this situation by implementing a structure where they will supervise the senior members of the team directly and in turn these individuals will supervise their colleagues monthly, ensuring that all members of the staff team have regular supervision moving forward.</p> |

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| <p>Area for Improvement 3</p> <p>Ref: Standard 3.9</p> <p>To be completed by: 1 September 2021</p> | <p>There should be a written plan to provide assurance as to staffing structure.</p> <hr/> <p>Response by registered provider:</p> <p>A recent recruitment campaign has identified an additional substantive staff member that will be apportioned to the team at Fieldview and it is anticipated that this will enhance the quality of the service provided and permit a staffing structure consistent with the home's Statement of Purpose.</p> |
| <p>Area for Improvement 4</p> <p>Ref: Standard 3.11</p> <p>To be completed by: 1 October 2021</p> | <p>The registered person will ensure that all staff complete and remain up to date with statutory and mandatory training requirements.</p> <hr/> <p>Response by registered provider:</p> <p>A detailed training matrix is being compiled by the Registered Manager of the home and this will assist in identifying mandatory training requirements for the staff team. Time will be afforded to staff in order to attend and complete this training in line with the appropriate timeframes.</p> |
| <p>Area for Improvement 5</p> <p>Ref: Regulation 14</p> <p>To be completed by: 1 September 2021</p> | <p>The registered person must ensure that the arrangements for the administration and management of medicines are in accordance with the Regulations and Standards.</p> <hr/> <p>Response by registered provider:</p> <p>The Registered Manager will ensure that Medication Administration Records (MAR sheets) are used when managing medication and make sure that an agreed medication policy is in place and followed. Training for staff will be implemented that is reflective of this.</p> |

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| <p>Area for Improvement 6</p> <p>Ref: Regulation 18</p> <p>To be completed by: 1 September 2021</p> | <p>The premises must be of such a design and layout as to meet the number and needs of care receivers. Communal areas should be available at all times to care receivers. The provider should put in place a plan to open the lounge to original use.</p> |
| | <p>Response by registered provider:</p> <p>The transition of two young people onwards from Fieldview has permitted a revision to the home's Statement of Purpose so as to reflect the accommodation of five young people. This will subsequently permit the allocation of a dedicated staff 'sleepover' room and in turn this will result in all communal areas being available to care leavers at all times.</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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