



**Jersey Care
Commission**

INSPECTION REPORT

Highlands Care Home

Care Home Service

**La Rue de Froid Vent
St Saviour
JE2 7LJ**

17 & 22 July and 3 August 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 Highlands Care Home. The service is situated in the parish of St Saviour within a residential area and within close proximity to bus routes into town. There is also a small cluster of shops and a garden centre within walking distance.

The home consists of one main building which has 13 single apartments and eight two-bedroom apartments. All apartments have a fully functioning kitchen, bathroom and lounge. There are also a communal lounge and a main dining area. In addition, there are 18 self-contained flats to the rear of the main building which is known as Bon Air Court.

There is a large garden area which is freely accessible to all care receivers. Car parking is provided for both the main home and Bon Air Court.

The service became registered with the Commission on 31 October 2019.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care Category of care: Adult 60+, Physical Disability and/or Sensory Impairment, Learning Disability, Autism, Mental Health Maximum number of care receivers: 47 Maximum number in receipt of personal care: 47 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms:

	<p>Main Building - 1,2, 3, 4a, 4b, 5, 6a, 6b, 7, 8, 9, 10a, 10b, 11, 12, 13, 14a, 14b, 15, 16, 17a, 17b, 18a, 18b 19, 20a, 20b, 21a, 21b - One person</p> <p>Bon Air Court 1 – 18 - One person</p> <p><u>Discretionary</u></p> <p>None</p>
Dates of Inspection	17, 22 July and 3 August 2021
Times of Inspection	2pm to 7.45pm, 7.30am to 3pm, 3pm to 4.30pm
Type of Inspection	17July - Unannounced 22 July and 3 August - Announced
Number of areas for improvement	Three
Number of care receivers accommodated on the day of the inspection	41

Highlands Care Home is operated by St Philips Care Limited, and the registered manager is Anne Farrow.

Since the last inspection on 8 September and 8 October 2020, the Commission received an application from the registered provider on 4 December 2020 to vary a condition on the service's registration. The application requested an increase in bed capacity from 45 to 47, following a change of use from staff accommodation to care receivers' accommodation. A Statement of Purpose was also submitted at this time. The proposed changes met the minimum requirements for care homes and the variation was approved. A new certificate of registration was issued on 11 January 2021.

There have been three informal visits to Highlands by Regulation Officers since the last inspection. Two visits, on 5 February and 25 May 2021, were to discuss plans to develop an area of the property in order to create further bed capacity. A further visit was undertaken on 6 July to provide advice and support to the registered manager in relation to a practice issue.

The Commission was informed by the fire service on 26 April 2021 of an issue in relation to the home's fire certificate. Immediate steps were taken by the home to rectify the matter. The deputy manager reported at the time of inspection that all actions have now been completed, and a new certificate was due to be issued following a final inspection by the fire service on 4 August 2021.

The Commission has also maintained contact with the home during the pandemic. The deputy manager reported at the time of inspection, that the impact has been difficult for both care receivers and staff. It has affected family contact and the ability to participate in much valued social and community opportunities. The inspection was conducted during a time of increased Covid activity within the island and the

home was closed to visitors. Regulation Officers witnessed the efforts being made by staff to keep care receivers up to date and support them with decisions in relation to keeping safe. Staff were noted to be professional and compassionate in their approach.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The home has defined processes for the recruitment of staff which include appropriate safer recruitment practices. Once staff are in post, there are systems in place to support ongoing training and development of staff. Induction, supervision and appraisal are also provided to all staff.

There is a person-centred approach to the care and welfare of care receivers. This was reflected in the care plans and risk assessments that are in place and in the interactions witnessed by Regulation Officers over three inspection visits. Feedback from relatives and professionals also reflected their experiences of positive approaches to care by the staff team.

The home delivers care to a wide and diverse range of care receivers who often have specialist needs. In order to meet needs effectively, there needs to be a suitably skilled and experienced staff team in place. This is recognised by the home's management team. The training in place to support the current care receivers is good and management recognise the need to review training needs in accordance with the changing needs of care receivers. However, some consideration needs to be given to ensuring that the breadth of skill required is realistic.

The home has a warm and welcoming atmosphere and was found to be maintained to a good standard. This was supported by detailed maintenance records and safety checks. The décor within the communal areas was neutral but warm. Care receivers' apartments provide an individualised living space which affords great privacy and access to their own amenities should they choose not to access communal areas. All apartments are decorated and furnished to the care receiver's individual preferences. There is a team of housekeeping staff in place to maintain the cleanliness of the home which was found to be of a good standard.

The home has several entry points into the main building, all of which have differing levels of security. It was highlighted by the Regulation Officers, that this provided an inconsistent approach to building security, which could have a direct impact upon the safety of care receivers and staff. This was acknowledged by the registered manager and immediate action was taken to review the security of the main building

The home is owned by St Philips Care Ltd which is based in the UK. The registered manager is supported by a regional manager who maintains regular contact with the home. Regular on-site visits have been disrupted due to the pandemic, but it is

hoped that these will resume in the near future. The registered manager received praise from care receivers, relatives and professionals for her positive approach to care delivery, with a willingness to adapt to meet individual needs.

There are several processes in place to monitor the ongoing quality and standards within the home which is governed by the provider's quality assurance framework. It was noted at the time of inspection that there is no mechanism in place for the regular review of the home's Statement of Purpose. It was also highlighted that a review all policies and procedures within the home require urgent review to ensure that they are current, relevant and fit for purpose.

At the time of the inspection the impact of an increase in Covid cases was having a direct affect upon the home, with additional measures being implemented to ensure the safety of care receivers and staff. As a result, there was a significant reduction in the level and range of activities being offered. In spite of this, the staff team were observed to be adaptive in their approach and exploring alternative ways to maintain positive engagement within the home. Care receivers provided positive feedback to Regulation Officers on the range of activities available under normal circumstances.

INSPECTION PROCESS

This inspection was unannounced on the first visit on 17 July 2021, the purpose of which was to carry observations within the home and gain feedback from care receivers. Subsequent visits on the 22 July and 3 August 2021 were announced and four days' notice was given for each visit. This was to ensure that the deputy manager and registered manager would be available during the visits. The inspection was carried out by two Regulation Officers.

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**
- **Range of activities which reflect choice, preferences and lifestyle**

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

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

complaints, safeguarding alerts, correspondence and the home's Statement of Purpose.

Over the course of the three inspection visits, discussions were held with the registered manager, deputy manager and four members of the care team. There were also opportunities to speak with housekeeping, kitchen and administration staff, as well as the wellbeing practitioner.

The Regulation Officers also spent time with six residents who were happy to give feedback on their experiences of living at Highlands.

Following the inspection, contact was made by telephone with four relatives and the views of five professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records, training records, maintenance schedules, audit systems, incidents, complaints and staffing rotas were examined. The Regulation Officers also spent time looking around the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager and deputy 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, three 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 as follows:

- Evidence of appropriate safe recruitment practices
- Greater awareness relating to how to make a complaint, with appropriate information provided in accessible formats
- The provision of staff training directly relating to the categories of care which are provided by the home.

Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The home has a large team of staff who support all aspects of care. The care team consists of the registered manager, deputy manager, four senior carers and 14 carers. There are currently two carer vacancies. In addition, there is a wellbeing practitioner in post who co-ordinates and supports group and individual activities, both in and outside of the home. The team also includes domestic, kitchen, administration, and maintenance staff.

There is currently no care receiver involvement in the recruitment process. The deputy manager explained that this is due to the restrictions created by the pandemic. This will be reviewed as soon as it is safe to do so.

There were five new staff recruited since the last inspection and the Regulation Officers reviewed all of their recruitment files. All safer recruitment checks were found to be in place which included two references and a current disclosure and Barring Service (DBS) check. The register manager and deputy manager explained that the home retains copies of the criminal records checks supplied by the approved vetting service. This details the checks requested and the results recorded from the DBS check. All safer recruitment checks are reviewed by the Registered Manager prior to start dates being offered.

The registered manager explained that there are systems in place to risk assess the suitability of candidates should issues be identified from DBS checks. This commences at interview and if issues are identified, a risk assessment will be completed before a final decision can be made on any offer of employment.

During the second inspection visit, it was noted by the Regulation Officers that a new member of the maintenance team was receiving an induction under the direct supervision of a maintenance manager. However, DBS checks were not yet completed. This was discussed with the registered manager who confirmed that this was for the purposes of induction only and the member of staff would not commence work until all checks were complete.

The staffing levels within the home were discussed and the staffing rotas were reviewed by the Regulation Officers. There are five staff members on duty each day, one of whom is a senior carer who leads the shift. Staff are assigned a specific area of the home and change around between the morning and afternoon. There are varying levels of support required throughout the home. One member of staff is required to provide 1:1 support to a particular care receiver throughout the day. Other areas require minimal support with care receivers managing most of their own needs.

There is an established induction process in place for staff. Two induction portfolios were viewed at inspection and topics included orientation to role, care practices, health and safety, safe handling and introductions to documentation and

administration tasks. There were also defined timelines for completion of some aspects of the portfolio. One recently recruited member of staff reported that they found the induction process useful; explaining that they undertook several shadow sessions to get to know the care receivers before progressing to direct support.

All staff spoken to reported that they receive regular formalised supervision. The home is committed to providing supervision on at least a three-monthly basis. There is also the option to request additional sessions for any specific issues and this will be made available and can be done on a focused or group basis. The deputy manager gave Regulation Officers several examples where supervision was used as a positive tool to identify areas for improvement to practice and put appropriate support in place to achieve any targets set. A copy of the supervision documentation was reviewed by Regulation Officers and was found to be satisfactory.

The registered manager explained that they complete appraisals with all staff on an annual basis. This was confirmed by the staff members who were spoken to for feedback.

Training records for staff are stored on an online database and were made available to Regulation Officers at the second inspection visit. There is a comprehensive range of training available which covers mandatory training, as well as specialist topics related to the categories of care provided. Many of the courses are undertaken online with some topics requiring practical sessions. These are facilitated by key trainers within the home and include First Aid, manual handling and fire safety. A sample of records were examined by the Regulation Officers and all were found to be up to date.

Further examination of training records confirmed that over 50% of care staff hold a Level 2 or 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards. Several staff are currently undertaking a level 3 RQF as part of a development pathway.

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."

During the first inspection visit, a review of care plans for six care receivers was undertaken by one Regulation Officer and were found to be comprehensive. All care plans are developed and reviewed with care receivers. This is done in different ways depending upon personal wishes and preferences. Methods range from reviewing the plans on the system with staff to informal discussions with staff about content and any potential changes required. There is also a system in place to ensure that every care receiver is afforded a 1:1 discussion on a monthly basis to give feedback on the care provided to them and raise any queries or concerns they may have. All

care plans are set for review on a monthly basis. The Regulation Officer found evidence of regular reviews, and reminders within the system when plans are due for review.

Care plans and risk assessments were found to be person-centred and clearly took account of care receivers' individual preferences and choices. One care plan recorded the wishes of a care receiver to only receive personal care from female staff. Another highlighted the wishes of the care receiver to remain as independent as possible despite increasing health needs. Where care receivers lack capacity there was an understanding that decision making must be undertaken in the best interests of the person and involve the appropriate people who know the individual well.

It was also noted within the care plans the need for individualised support for different aspects of care. Staff members gave an example of one care receiver requiring dedicated time within their day to spend time with a staff member of their choice. This allowed them time to process any problems or issues they may be experiencing, to make plans and receive reassurance. Staff reported that this intervention had significantly reduced anxiety for the care receiver. This intervention was confirmed by the care receiver during feedback who was able to talk of the benefits it was having.

Daily records are maintained to high standard and there is also a comprehensive record of all interactions that staff have with care receivers. Staff carry handheld electronic devices (tablets), throughout their shift and will record relevant information throughout their shift.

Care receivers reported that they felt that their rights choices and preferences were respected by staff. One talked of their choice to attend church on a Sunday. Another talked of the information given to them in relation to keeping safe during Covid. They had the choice of remaining in the home or of maintaining their normal social activities but limiting their movement within communal areas of the home. Other care receivers talked of the support they have received to be able to access public transport. The deputy manager gave an example where a care receiver was supported to achieve independence in managing their own medication administration.

There is a focus within the home on skill development for care receivers who wish to progress to more independent living. The home will seek support from the relevant professionals, in order to put plans for skill development in place, which staff within the home will support care receivers with. The facilities within the apartments allows for the development of independent living skills, such as in undertaking cooking and cleaning tasks. Opportunities also exist for care receivers to move to the self-contained accommodation within Bon Air Court as their skills and confidence grow.

During the inspection, Regulation Officers observed numerous interactions between staff and care receivers which were positive and respectful. Staff were also noted to be responsive to care receivers' needs. This was reflected in concerns raised by a care receiver regarding some equipment within their apartment. The staff member

listened and responded by offering them a solution to address the issue which the care receiver was satisfied with.

Relatives and professionals also commented on the friendly and professional approach of the staff team describing them as compassionate, personalised in their approach, competent and supportive.

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."

Highlands currently provides for a diverse range of care needs which includes Adults 60+, Physical Disability and/or Sensory Impairment, Learning Disability, Autism and Mental Health. The breadth of specialist care being delivered requires the support of a skilled and competent staff team.

The breadth of care currently being provided was discussed with both the deputy manager and the registered manager. The Regulation Officers expressed concern that the diversity of need may be too broad, resulting in the staff team needing to have experience and proficiency in a wide range of skills and competencies, to the point that this may be unrealistic. This had been highlighted through a review of recent notifications to the Commission and from the observations made on the inspection visit on the 17 July 2021, where a care receiver with specific needs was not being supported adequately. The deputy manager confirmed that it had already been identified that the care receiver's needs could not be adequately met at Highlands. A referral had been made for re-assessment and a more suitable placement was in the process of being sought. Through further discussion, the registered manager and deputy manager confirmed that the development plan for the home is to reduce the categories of care and focus on one area of support which incorporates skill development, in order to work towards supported and independent living.

There is a good training programme in place to support the categories of care provided. This includes online training courses in learning disability, mental health, epilepsy, diabetes and positive behaviour support. There has been an opportunity for nine staff members to undertake enhanced training in learning disabilities. This will be offered to all staff in due course. It has also been identified by the staff team that some enhanced training in Positive and Safer Approaches to Behaviour is required to meet the current needs of care receivers. The training has been sourced and training dates will be set in the coming weeks.

The management team have been very proactive in identifying training in relation to specific needs. As a result, courses have made available for key staff in stoma care and for an RQF level 3 standalone unit in Percutaneous Endoscopic Gastrostomy (PEG) feeding.

There is medication administration training in place for staff who are required to administer medication as part of their role. This consists of an online knowledge-based course, which is followed by a series of competency observations. The aim is for staff to eventually progress to the RQF level 3 in medication administration. There are processes in place to record and investigate medication errors. Investigations will highlight the level of support to be given to staff. This can range from professional discussions to a re-assessment of competencies. All staff who administer medication have their competency re-assessed on an annual basis.

It was evident through the care plans, daily recordings and through talking with members of the staff team, that they are aware of the limitations of their competence and know when they need to seek management support or professional advice, such as from GP's, district nurses or occupational therapists.

There were several examples noted to support strong links with health and social care professionals. The registered manager spoke of the value of the support received from professionals and of the good working relationships that have been built over time. This was echoed in the feedback received by all professionals with one stating "Highlands embrace and work with relevant professionals to provide a holistic and evidence-based approach to care which comes across as firmly embedded in the homes practice".

Specialist equipment is in use throughout the home, such as wheelchairs, hoists and slings. Regulation Officers were able to view appropriate maintenance schedules and were satisfied that staff receive appropriate training in the use of this equipment.

The registered manager and deputy manager understand the Capacity and Self Determination (Jersey) Law 2016 and are aware of the process for making applications for authorisations of Significant Restrictions on Liberty (SROLs). At the time of inspection, there was one SROL in place. It was noted by Regulation Officers that the training offered to staff is based upon UK legislation. This was brought to the attention of the registered manager who has taken steps to arrange further training for staff which is based on Jersey legislation. Regulation Officers also reminded the registered manager and deputy manager of the need to submit a notification to the Commission when an SROL is put in place.

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."
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During the three inspection visits, the Regulation Officers had opportunities to visit all areas of the home and were invited to view some care receivers' apartments in both the main building and in Bon Air Court.

The home was found to be welcoming with communal spaces being pleasantly decorated. Care receivers have access to all communal areas whilst maintaining the

privacy of their own apartments. Seating areas are comfortable and there is sufficient space to allow for walking aids and for wheelchairs to manoeuvre.

The ground floor dining and seating area is a meeting point for many care receivers and there is also access to a small kitchen area where drinks can be prepared. The upstairs lounge is a quieter area where people can watch television. Lift access is available.

Care receivers' apartments were found to be comfortable and spacious. All have their own bathrooms, lounges and kitchen area. Apartments are decorated to the specification of the care receivers and personal belongings were visible in all apartments visited by the Regulation Officers.

One Regulation Officer observed care receivers having an evening meal in the dining room. The atmosphere was relaxed with care staff serving meals and supporting individuals who required assistance. There are a number of care receivers who choose to have their meals in their own apartments. Their meals are served from the kitchen and care staff take them to their apartments. This was observed to be a busy time for staff particularly when they were required to support people in the dining room.

The home was found to be in a good state of repair. All maintenance and safety check logs were reviewed at the time of inspection and were found to be up to date. This included fire, hoist, boilers and water temperature checks. The deputy manager explained that they have had no maintenance support on site for several months, therefore responsibility for maintenance checks was delegated to several key staff within the team. This has worked well, and a new member of staff has now been recruited to the maintenance role.

During discussions with the housekeeper, they described the cleaning regimes in place throughout the home. There are five domestic staff on duty each day and all rooms are cleaned on a daily basis. All rooms receive a more intensive clean once per month. There is also more intensive cleaning schedule in place due to Covid. All touch points, such as door handles and handrails are cleaned every 30 minutes.

There were also good infection control measures in place in relation to visitors. Temperature checks are in place at the point of entry and appropriate personal protective equipment (PPE) must be worn, as directed by the home's staff.

All staff were observed to be wearing appropriate PPE and there were supplies available throughout the home. It was noted by Regulation Officers that some waste bins being used to dispose of PPE did not have enclosed lids. This was discussed with the deputy manager who took immediate steps to replace the bins.

There are laundry facilities on site and effective infection prevention measures are in place for the management of both linen and care receiver's personal laundry.

The home has a separate clinical room for the safe storage of medication and clinical equipment.

During the inspection, Regulation Officers noted several entry points into the main building. This included a side entrance which allowed entry to the building but could not be exited. There is also an entrance at the rear of the building which leads to Bon Air Court. This entrance is used on a regular basis by staff and residents and is a main access route for Bon Air Court residents. The door is open at all times despite signage asking for the door to be closed. The main entrance has restricted access for visitors who must wait to for the doors to be opened by staff. There are no restrictions to entry at the side or back doors. This was considered by the Regulation Officers to be a security risk. The issue was discussed with the registered manager and deputy manager who each agreed that there needed to be a review of building security. Regulation Officers highlighted that any changes made should not impact upon the freedoms of the care receivers to enter or leave the building independently. A review of building security has been identified as an area for improvement.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.”
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The registered manager has been in post since February 2020. Through discussions with staff members and professionals, it was evident that they have had a positive impact upon the home. Several professionals talked of their professionalism and willingness to work flexibly with one stating, “I have evidenced a high level of proficiency since the current management took office”. Another commented that, “Under the current management team the home maintains good quality communication with partners meaning that information sharing is seamless”. Staff reported that they felt supported in their roles and one described the encouragement they had been given to progress to a more senior position.

The home’s provider is based in the UK and the registered manager receives support from a regional manager who is based in England. In normal circumstances the regional manager would visit on a monthly basis. However, due to the restrictions on travel created by the pandemic this has not been possible. The registered manager reports that they have continued to maintain close contact via other methods of communication during the pandemic.

There are clear lines of accountability within the home’s staffing structure with defined roles and responsibilities for each level within both the care team and supporting staff teams, which include housekeeping, maintenance and kitchen staff.

Copies of the home’s insurance certificate was made available to Regulation Officers at the time of inspection and is on display at the entrance to the home.

The home’s Statement of Purpose was reviewed prior to inspection. It had been submitted to the Commission in December 2020 but was found to contain historical information in relation to bed numbers, care services provided, staffing and links to other services. This was discussed with the registered manager who explained that an older version of the Statement of Purpose had been submitted in error. Further

discussion identified that there is no system in place to ensure that the Statement of Purpose is reviewed on a regular basis to identify changes required. The registered manager acknowledged the benefits of such a system being in place. This is an area for improvement.

There are several systems in place to ensure quality monitoring and audits within the home and these were viewed by Regulation Officers. Monthly reports are completed by the regional manager and sent to the home manager for review. There are a range of topics which are reviewed including accidents, incidents, care planning, infection control, safeguarding and complaints. There are clearly identified actions and a review of actions identified from the previous months' report. The registered manager reported that due to the pandemic, the regional manager has not been able to visit the home in 2021 and the information for the monthly reports is currently collated remotely. It is anticipated that there will be a return to onsite visits in the near future. Should this not be possible, alternative arrangements must be sought to ensure that there are independent monitoring visits undertaken as part of the quality assurance process.

The home undertakes an in-depth review of a different topic each month. A copy of the review of care documentation which was undertaken in June 2021 was made available to Regulation Officers. The registered manager explained that they also conduct daily walk rounds. The purpose of this is to observe practice and identify any issues relating to staffing, environment, care receivers, equipment and infection control.

There is a current contingency plan and risk assessment in place for Covid. The registered manager explained that they are confident that they will be able to respond effectively should there be further increases in case numbers or further government restrictions. During the inspection visits, the Regulation Officers witnessed several examples of an adaptive approach being used by management to create a balance between safety and the rights of residents. This included accommodating visits for family members who have relatives on end-of-life pathways and organising a home visit for a resident ensuring Covid testing was in place before and after the visit took place.

Regulation Officers undertook a review of the policies in place within the home. While there were a range of policies available which cover key areas, such as safeguarding and complaints, many of the policies were dated as issued in 2014, with no record of reviews or updates being undertaken. Terminology within the policy for the Management of Violence and Aggression was found to be out of line with current best practice. There were also several references to UK law and regulatory bodies. All policies are required to be current, to relate to Jersey law, regulatory bodies, and government departments, and be developed in line with current best practice. This is an area for improvement.

At the last inspection in 2020, an area of improvement was identified as follows:

“The registered provider must ensure that people who receive care and their representatives are aware of the services complaints policy and procedures, which should include formats understandable to all care receivers”.

Following discussions with care receivers and relatives, it was evident that they were aware of how to raise a concern or make a complaint. The deputy manager was also able to share with Regulation Officers copies of an 'easy read' version of the complaints policy. Copies of a complaints leaflet were also noted to be on display at the main reception area.

Range of activities which reflect choice, preferences and lifestyle

Reference was made to Standard 9 of the Care Home Standards which states: "You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle".

At the time of the inspection visits, there was limited opportunities to observe care receivers being engaged in their normal activities as there were restrictions in place due to a recent rise in Covid cases.

Discussions with care receivers, confirmed that there are a range of activities available under normal circumstances both in and out with the home. One resident provided a tour of the activities room and talked of some of the recent projects which had been undertaken. This included the painting of a mural and a range of arts and craft activities. These activities were greatly valued by some care receivers. There are also opportunities to take part in social outings and community events with staff support. Seasonal events and celebrations create opportunities for social activities and celebrations which many care receivers participate in. One professional commented on the varied list of activities and entertainment that is on offer.

Another care receiver facilitated a tour of the garden area and showed the Regulation Officers the individual growing patches that are available to care receivers. A small group of residents were also observed sitting together and chatting in the garden. Some apartments have balcony areas, and one care receiver has taken the opportunity to develop their gardening skills.

Many of the care receivers are very independent and manage their own programme of activities. This includes accessing public transport to visit family or to participate in their chosen interests and activities outside of the home.

The wellbeing practitioner has a key role in supporting care receivers to participate in activities of their choice. They work on a range of activities for individuals and groups. They are very aware of the different needs of care receivers and try to accommodate activities to meet all needs. This ranges from 1:1 focused activities to larger events such as musical events. Covid restrictions have proved a challenge and has required a more innovative approach to activities. Examples include using a projector to show open air films, outdoor Karaoke and preparation of individual arts, crafts and puzzle packs.

Some care receivers prefer not to participate in social activities, and this is respected by the team, but opportunities are always made available to all. Several

professionals commented on the respectful approach to engagement where individual choices are recognised, along with a desire to engage with all care receivers in a way which is meaningful to them.

IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 1.6</p> <p>To be completed by: within 2 months from the date of inspection (17, 22 July and 3 August 2021).</p>	<p>The registered provider must ensure that all policies are kept up to date and reflect current best practice guidelines. They must be reviewed at regular intervals and reflect local (Jersey) laws, practices and support services which are available.</p> <hr/> <p>Response by registered provider:</p> <p>A planned review has been agreed with Head office to update all policies and procedures and aim to this completed by the end of October 2021. Registered Manager will notify JCC when completed.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.9</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider must ensure that a review is undertaken to ensure that the main building has appropriate mechanisms in place at all entry points, which limit unauthorised access to the building. Any systems put in place must also ensure the unrestricted movement of care receivers when entering or leaving the building.</p> <hr/> <p>Response by registered provider:</p> <p>Smail & Richards have quoted for the required works, authorisation has been sent and we are waiting for a date for works to be completed. This will include all external ground floor fire exits, keypads for exit/entry and connected to the fire system. Residents will be assessed for/with passcodes to ensure movement is unrestricted, whilst ensuring continued security/safety.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 1.1</p>	<p>The registered provider must ensure that a system is put in place to ensure the regular review of the home's Statement of Purpose.</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered provider:</p> <p>We have implemented a review record sheet which has been updated for the most recent review and will be reviewed at least six monthly and sooner if any changes are required. Registered Manager to be responsible for these updates in collaboration with Head Office.</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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