



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Ronceray**

**Care Home Service**

**Rue du Huquet**

**St Martin**

**JE3 6HE**

**11 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

Ronceray is a 25-bed care home located in the east of the island and provides support for care receivers living with dementia and who are aged 55 and above. The care home's philosophy of care is shaped by approaches to delivering an optimum person-centred model of care within a safe and homely environment.

These aims and objectives are aligned with the best practice principles as set out by the practitioner Professor Tom Kitwood, and which are clearly referenced in the care home's Statement of Purpose.

Within the care home there are a variety of communal areas where care receivers can spend their time socialising with others or spend time with family or friends. There is an enclosed and secure garden, which care receivers can freely access from the ground floor communal areas and which promotes some choice, independence and autonomy for accessing outdoor space.

The care home was first registered with the Commission on 8 August 2019, and this is the third inspection since registration. However, the home had been subject to a number of routine regulatory inspections under the previous law.

Registered Provider	Ronceray Care Home Limited
Registered Manager	Carole Keenan
Regulated Activity	Care Home for Adults
Conditions of Registration	<u>Mandatory</u> Maximum number of people who may receive personal care/personal support – 25 Category of care – Dementia Care Age range – 55 and above Rooms 1-12 and 14-26 for single occupancy. <u>Discretionary</u> Proposed alterations to the premise in accordance with revised drawings submitted by Gallagher Architects are to be completed no later than 9th July 2022.

Dates of Inspection	11 August 2021
Times of Inspection	9 am – 2 pm
Type of Inspection	Announced
Number of areas for improvement	One

The Care Home is operated by Ronceray Care Home Limited, and the registered manager is Carole Keenan. At the time of this inspection, there were 25 people accommodated in the care home.

## SUMMARY OF INSPECTION FINDINGS

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

Overall, the findings from this inspection were positive. There was evidence of care receivers being provided with a service that is safe and which aims to take account of their wishes and preferences. This is provided through a person-centred approach that is closely aligned to a model based on the principles advocated by Professor Tom Kitwood, a recognised author about best practice for dementia care. Information conveyed by the management team about this principle of care was reinforced by feedback from relatives whose observations and comments also reflected such approaches being promoted in the home.

The direct observations and engagement with residents by the Regulation Officer while limited on this occasion, nonetheless, provided good evidence of care receivers presenting in a relaxed and comfortable manner. The atmosphere of the home was welcoming and comfortable with a variety of social activities promoted. Care receivers were encouraged to access the enclosed and safe outdoor garden space, which is easily accessed.

Areas of staff recruitment, training and staff competence were reviewed with the management team and the induction process confirmed with one of the newest members of the care team. One area for improvement was highlighted to address the maintenance of the training log to ensure this is consistently updated.

The care home environment overall was found to be in good order. A fault with the lift had occurred within the 24 period prior to the inspection visit however appropriate actions had been taken and there were suitable contingencies in place.

A discretionary condition was imposed on the home's registration in 2019 which requires improvements to be made to one corridor on the first floor. Progress towards meeting this condition was reviewed with the manager who confirmed that planning and project management remain under consideration, with some delays to this work commencing have been unavoidable due to the pandemic.

## INSPECTION PROCESS

This inspection was undertaken by one Regulation Officer and was announced with consideration for the ongoing challenges relating to the pandemic and visiting restrictions that might need to be managed by the home to minimise risk of infection and where visits were limited. The Care Home standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focused on the following areas during the inspection:

- **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**
- **Dementia focussed approaches and support provided**

Reference was made to the previous inspection report in which two areas for improvement had been recorded.

The visit commenced in the morning and incorporated some discussions with the manager and deputy with reference to some information that the Commission had been notified of by the home. This included notification of incidents that are required to be submitted as routine. A review of notification of deaths was also undertaken with reference to the systems in place to support and promote the best decision making, for example, end of life care pathways and do not resuscitate (DNR) status. The alignment of this important area of care with other agencies such as as Jersey Hospice Care and Family Nursing and District Nursing services was also explored.

Some attention was also given to the Signification Restriction of Liberty (SROL) authorisations in place and the process which is undertaken to establish when these may be required in the home which provides dementia care. A broad review of care receivers' needs was undertaken to establish what range of cognitive impairment is supported in the home and requiring ongoing consideration by the management team. This with reference for the capacity of care receivers to make informed choices and decisions and how staff may support these specific care needs. With consideration for the restrictions imposed by Covid-19 infection control protocols, the inspection was announced and with some refinement necessary to the process. This included less engagement with care receivers and staff during the time spent in the care home, than might ordinarily have been the case.

There was nonetheless opportunity to observe interventions and activity levels around the communal areas alongside noting the different approaches to individual

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

care needs. This included some care receivers spending time in their rooms as was evidently their choice, from these observations and confirmation from managers and staff it was established what approaches are taken that best promote person centred care.

Furthermore, how the home utilises its space to promote a homely environment, and that places the care receivers at the heart of all activity was observed from discreet and direct observation of all areas of the home. This included the garden which provided a useful overview of how the home offers the most open care environment within the least but necessary restrictive environment. This regarding baffle locks in place for all main exit points to safeguard all care receivers prone to acute confusion and disorientation if leaving the home unescorted.

Communication and dementia focussed approaches by staff with care receivers exhibiting a range of cognitive impairment or in some cases their native language was observed and recorded. This with reference to the interactions by staff as well as aides used for communication within the home environment and individual rooms.

A review of the two floors to establish whether the necessary Standards for hygiene are being adequately achieved and maintained was undertaken. Specifically, that bedrooms, corridors and communal spaces were clean, tidy and well-maintained and as to whether choice is explored about furnishings which may be provided to care receivers i.e., carpets or laminate flooring.

Some reference was made to any complaints or safeguarding alerts received or indeed actioned by the home and management team. This was reviewed for evidence of best practice and systems of transparency that will be promoted to address any such matters.

An audit of five care records provided evidence of the systematic approach that is given to review and evaluation of care needs and the person- centred approach that will be followed. This included a review of how recording of life history, personal preferences and engagement with significant others is utilised to best inform this process.

Some engagement with one visiting relative was undertaken during the visit (within the confined visiting area currently utilised to minimise infection risk) and further telephone contacts with a random sample of seven relatives completed after the visit. This provided confirmation of the good practice observed during the inspection and was further evidenced from feedback by one visiting Healthcare Professional who had been identified as recently visiting the home.

Six members of staff were spoken to including carers and housekeeping to gather some feedback about their working environment, training and development and support received from the management team. This information was supplemented from sight of recruitment and selection records for employment practices, supervision and appraisal documents, policy and procedures and with duty roster also reviewed for staffing levels and work patterns.

At the conclusion of the inspection the Regulation Officer provided feedback to the manager and deputy to summarise some of the main discussion points and with suggestions for some areas of practice that may be considered for refinement. One specific matter about improving the training log and system for recording same was highlighted as an area for improvement. This report sets out findings and includes areas of good practice which were identified during the inspection.

## INSPECTION FINDINGS

At the last inspection two areas for improvement were identified. A shower facility had been unavailable to use for some time and there had been an absence of monthly reports compiled for review at inspection. These issues were addressed immediately by the provider and management team at that time and were well evidenced at this inspection from follow up review. This established that both shower facilities were fully operational, and the quality assurance monthly reports were now consistently filed.

While the home was found in good order there remains an outstanding discretionary condition to be addressed from registration in 2019 within a timeline identified as no later than 9<sup>th</sup> July 2022. This condition was made with reference to alterations necessary on one corridor found (first floor) and which plans have been drawn up but that now requires some project plan to commence and complete these works. From discussion with the manager there have been some challenges which are acknowledged by the Commission due to events associated with the pandemic and that have prevented contracting of work, also with reference to planning applications and approvals. It was highlighted however to the manager that this matter will need some attention and with further engagement about any project proposals that will need to be initiated with the Commission in a timely manner. The Commission will keep this discretionary condition under review and until it is met.

From review and discussions with the management team, the essence of care and person-centred approaches that are promoted in the home were well demonstrated. This was also evident from recent correspondence and information shared between other agencies. The home aims to meet dementia care needs within a clear model of person-centred care that places the individual's own preferences and choices within all interventions. In this matter the home promotes a strong emphasis on advocacy for the care receivers and recently facilitated an independent advocacy worker to visit the home in support of care planning and review.

Feedback from one healthcare professional who had recently visited the home to undertake a specific review of a care receiver's care needs provided evidence of the positive approach and culture of care in the home. They noted the positive and trusting rapport they observed between the deputy manager and a care receiver which enabled them to be relaxed while a full assessment was completed. The healthcare professional also reported their observations of the care practices in the home aimed at maintaining care receivers' skills and independence "in a person-centred way".

In addition, it was reported the home is always open to having discussion about individuals' rights and where any restrictions are required then exploring the rationale for this has been well received by the staff team. Observations of practice have illustrated to this professional the approaches staff will take that help to maintain care receivers' skills and independence "in a person-centred way".

The elements for person centred care were well demonstrated from review of care records and where personal life histories, likes and dislikes are consistently recorded as a priority in the care planning principles followed. Such information is well recognised by the management team as being particularly helpful and indeed important to promote the most person-centred approaches to all care receivers who will all have unique needs and personality traits. These traits will not always be so evident when communication becomes challenging due to the impact of living with dementia and where attention to recording such invaluable information provided by significant others is prioritised accordingly.

Observations of care interactions and interventions made during the inspection visit provided good evidence of an engaged staff group supporting individuals in 1:1 support or smaller group activity. There was a good level of staff supervision for care receivers observed in practice throughout the communal areas and with spot checks being made regularly as routine of those care receivers preferring their own company in their own rooms.

At lunchtime a brief observation of the dining experience was undertaken, and a relaxed and calm environment was noted with consideration for personal choice. Attention was also given to those who may be restless and therefore in need of more guidance and encouragement at such times.

An example of good practice in dementia care was highlighted in the provision of meals. Decision making was supported by care receivers being provided with a physical choice of meals. This was more helpful to stimulate the senses than a verbal choice which some may find difficult to understand or recognise.

Further observations about dementia focussed approaches were noted and recorded as below:

- The staff ratios across the home (which incorporates two floors, three communal areas and an enclosed garden area) were noted to be appropriate. During mealtimes, there were adequate staff supporting care receivers with their nutritional needs.
- Staff were observed to appropriately prioritise some care receivers with regard to encouraging them to dine in quieter areas that might minimise any potential distressed behaviour or reduce distractions that may arise in the busier areas of the home at mealtimes.
- Care staff were observed to use a range of speech and tone to promote positive dialogue and comfort to care receivers which related to the presentation of the individual at that time.
- A variety of approaches were seen incorporated into communication which was informal and friendly or more formal where this appeared indicated to reduce anxiety or distress and that was evidently reassuring to that person.

- Positive reinforcement was seen for care receivers if needing some physical prompting, this for example where staff used touch with a gentle demeanour, voice and tone.
- The type of communication initiated by care staff was markedly non institutional in approach, that is to say the level of engagement between staff and care receiver was neutral as if “peer to peer” in the dialogue and conversational content. This conveyed respectful and “normal” conversations where humour and gentle teasing was observed by both parties on an equal footing, and which clearly promoted positive self-image of the care receiver by their demeanour during these interactions.
- Some care receivers were being supported with their cigarette use which was being managed due to their cognitive impairment. However, this was undertaken in a proportionate and respectful way in which negotiation and gentle reminders and prompts were utilised. Choice was nonetheless still central to this intervention and support
- In one care receiver’s room, the use of written prompts to identify where personal items were stored was noted. This was written in their first language and evidenced the person centred and specific aides that may be incorporated to best support persons living with dementia.
- 1:1 informal activity was observed around different areas of the home including the garden, which was noted to be an area where which care receivers were encouraged to access and could do so without restriction.
- The opportunity to access outdoor space in this way demonstrated the approach the home adopts to both encourage and promote autonomy and independence at every opportunity, while maintaining safety and well-being through high levels of discreet observation or direct supervision.

### **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.”

Staffing levels were observed to meet the minimum levels identified for specialist dementia care environments and which were also confirmed from a review of sample duty rosters.

The home benefits from a relatively stable workforce and this was referenced by some relatives who were contacted for their feedback. The provision of a stable workforce ensures that a familiar staff team are in place not only to support care receivers but their relatives. This undoubtedly enhances the “homely atmosphere” as mentioned by numerous relatives and reflects the staff group conveying the right values and attitudes when going about their work and engaging with care receivers and any visitors to the home.

The Regulation Officer spoke with one visitor to the home during the inspection visit. The visitor spoke animatedly about the staff and the care and support they provide to



their loved one. They also commented on the kindness the staff extend to them whenever they regularly visit.

The management group is made up of manager and deputy with some support of experienced Senior Health Care Assistants (SHCA) who will cover some of their responsibilities on a shift-to-shift basis. There is a strong emphasis within the training provided for reflective practice and learning within the work setting. It was noted that skills and approaches to dementia care are demonstrated by the direct involvement in delivering care by the manager and deputy. This opportunistic approach to training is found in handover time for example, where review and evaluation of a care receiver's presentation or behaviour may be discussed relating to everyday activity. Staff approaches are adjusted to manage any challenges related to changes in behaviour to best support the individual living with dementia where symptoms of this disease can be exhibited in many different ways.

It is the aim that the deputy spends 50% of their time working in the care setting to model dementia care approaches. The management team consider this invaluable to the training and development of the team and ongoing monitoring of staff performance to promote best practice in person centred dementia care.

Training is also accessed by on-line modules and with a dementia pathway followed through the Regulated Qualification Framework (RQF) with external verification for these achievements when met. This training covers topics such as diagnosis, types of dementia and individualised person-centred approaches in dementia care.

The arrangements in place to promote safe recruitment were examined from a sample audit of the Human Resources file of three members of the team which included reference to Disclosure and Barring Service criminal record checks. The Regulation Officer was assured that the expected protocols were in place for safe recruitment but highlighted the best practice approach for filing more detailed summaries.

The home's training log was examined and was noted to include comprehensive details of staff training undertaken. However, the system had not been maintained and therefore did not provide an up-to-date record of all training completed and/or due. The training log contained incomplete records for staff no longer employed in the home and whereby some training appeared overdue. While the deputy was able to confirm some of these had been completed, certification had not yet been provided by the training facility involved. Furthermore, it was apparent the current system for recording training did not automatically generate reminders or enable a quick review. Some suggestions were made by the Regulation Officer in this regard, and this is an area for improvement.

### **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."
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The approaches to providing care for care receivers living with dementia are clearly evidenced in the aims and objectives set out within the framework of person-centred care which the home aspires to. Within this, reference is routinely made by the management team to the work and focus of Professor Tom Kitwood, whose approach to dementia care underpins how the home supports care receivers. This approach was well evidenced by examples provided by the management team, members of the care team, observations made during the inspection by the Regulation Officer and confirmed in feedback provided by relatives. Within this feedback, the essence of person-centred care that was a theme consistently reported by relatives from their visits to the home and in the approaches and effort they noted from interactions with the management team and staff.

From a review of a random sample of care records engagement with care receivers to gather information was well evidenced, with the involvement of relatives where indicated. This ensures that the support provided in the home is aligned with an individual's preferences and lifestyle choices and efforts are made to maintain these, particularly when a dementia diagnosis can increasingly erode the care receiver's ability to articulate these over time. Care records demonstrated some helpful and rich information that care staff can access to inform and assist them in supporting care receivers in a way that is based around their individuality and history.

The care plans examined during the inspection had been systematically and consistently reviewed and where necessary, changes had been made. Furthermore, onward referrals are made to external agencies if needs have changed that may warrant more formal review such as by GP or Physio for example.

Due to Covid-19 related infection control requirements, there was limited engagement with care receivers on this occasion. However, following the inspection visit contact was made with seven relatives and a summary of some of the feedback received is found below

"Quite happy, we have regular contact, and they are quick to let me know if anything happens"

"Excellent, very patient centred, everything they do is proportionate, Xxx is always presentable and wearing their favourite colours"

"Care is brilliant, Xxx looks really well, Ronceray is not purpose built but there is a lot of love in that home"

"I tell you what, there could not be in a better home, I picked the right one there"

"There is not one member of the team that I could fault, they have all been amazing"  
(during covid restrictions)

"I cannot praise them enough"

"I always think Ronceray really friendly and helpful, they kept us well informed and there are good staffing levels"

“Staff always the same which is really helpful”

As referenced earlier in this report, the approach taken by the home to promote choice to care receivers living with dementia reflects best practice. Such small details as providing two plated options for main meals is an integral approach to dementia care which the home applies in practice. This evidences best practice for promoting choice and options which otherwise may not be easily recognised in the verbal communication employed to support someone living with dementia.

The Regulation Officer observed the interactions of staff around a range of different areas of the home including the garden, main lounge, individual rooms and corridors and noted the effective communication skills being used by staff. Within these interactions, care receivers were provided with choices and gentle guidance with time being given to decide. Where confusion or disorientation from “wandering” was possibly evident, timely interventions were noted. Within some of the approaches by carers it was observed these related to best practice in dementia care. Validation therapy was being used as a method of therapeutic communication to connect with someone living with dementia. This approach focuses on the emotional part of a conversation rather than factual. For example, not making an assumption that there is “wandering” but an actual purpose behind the behaviour. This was demonstrated by staff in the way they communicated with the care receiver who struggled to express themselves.

A variety of approaches and styles of communication were also observed in practice and these demonstrated the skills deployed by staff to engage and gain the most positive responses from care receivers. This clearly aligned with the individual’s character and personality where for some a more formal approach may be better received than a more jovial, less formal for others. In such different styles of conversation and interactions that were observed, it was clearly evidenced a respectful and considered approach which is taken to promote comfort and well-being.

The Regulation Officer noted that in situations where care receivers whose capacity is considered an area of concern, the manager consistently requests authorisations of Significant Restriction of Liberty (SROL) to protect and maintain an individual’s rights within the appropriate legal framework. At the time of inspection, there were a number of SROL’s in place for some care receivers. The process that is undertaken to support these measures was examined and noted to be appropriate. From discussions with the management team, it was established that there were no significant challenges in maintaining a safe care home environment and with proportionate safeguards in place. There were no areas of concern highlighted or observed for any acute distressed behaviours being exhibited relating to exit seeking from the home.

It was noted during this inspection that the home continues use Closed Circuit Television (CCTV) and some baffle locks on main door exits. These are not unduly restrictive or invasive to care receivers living with dementia and where access to outdoor space is readily available from the main lounge into a secure garden area. This provides generous seating and freedom to walk in a comfortable and peaceful area. Alongside this, care staff actively promote time out of the home for care receivers, accompanied by staff and when Covid-19 related restrictions allow this.

With some reference to recent notification of deaths received as routine, there was some discussion with the management team about end-of-life pathways and the approach that the home takes in this area of care. Where appropriate and indicated, engagement with care receivers and their nearest relatives or next of kin will address such choices as do not resuscitate (DNR) decisions. Records are made in line with policy and protocols. Reference to the Gold Standard Framework (GSF) and consultation with expert practitioners in this area are made if so indicated.

This is a sensitive area to navigate with care receivers, not least when they are living with dementia and their understanding or communication about this issue may be challenging for them. Nevertheless, this an area which the home recognises and aims to address in the most pragmatic way. The deputy manager cited some recent learning about how important the engagement with care receivers and their loved ones is to ensure the most up to date and accurate records are in place. This is incorporated in staff training and information sharing with care receivers and relatives in a sensitive but proactive way, to ensure best end of life pathways can be followed.

### **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Care Home Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."

The manager is an accredited assessor for Health and Social Care RQF modules which provides a good resource for monitoring and supporting new staff through the Care Certificate. The induction process will include staff new to care completing this certificate and which is expected to be achieved within 3 to 6 months of their probation period. From discussion with one of the newest members of the team, they confirmed the induction and support they had received since commencing work and appeared well informed about some care receivers' needs and their own responsibilities. This provided good evidence of this Standard being adequately promoted and met.

The staff group currently includes six with RQF level 3 Health and Social Care, two commenced on this module and two registered to commence in due course, there are two staff with RQF level 2.

It was clear from the feedback received from relatives and visiting healthcare professionals that the staff employed and working to support vulnerable care receivers living with dementia consistently demonstrate their competencies in this area of care.

There are regular training opportunities provided both as part of certificated training modules and more informal but arguably, as important and helpful, in-house informal learning. This takes place daily during handover periods and is supported by regular audit of training and from observed practice. There is also a system of unannounced inspections of night duties to ensure staff are adequately supported with their learning and development.

It was noted from a brief review of supervision and appraisal records that the management team give some focus to ensuring staff have the competence and training to carry out their roles. This was evidenced by consistent records made and as seen on file for staff performance and opportunity to receive direct support from the management team

The sample duty roster evidenced an appropriate and adequate skill mix of staff working in the home. It was noted however some potential strain on staffing resources where administrative roles and responsibilities could impact on the identified 50 % time that the deputy manager should spend between administrative tasks and direct care. The underpinning value of the training and monitoring of staff performance and skill acquisition by the deputy manager when involved in direct care is not to be understated. Time available to them to carry out this specific role consistently should be monitored and if indicated some review of administrative roles and allocation be undertaken.

### **Care home environment**

Reference was made to Standard 7 of the Care Home Standards which states:  
“The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.”

The care home environment was found in good order although a fault with the lift had occurred within the 24 period prior to the inspection visit. However appropriate actions had been taken and there were suitable contingencies in place. For one care receiver whose mobility was of concern for navigating stairs they were being supported in their upstairs rooms, this was not of concern at this time and the care receiver was observed to be comfortable and being appropriately supervised to their apparent comfort and satisfaction.

It was also noted and reported some area of improvement was to be addressed for replacement of carpet on one corridor on the first floor, now quite worn and discoloured. This was to be completed in due course with a new carpet noted to be on site at time of the visit pending the carpet fitters' availability.

The home has provided a visiting area to one part of the home which allows direct but contained access into the home and is used to meet with some of the advised best practice for visiting during the pandemic. A relative was observed spending time with their loved one within this area during the inspection and they reported to the Regulation Officer that this was suitable and satisfactory to their needs.

It was noted from recent correspondence received directly to the Commission some issues of concern for accessing rooms within the home by some relatives who wished to see their loved ones in their own rooms and for privacy. This was resolved promptly by the deputy manager following discussion with the Regulation Officer at that time, but it was further clarified during the inspection the discretion and judgement which the home will need to take. This where infection control and safety of the resident group will of course need to be always prioritised and for the

foreseeable future, as indicated for the ongoing pandemic. A risk-based approach for decisions on such matters will continue to be necessary by the management team.

The home is subject to an outstanding discretionary condition from registration in 2019 for improvements to one corridor on the first floor. From discussion with the manager a number of challenges and issues were identified and that were recognised and acknowledged by the Regulation Officer, much of this relating to unforeseen delays arising from the pandemic which have prevented any work commencing at this time. It was however necessary to clarify that some timeline and project plan will need to be provided to the Commission and irrespective of any plans which may be considered for other areas of the home. The discretionary condition in place is specific to one area only and would need addressing regardless of other plans or alterations that may be under consideration at this time.

Throughout the inspection visit and from observations of a number of individual rooms, a homely and comfortable environment was noted by the Regulation Officer. Comments made by relatives and visitors to the home reinforced and supported the view of the environment promoting a family like atmosphere with little formality and decorated throughout as one would find in a conventional house. Care receivers' rooms included personal items and for some included furniture brought from their own home, which adds to the family atmosphere that is encouraged within the home environment.

It was most pleasing to see the fully accessible, spacious garden which has ample seating and where care receivers have unrestricted freedom to use an area which is secure and private. The opportunity for someone living with dementia to have such ease of access to outdoors (outside of inclement weather) was noted for the undoubted benefits this brings to a care receivers' sense of well-being and for the likely mental and physical health benefits this will provide.

### **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 home has clear managerial accountability in place through the registered manager, deputy manager and delegated roles and responsibilities to SHCA's and which covers the service over the 24-hour period each day.

An area for improvement set out in the report of the previous inspection stated that the registered provider must ensure monthly quality reports are consistently compiled and made available for review as set out in the Care Standards. During this inspection, monthly reports were readily available for review and are currently compiled by the associate manager of another home who is very experienced in care home administration and clinical practice. The manager advised the Regulation Office that they had identified some refinements to the monthly report template which will add benefit to the process which is now embedded into the quality assurance framework.

An unannounced inspection was also carried out on 21 July 2021 which focussed exclusively on medicine management. The inspection was carried out by a Senior Pharmacist employed by Health and Community Services. The report included some positive findings and recommendations for practice. This relating to record keeping protocols for transcribing guidelines and with attention to covert medications administration policy for best practice also advised. The management team confirmed these had been actioned on receipt of the report from the Commission. It was noted that all staff administering medication have been assessed as competent within the QCF level 3 medication module.

The manager routinely contacts the Commission where advice is required about operational matters or about concerns that may arise about any aspect of care. In this matter the home has historically demonstrated transparency and openness if or when any issue has indicated engagement with other agencies. One recent incident was appropriately managed by the deputy in the absence of the manager and where numerous agencies had been involved also. The outcome of this issue once resolved indicated that the care service and the specific issue had been very well managed.

There were no active complaints being reviewed at the time of inspection but there is complaints policy and protocols in place. There is also an external agency that may be used, and which would be sourced if the management team considered it helpful or necessary to have more independent review if so required.

The deputy manager and other key staff oversee and review care plans, with some delegation to other staff as appropriate. It was noted that while all care plans and reviews were up to date and consistently undertaken to meet best practice, some consideration may be given to updating original care plans within a minimum data standard. The Regulation Officer suggested that the care plans date of commencement is revised annually to demonstrate a full review and evaluation process is in place.

## IMPROVEMENT PLAN

There was one area for improvement identified during this inspection.

The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.11</p> <p><b>To be completed by:</b> Three months from the date of inspection (11 November August 2021).</p>	<p>The training log and mechanism for recording of all staff mandatory schedules, their attendance and completion within expected timelines should be reviewed. This with consideration for a more efficient and accurate recording system that is more easily accessible and always up to date with staff employed to work in the home</p>
	<p><b>Response by registered provider:</b></p> <p>Ronceray Care Home prides itself on providing high quality Person Centered Care and we feel that this report has highlighted many areas where the outcomes have been positive.</p> <p>We are looking into putting in an improved system to keep record of all training that is carried out and flag any training that is coming up for renewal.</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.



Jersey Care Commission  
2<sup>nd</sup> Floor  
23 Hill Street, St Helier  
Jersey JE2 4UA

Tel: 01534 445801 or 445803

Website: [www.carecommission.je/](http://www.carecommission.je/)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)