



Jersey Care  
Commission

# **INSPECTION REPORT**

**02 Children's Home**

**Care Home Service**

**2 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 a Children's Home. The name and address of the home are not included in this report. This is to preserve the privacy and confidentiality of the children and young people who live there.

The home is a two-storey house, registered to provide residential care for two children / young people. The home has three bedrooms, two lounges and a kitchen diner. Outside, there are newly seeded lawns to the front and rear of the property. The home became registered with the Commission on 4 December 2019.

The Registered Manager was absent from the home between 25<sup>th</sup> January 2021 and 7<sup>th</sup> April 2021 but provided remote supervision in the interim. From then, and until the 10<sup>th</sup> May 2021, the Deputy Manager assumed direct managerial oversight of the home and was supported by the service lead from Children's Service.

Registered Provider	Government of Jersey Children's Services Accountable Officer: Mark Rogers (Director General Children, Young People, Education and Skills)
Registered Manager	Paul Sullivan
Regulated Activity	A care home for children and young people's residential care
Mandatory conditions of registration	Type of care: personal care and personal support Category of Care: Children and Young People (0-18) Maximum number of care receivers: 2 Age range of care receivers: 12-18 years Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-2. One person in each room
Discretionary conditions	The registered manager must complete a Level 5 Diploma in Leadership and Management in Health and Social Care to be completed by 6th December 2022.
Dates of Inspection	2 July 2021
Type of Inspection	Announced

Number of areas for improvement	Two
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At the time of this inspection, there were two care receivers accommodated in the home. On 29 July, the Commission received a notification from the service indicating that there had been an emergency admission to the home the previous evening. This meant that the home was accommodating three care receivers, rather than the permitted maximum of two. The Commission was also advised that, in admitting the additional care receiver, the care home was operating outside of its mandatory conditions in respect of age range.

A Regulation Officer visited the home on 30 July and noted that the staff bedroom, which is small, was being used by the recently admitted care receiver. It was also noted that staff who 'sleep in' overnight had been sleeping in one of the lounge areas in the home. This meant that this area would not have been available to the care receivers to use overnight, and that staff using this area were provided with inadequate facilities and little privacy.

An application to vary the mandatory conditions on registration was submitted and was granted for a period of one week on 30<sup>th</sup> July.

## SUMMARY OF INSPECTION FINDINGS

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

Overall, the findings of this inspection were positive. Care receivers are supported by an experienced and stable staff team. It is recognised that there have been challenges in relation to Covid 19 which have impacted on both staff and care receivers.

There were three areas of improvement noted from the previous inspection undertaken on 13 August 2020. Two of these areas have since been addressed, with some further improvements necessary to the arrangements for care planning for one young person.

There were no safeguarding alerts made during the past 12 months. However, a significant number of notifications have been submitted to the Commission indicating missing episodes (i.e. times when a child or young person leaves the home or is absent without permission), for one resident, (35 notifications) and more recently frequent missing episodes and police involvement in respect of the other resident, (72 notifications).

The Commission sought assurances from the provider in January, April, and May in relation to planning for missing episodes. The provider advised that daily meetings would occur, chaired by the Director of Safeguarding and Care for Children's Service, to discuss ongoing planning for young people, reported as missing. Despite this, the Commission continues to receive notifications relating to one

resident being missing from the care home. From a review of these notifications, it was noted that the staff team make every effort to locate the young person and follow clear guidance on reporting instances to the police. Once the young person is located, the staff team are proactive in supporting the young person on their return.

During the year, several 'virtual' visits were completed by the appointed Independent Person. The last such visit was in April 2021 and the Commission was advised that the service provider had decided to end the contract at this point. The Commission raised concerns with the provider in relation to the effectiveness of these visits, given the lack of independent oversight of significant safeguarding concerns relating to missing incidents. A new Independent Person was subsequently appointed and visited the home in July. At the time of this inspection, the report of this visit had not been made available to the Commission. The registered provider must ensure that the Independent Person completes these visits on a monthly basis.

As outlined above, a third resident was accommodated in the home on an emergency basis on 29 July. The ongoing suitability of this placement is being monitored by the Commission.

Whilst it is acknowledged that emergency situations occur, the Registered Manager needs to be assured that, in each case, such placements are in the best interests of the young person, are time limited and that consideration is given to the impact of such placements on the other residents and staff team.

## INSPECTION PROCESS

This inspection was announced on 2 July 2021, with a phone call to notify the staff on duty two hours in advance of the visit. A Regulation Officer and the Chief Inspector undertook the inspection.

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

This inspection focussed on the following lines of enquiry:

- **Safeguarding and safety**
- **Staff recruitment, training, and development**
- **Care planning**
- **Monthly Quality Reports**
- **Care home environment**

Prior to our inspection visit, information submitted to the Commission by the service since registration was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

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

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff.

On the first day of inspection, neither resident wished to engage. However, with gentle persuasion and encouragement from staff, a follow up visit was arranged at the home with one resident who spoke openly about their experience of the care system and of life in this home. The most recently admitted resident was also spoken with.

The views of two Children's Service social workers have contributed to the inspection findings.

A young person's advocacy worker also gave feedback on their experience of the home.

During the inspection, records including policies, care records, notifications of incidents and complaints were examined.

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 positive 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 previous 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 apparent that significant improvements had been made.

The first of these related to the Registered Manager's access to HR records and it was positive to note that this has now been resolved. All recruitment records are stored centrally on an electronic system and are easily accessible to the Registered Manager.

At the time of this inspection, the service's arrangements for recruiting and deploying staff were satisfactory. The staff team are well established providing a stable environment for the young people in the home. Rotas always indicated a ratio of at least two staff on duty. Several staff have now completed their QCF level 3 with the remainder of the permanent team part way through this qualification, or about to commence the training. During the inspection, it was positive to observe a visit from a service trainer in relation to supporting the staff with their ongoing training. The Regulation Officer was therefore satisfied that this area for improvement had been addressed.

From the previous inspection, there were some improvements necessary regarding personal plans. During this inspection, the residential personal plan and care records for one resident were found to be comprehensive, clear, and consistent with the care plan produced by the young person's social worker in consultation with the young person. However, while evidencing a clear post-18 pathway plan, it was unclear from the records as to the level of involvement the young person had in developing this plan. The arrangements for care planning remain an area for improvement.

## **Safeguarding and safety**

Reference is made to Standard 8 which states 'you will feel safe'.

Staff spoke positively about their recruitment, induction and training provided by the service. Staff training records were reviewed which demonstrated that detailed safeguarding training had been provided. Staff were also encouraged in their ongoing professional development training. One team member spoke positively in relation to trauma-based therapy training they had received which enabled them to be better equipped to support one of the residents.

One resident stated that they felt very safe and cared for in the home.

The other resident continues to be reported missing, with a significant rise in notifications in recent weeks. It is evident from records and from talking with staff, that a range of distraction strategies have been attempted. Further work with the young person is ongoing to support their safety. Records indicate that this young person's needs are discussed with senior managers within the service daily. The staff team remains passionate in their wish to care for this young person.

Safeguarding incidents, referrals and notifications are reviewed as part of the service's monthly quality monitoring activity. However, given the lack of actual visits for over seven months, this is an area for improvement. This is highlighted in the reports on 'virtual' visits which made no reference to the many 'missing from care' episodes and notifications that had been submitted to the Commission.

Children's Services have comprehensive Safeguarding (Safeguarding Partnership Board), policies and procedures that meet the requirements of the Commission's Regulations and Standards.

## **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

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."

Children's Services have very clear and robust policies and procedures in relation to safe recruitment. The Registered Manager was able to demonstrate his understanding of the policies.

Records of staff training and development, sickness absence, and supervision are maintained by the Registered Manager. The Registered Manager has assured the Regulation Officer that he has access to staff records (including application forms and checklists, interview notes, references, and other documents), which are held by the Government of Jersey's HR department.

According to the Statement of Purpose, the staffing establishment consists of a Senior Shift Leader (a Deputy Manager), a Shift Leader (Senior), and five Residential Child Care Officers. This represents (when the care home is full to capacity), a ratio of seven staff to two children/young people.

At the time of the inspection, the staff list included a Senior Shift Leader, a Shift Leader and five permanent Residential Care Officers, with a further two part time staff working nights, with some use of bank (temporary) staff. This represents a ratio of eight staff to two children/young people.

The Regulation Officer noted that the core staff group has worked together within the service for a considerable length of time. As a group, they are passionate about the young people they support, have a range of skills that can support those young people and are keen to develop their skills further.

During the inspection, staff discussed the challenges associated with the Covid-19 lockdown. Staff have been required to isolate at various times in the last year. Where there has been a need for care receivers to isolate, this has been well managed by the staff team. This is an area of positive practice.

A number of staff members were spoken with. The most recently appointed team member reported a very positive introduction and induction to the service, which occurred during the lockdown period. They confirmed they had received regular supervision and guidance from a senior team member, in the absence of the Registered Manager and that they are to commence Level 3 training in September 2021. They have undertaken training in the use of the electronic recording system (MOSAIC), in resilience, in the management of violence and aggression (Maybo), and in cyber security. They reported that one to one practice supervision is also provided every 6 – 8 weeks from an external source and that this has been a helpful support to meeting the particular needs of the young people.

This team member spoke about the importance of consistency of approach and commented that staffing arrangements in the home support this.

A more experienced team member advised that they were in the process of completing their Level 3 qualification and had enjoyed the training. This team member is also a Maybo trainer and supports the training needs of team members. This team member also spoke positively about the external practice supervision and the benefit this brings to the team and the young people in the home.

Staff supervision is provided by the Registered Manager; since his return to work, four staff have received supervision, with the remainder scheduled.

The Registered Manager advised that he is currently involved in the recruitment of Residential Child Care Officers and has three vacancies to fill. He reported that he can access all recruitment and other human resource records through the human resources department and confirmed that he has assured himself that all DBS checks are up to date.

The manager and provider are familiar with the list of areas of mandatory training set out in the Care Standards and arrangements are in place to meet these Standards.

Following this inspection and after the emergency admission of a child to the home on 27 July, the Commission requested a review of staffing arrangements. It was concerning to note that staff who were required to 'sleep over' in the home had no designated bedroom to use overnight and that one of the communal sitting areas was being used to accommodate overnight staff. This arrangement, while temporary, is not satisfactory and significantly reduces the space in the home that the children and young people can access in the late evening and overnight. The Commission also highlighted concerns about the lack of suitable facilities for staff using this area.

## Care planning

Reference was made to Standard 13 which states 'when the time comes, you will be prepared and ready to move on'.

The children and young people who receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences.

The care records for both residents were reviewed on the electronic system called MOSIAC which is used throughout the children's service. This allows for the sharing of information between the care home and social workers. For one young person, there was a very clear care plan with a number of assessments also included in their record. It was evident that the young person had been involved in the development of their care plan. There was also evidence of external oversight, both from the independent reviewing officer and from the social worker. The record also included a pathway plan for the young person which gives direction into independence.

During the inspection, it was positive to observe a visit from the leaving care team manager which resulted in a new personal advisor being allocated for this resident. The Registered Manager must review pathway plans to ensure sufficient time is in place for them to develop relationships with personal advisors before turning 18.

However, it is noted that as this young person is approaching 18, there was some uncertainty in relation to their next move. They were extremely anxious in relation to one possible option.



The young person had recently been allocated a personal advisor. This is a key relationship, as it will support the young person as they transition into adulthood and independence. This arrangement had been put in place very near to the time that the young person was due to enter this period of transition and represents a concern which forms the basis of an area for improvement.

The other resident also had a clear residential personal plan and care plan. Given the number of missing notifications for this young person, it may have been helpful to evidence a more detailed risk assessment and disruption plan. However, there was strong evidence of well-developed relationships between the young person and staff.

The residential personal plan and care plan for the other resident were also viewed by the Regulation Officer. The plans were detailed and had evidenced 'the child's voice' throughout. However, there have been 72 missing notifications for this young person. The staff spoke of their continued commitment to support them, which includes the provision of disruption plans and further therapeutic support. It is positive that, despite the hours when the young person is missing, they are managing to attend school. The Commission has raised concerns to senior managers, especially given the age of this young person, about the ongoing safety concerns for them.

During the inspection period, a young person was accommodated on an emergency basis. This caused a period of disruption for the other residents, with challenges for staff especially overnight. While understanding the occasional need for such placements, it was noted that the Registered Manager had had limited input into this decision.

### **Monthly quality reports**

Reference was made to Standard 15 which states 'How you are cared for and where you live or stay will be checked and reviewed regularly to sort out any issues and make things better for you and other children and young people.'
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The provider is required to appoint an Independent Person who must visit the home and report on the way the home is managed and the quality of care provided for the children. These visits should be unannounced and should include details of contact with the care receivers.

The Registered Manager and the Registered Provider must consider whether to act on any recommendations made by the Independent Person.

The Regulation Officer was able to read all the reports completed since the last inspection in August 2020. Following a further lockdown associated with Covid 19, the Independent Person completed virtual inspections until April 2021. The Commission raised concerns to the provider in relation to the effectiveness of these visits, especially in relation to the lack of independent scrutiny or oversight of significant safeguarding concerns, i.e., missing episodes.

The Registered Provider appointed a new Independent Person in June 2021 with a subsequent monthly visit completed in July 2021. The report of this and subsequent visits will be reviewed by Commission staff whenever they are submitted.

While acknowledging the recent appointment of a new Independent Person by the provider, this is an area for improvement.

The Regulation Officer also spoke with social workers who were extremely positive in relation to the care provided in this home. Another professional commented that 'this was the strongest home in the sector'.

### **Care home environment**

Reference was made to Standard 2: "Settling in to where you will live or stay will be handled gently and you will feel welcomed to a friendly and caring, safe, homely setting."
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The care receivers at the home commented on the atmosphere as being very relaxed and homely. They had input not only in relation to decoration of their individual rooms but also in relation to the communal areas. This includes outside space. The home is decorated with photos, artwork, and achievements of the residents.

The staff team promote the 'homely feel' with lots of discussion 'around the table'. One resident confirmed that they moved into the home when it first opened, were very involved in the initial decoration design and felt very settled there. They confirmed that they are supported in developing 'life skills' including cooking, budgeting, and laundry.

The admission process is very clear with the staff team taking time with new residents to help them settle, and to explain how the home functions and to gather the new residents' thoughts and hopes. This was evidenced in the electronic records and in feedback from the residents.

## IMPROVEMENT PLAN

There were two areas 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> Standard 13</p> <p><b>To be completed by:</b> 30 September 2021</p>	<p>The Registered Manager to review pathway plans with the provider to ensure plans are in place before the young person turns 18. The Registered Manager to ensure that enough time is afforded for a young person approaching 18, to develop a relationship with a personal advisor.</p>
	<p><b>Response by registered provider:</b></p> <p>The Registered Manager reviewed the pathway plan and ensured plans were in place before the young person turned 18yrs. The Registered Manager reviewed the allocation of a personal advisor and ensured sufficient time was allocated for the young person to develop a relationship with their PA. These plans were agreed 2nd August 2021 and the transition was successful 30th September 2021.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 31 (1) Standard 15.7</p> <p><b>To be completed by:</b> 30 September 2021</p>	<p>The Registered Provider to ensure that the Independent Visitor attends on a monthly basis. Reports to be forwarded to the Commission</p>
	<p><b>Response by registered provider:</b></p> <p>Monthly Independent Visitor visits commenced 20<sup>th</sup> July 2021.</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

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

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