



Jersey Care
Commission

INSPECTION REPORT

Silver Springs

Care Home Service

La Route des Genets

St Brelade

JE3 8DB

9 & 13 December 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

Silver Springs is a 93-bed care home located in the west of the island, set in large grounds and on a main bus route to town. The care home is also close to a local shopping precinct. The Statement of Purpose (SOP), sets out the aims and objectives which includes that care will be provided in a secure, relaxed and homely environment in which the safety, well-being and comfort of residents are of prime importance.

The care home provides care to residents who are aged 60 and above with a range of personal care and nursing care needs. Within the care home there are a variety of communal areas, where residents can spend their time socialising with others or spend time with family or friends.

The care home was first registered with the Commission on 29 August 2019 and had also been subject to regulatory inspections under the previous law.

Registered Provider	Silver Springs Limited
Registered Manager	Sindy Gartshore
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of people who may receive personal care - 43

	<p>Maximum number of people who may receive nursing care - 50</p> <p>Age range – 60 and above</p> <p>Categories of care: Adult 60+; Physical Disability and/or Sensory Impairment.</p> <p>Rooms registered for single occupancy: 1-12a; 14-62; suites 1-5; Silver Lea 1-12 and 14-16.</p>
Dates of Inspection	9 & 13 December 2021
Times of Inspection	9 am - 5.30pm & 2 pm – 5.30 pm
Type of Inspection	Announced
Number of areas for improvement	None

At the time of this inspection, there were 90 people accommodated in the care home. Since the last inspection some variation of registered beds has been processed leading to an increase of registered nursing beds.

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, with evidence of care receivers benefiting from a service that is well organised and safe. Evaluation of the staffing situation at the outset of the inspection was undertaken, to establish that adequate care and nursing staff were in place to support all care receivers. The inspection was undertaken at a time of increasing transmission rates for Covid-19 infection. The home was therefore monitoring closely that adequate staffing levels were still in place and resources managed to maintain this during challenging times.

A review of routine staffing levels outside of the current crisis, established that adequate care staff were in place. It was noted that there had been some expanded roles to key staff, since the previous inspection, which reflected ongoing

development of the team. The home supports a large number of care receivers across four different areas of the home. Consequently, the duty rosters for the staffing of these areas are separate documents as opposed to one single combined document. This approach reflected the need to ensure that adequate resources are suitably deployed on a daily basis across all areas of the home, to ensure that all of the various needs, which range from personal support to nursing care, are consistently met. In addition, some scrutiny was given to the ratio of support workers deployed to support care receivers with diagnoses of dementia, who generally require higher levels of care and support.

A review of Human Resources (HR) folders demonstrated that safe recruitment practices were in place and were being followed.

Positive approaches to the provision of care and promoting wellbeing were observed in the interactions observed by two Regulation Officers, between staff and care receivers and were also confirmed from various comments made by 16 care receivers who were spoken with during the inspection. This was further supplemented by the feedback received from 10 relatives during and after the visit which incorporated mainly positive feedback. Some constructive criticism and issues of concern were also received during this process which were reported back to the Registered Manager for their consideration.

Staff training and development was seen to be adequately provided from a review of the staff-training log and confirmed by some of the staff who were spoken with during the inspection.

The care home environment was found to be in reasonable order, with all external areas fully landscaped to provide some peaceful and comfortable outdoor space. At the time of inspection, there was however some water damage to one bedroom which was being repaired following a recent storm, but this was not impacting on any care receivers' welfare or comfort. Some discussion about the high volume of maintenance schedules was undertaken with key personnel, which highlighted the overall challenges in ensuring that a large building is suitably furnished and is consistently able to meet all operational requirements. The audit process that is

undertaken on a daily basis for this purpose, demonstrated the attention which the Provider gives to quality assurance. While some areas were reported by relatives as requiring decorative attention, this was subsequently confirmed as scheduled to be addressed as part of a planned refurbishment.

INSPECTION PROCESS

This inspection was undertaken by two Regulation Officers with one days' notice. This was considered necessary due to possible constraints on the home and its staff team by increasing infection rates to therefore ensure that visiting could be appropriately facilitated without undue risk to care receivers. The Care Home Standards were referenced throughout the inspection.¹

The Regulation Officers 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**

Information submitted to the Commission by the service since the last inspection was reviewed prior to the inspection visit. This included notifications and any changes to the service's Statement of Purpose or conditions of registration. Furthermore, some reference was given to Significant Restrictions of Liberty (SROL) authorisations in place, with consideration given to the home's category of care and of the home environment and accessibility.

The timing of this inspection was routinely planned but occurred at a time of increased infection rates of Covid-19. However, this did not impede the two

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

Regulation Officers in their engagement with care receivers and staff, within the home environment. In the absence of many visiting relatives available to provide feedback during the visit, seven relatives/friends were contacted after the visit to seek their feedback about any observations they had about the care provided in the home. This provided additional information to that received from three relatives who were spoken to during the visit. Five healthcare professionals who were noted to have recently visited the home for routine calls were also contacted to seek any feedback of their views as to how the home operates.

The areas of enquiry and schedule for inspection was set out prior to the visit to complete over two days. The first day involved two Regulation Officers and the second day constituted a follow up visit to review some HR records and to provide more detailed feedback to the Registered Manager about any findings. Subsequent telephone contact with relatives also elicited more positive feedback which was conveyed within a week of the inspection visit to the Registered Manager.

Day one of the inspection involved a walkthrough of the floors across the home by the Regulation Officers, including the main building and extension (referred to as Silver Lea), and both the ground and first floor levels. Aims and objectives of this walkthrough incorporated speaking with a randomly chosen number of care receivers (16), either in their rooms or in communal areas. In addition, opportunity was also taken to speak with staff when available. This included housekeeping staff, a maintenance officer, care staff, senior care staff, social activities co-ordinators and members of the management team including the Deputy Manager and Head of Care. Sight of individual bedrooms, communal areas, kitchen and laundry was also completed during the first day of inspection.

A review of a sample size of care records across all floors, included 10 care receivers being provided with nursing care and 10 in receipt of personal care and/or personal support. This review of individual care records also correlated with engagement with the same care receivers who had spoken to Regulation Officers. This provided the opportunity to corroborate some of the information, that had been gathered during this engagement.

Regulation Officers divided their time between two dining areas over the lunchtime period, to undertake some observed practice at one of the busiest periods of the day. This provided a good source of evidence of how care is divided by staff and how the home manages some of the logistical challenges to support a large number of care receivers across different areas of the home.

Specific attention was given to how the home supports care receivers, who may lack capacity to make key decisions such as where they wish to live. A review of the Significant Restriction on Liberty process and record keeping of any authorisations under the Self-Determination and Capacity (Jersey) Law 2014, was undertaken, with discussion with key staff and sight of relevant documentation held for this purpose.

On the second day of the inspection, a review of five Human Resources files was completed, with specific attention to the process that is followed for actions and recording of safe recruitment practices. In addition, a review of the training log and staffing levels which are maintained for the staff group was completed and supplemented by discussions with members of the care and management teams. Reference was also made to a recent Community Pharmacist inspection carried out 4 & 11 November 2021, where it was encouraging to note that no areas of concern were noted in the summary provided to the Commission.

A review of the provider's quality assurance framework was established from discussions with key members of the team and also evidenced from the documentation provided. This included random sample of the "Home Manager's Daily Walkabout" as recorded 7 December 2021.

At the conclusion of the first day's visit, feedback was provided to the Deputy Manager, in the absence of Registered Manager of a range of observations which had been made by both Regulation Officers. At the conclusion of the second day's visit, areas of good practice were noted, but alongside feedback and constructive criticism as received from care receivers, relatives and staff. This information was conveyed to the Registered Manager for their further review and consideration.

INSPECTION FINDINGS

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."

Five Human Resources (HR) records were reviewed, and the Regulation Officer was satisfied from this review and with reference to the previous inspection findings the care home has a well formulated system for safe recruitment. Systems include taking up two references, sight of Enhanced DBS certificates and confirmation of registration i.e., NMC registration.

The staff team comprises the Registered Manager, the Deputy Manager, the Head of Care, registered nurses, care assistants, social activities co-ordinators, a receptionist, an administration assistant, as well as maintenance, domestic, laundry and catering staff.

It was noted on the first day of inspection, and in the absence of the Registered Manager, of the seamless transfer of roles and responsibilities to the Deputy Manager and of their level of competence and experience in deputising for the Registered Manager. It was also noted from this, as to their engagement with the Commission during periods when they provided management cover. This provided very good evidence that the home employs staff, who are able to demonstrate the appropriate values and attitudes in their respective roles and who have undertaken necessary training.

In addition, it was noted that the service is actively supporting its staff to progress in their careers, in line with their own goals. The Head of Care undertakes both assessments for some new referrals and the on-call role in support of the Deputy and Registered Manager. They are also undertaking the Level 5 QCF module for management and leadership. In discussion with key members of the management team as Deputy and Head of Care, they were able to demonstrate a very good

understanding and knowledge of care receivers' needs and presentations. They also oversee any operational issues which warrant ongoing review and evaluation by themselves in support of, or in the absence of the Registered Manager. Their ways of working were also explored, and it was noted that they maintain a flexible approach within these roles, sometimes providing care directly or supporting other staff throughout their induction.

Engagement with staff working in all areas of the home and with different roles and responsibilities provided very good evidence of staff being well informed and professional in their working practices. It was noted from discussion with one of the social activities' coordinators, as to their understanding and appreciation of the importance and value for providing 1:1 activities' to care receivers. This was specifically relevant in respect of care receivers, who may not feel comfortable or able to easily participate in larger group activities, perhaps due to cognitive impairment when living with dementia.

Members of the care team confirmed with Regulation Officers their satisfaction with the Provider as an employer, expressing that the management team are very supportive and have provided assistance to help them progress with training and development in their role. Other care staff identified specific roles and responsibilities which are undertaken by the management team, which include training peers and being involved in the induction of new staff, as well as providing regular supervision and support to colleagues. It was evident there was a strong team culture, which was reflective of a motivated and engaged staff group working in the home. It was apparent that this culture had been of particular value and importance throughout the period of the pandemic.

Another care worker explained that they had worked for the Provider for some time, and that this had had the benefit of enabling them to progress to their current role through the provision of a good level of training and support which had been made available to them throughout this time. They confirmed that they receive regular supervision which they find helpful, this is supplemented by an annual appraisal. It was noted from discussion with some care staff that whilst it is acknowledged that the workload can be demanding on occasion, which has been exacerbated by the

recent depletion in numbers due to infection rates, the staffing levels in general are adequate and acceptable to meet the needs of care receivers.

It was highlighted from a discussion with the Deputy Manager that an alert had been raised by the staff in the home to the Adult Safeguarding Team. This related to a care receiver who was potentially vulnerable to exploitation by third parties outside of the home. Such vigilance and monitoring demonstrated the benefit in staff members being provided with good levels of training and development, as it was evident that they were skilled and confident in responding to matters of this kind.

Feedback received from care receivers, relatives, staff and some healthcare professionals who were asked to provide feedback to the Commission provided good evidence of staff employed in the home having the right values, attitudes, understanding and training. Some of this feedback is recorded below:

“Staff are very helpful and accommodating and I can have a good banter with them”

“I have been supported by management to progress in my work”

“Love the home and the staff and cannot fault the care I receive”

“Great teamwork”

“Staff are fantastic”

“Staff are absolutely wonderful, they (staff) think the world of him [resident]”

“More than grateful for all they do, I couldn’t thank them enough”

“Staff are very good, very caring, very loving”

“Staff appear well informed”

“They are all good and all seem to know about Xxx”

“Has a great sense of humour and I saw the staff acknowledge this and share lots of laughter with Xxx. I observed a number of carers care for Xxx very well and believed their care was genuine - it was lovely to see”

“I always found the entrance to the home and downstairs lounges very clean and presentable - it was inviting and homely. When I passed any staff in the corridors they always acknowledged me”

“I believe the staff do an amazing job, particularly under these difficult circumstances”

“I am always greeted in the Nurses office by someone who knows the Client well and they promptly give me the care records to read up on recent activity, when I ask for more details about the Client and their welfare it is obvious that they are knowledgeable and person centred, I have examples of how they are trying to manage an individual to gain the best possible outcome for them by probing medical treatments, investigations and interventions for quality of life to be at the forefront of what they do.”

It was also noted a thank you card which recorded much gratitude for the care provided to a loved one but also conveyed great appreciation for the efforts of all the staff during the most challenging 18 months of the pandemic to date.

From a review of the duty rosters provided it was evidenced that the appropriate ratio of staff is in place, including registered nurses, and that there are sufficient numbers of staff consistently available and on duty. In addition, it was apparent that mandatory training needs were being consistently met across the staff team.

Some feedback was received from a small number of care receivers and relatives, which suggested that there are sometimes time delays in responding to call alarms. It is important to note that the Regulation Officers did not witness evidence of this during the inspection. Nonetheless, this feedback was provided to the Registered Manager for their further review. The Regulation Officers acknowledged the

logistical challenges in meeting care needs for a large resident number over a large area. It was perceived that this challenge is well managed by the team on duty with good levels of review and evaluation in place as part of the quality assurance frameworks that appear embedded in practice.

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.”

Observations made by Regulation Officers during the visits and engagement with some care receivers and relatives, provided good evidence of the attention which is given to this Standard. There is a comprehensive approach taken by the Provider in promoting the best approaches to care and welfare which range from clinical practice for providing nursing care to that of promoting an enriching and stimulating home environment.

Feedback received as below evidenced some of the approaches which are taken to promote this Standard:

”“Food is always to my liking”

“You couldn’t ask for better food, it is like a hotel, you have so much choice”

“I loved hot bananas [social activity] yesterday and I am now considering attending more activities”

“I am aware of lots of social activities that Silver Springs have but aware that my Xxx has never been particularly interested in taking part. I have observed staff trying to encourage Xxx to take part but often with no avail - they have then accepted Xxx’s choice”

“When we were unable to travel to Jersey - we had video calls with my Xxx – Xxx helped organise these and he was helpful and I observed good interactions between

him and my Xxx - he always responded when I requested a time and date to hold a video call with Xxx”.

Although the majority of feedback received was positive in nature, it was highlighted (as mentioned by a small number of relatives), that there was some disparity in quality of menu choices or opportunity for care receivers to attend social activities. Conversely another relative stated how improved the food had been, since the new chef took up their post. These themes were conveyed to the management team, for further consideration and review. However, in general and on the basis of the evidence obtained and practice observed during the inspection, it was well demonstrated this Standard being met.

Reference was made to the current occupancy levels of the home and what types of care were being provided and how this is coordinated. It was apparent from the information provided, that attention is given to ensuring that care receivers receive appropriate communication which is initiated at the earliest opportunity i.e., prior to any admission to the home. Further to this, the home provides monthly updates to care receivers through a resident-focussed newsletter, which includes reference to upcoming events such as birthdays and pictorial records of recent activities that have been enjoyed by care receivers.

A review of the December newsletter conveyed a very busy, socially stimulating care environment that is promoted through a range of activities and events, as was noted from the calendar throughout this month. Efforts by the staff group to maintain such activity during the ongoing and prolonged restrictions imposed as a result of the pandemic, were commendable. This was within the context of challenges which included staffing resources, working conditions (continual use of PPE as face masks) and the need to support the optimum visiting opportunities for relatives.

It was noted that a small number of care receivers living in the home at the time of inspection, were subject to Significant Restrictions on Liberty (SRoL) authorisations, in accordance with the Capacity and Self-Determination (Jersey) Law 2016. In each case, the care receivers lacked the capacity to make decisions pertaining to the need to maintain their safety. A discussion took place with the Deputy Manager

relating to the provision of appropriate advocacy for these care receivers. This was viewed as constituting an important area of practice, for those who due to cognitive impairment, lack the capacity to make key decisions about their life choices when residing in a care home, particularly where care receivers do not have relatives who can support them. This was well demonstrated with reference to how the home might involve an advocacy worker from MyVoice and/or a social worker, if necessary, to provide care receivers with support in respect of issues of concern as they arise.

The Deputy Manager provided a comprehensive summary for one care receiver, who had been supported to make decisions about their care and support. It was also noted from this summary as to the underpinning evidence and care records which were retained on file. This included reference to direct involvement of key professionals, such as a GP.

A review of randomly chosen care records also provided good evidence of the approach that is taken in systematically recording interventions, issues of concern and engagement with healthcare professionals such as GP's, Social Workers and District Nursing teams. It was noted from a series of entries recorded for one care receiver over a period of months, that there was a strong theme throughout the records of advocating for their wishes and preferences alongside providing adequate safeguards where there were areas of concern.

Feedback from Healthcare Professionals provided very positive testimony of the approaches the staff group take to promoting this Standard, which was also reiterated and demonstrated in comments made by care receivers and relatives.

The home routinely submits notifications of accidents and incidents to the Commission. Prior to the inspection, 22 notifications were noted to be on file from submissions in the previous four months. This number was considered proportional and appropriate to the number of care receivers, the categories of care provided and with no themes identified from the wide range of notifiable incidents recorded.

The system of notifications was reviewed and evidenced a clear framework for staff to follow that ensures that any accidents or incidents are reported to senior

colleagues and/or the management team in a timely manner. In addition, risk assessments and action plans are produced and reviewed as part of root cause analysis methodology. Some of these notifications noted prior to the inspection, were cross-referenced, during the visit, with those maintained on file in the home. This confirmed that an effective and seamless reporting mechanism is in place, which is overseen through a very robust and comprehensive quality assurance process that is routinely undertaken by identified personnel.

The Regulation Officers were provided with helpful activity summaries by some staff including one of the social activities co-ordinators, which demonstrated a strong focus on promoting an enriching and stimulating environment. This includes group activities, albeit limited most recently due to restrictions arising from the pandemic, alongside 1:1 interactions, some of which take place in care receivers' own rooms, where this is appropriate and of benefit.

It was noted that some care receivers have restricted mobility and that a small number were also experiencing some cognitive impairment due to dementia. From a discussion with the Social Activities Co-ordinator, the Regulation Officer was encouraged to note their understanding and sensitivity to these particular care needs and that appropriate planning takes place on a daily basis when scheduling any activities.

During the course of the first day's visit, it was observed that the staff were supporting a small number of care receivers, to attend a funeral service of a friend recently lost to them. This demonstrated the essence of the care and support which the home aims to provide, as staff had prioritised this activity to meet the expressed wishes and requests of these care receivers.

Throughout the visit, staff were observed to be interacting with respect and courtesy with care receivers. Good humour and fun interactions were also noted which conveyed warm and comfortable relationships. Some care receivers spoke positively of how staff members were "always smiling", which was clearly appreciated because of how this impacted positively on their day.

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.”

Themes from feedback received were complimentary of the staff group and this was augmented from the observations which the Regulation Officers, were able to make of staff when engaging with them during the inspection process.

It is positive to note that there has been some progression of staff employed in the home that involves taking on additional roles and responsibilities, which are underpinned by relevant training and development plans.

There was clear and consistent feedback from staff, where it was established they felt well supported by their management team, with clear lines of accountability in place. It was apparent that the Registered Manager oversees any areas of concern, which may arise but that well established and effective structures were in place to ensure that any absence of the Registered Manager would be covered adequately. In this matter, the skills, competency and relevant experience/qualifications of the Deputy Manager were well evidenced. For example, they were fully able to facilitate the first day of the inspection when the Manager was absent. Furthermore, the Head of Care and the registered nurses on duty, were all able to demonstrate a clear understanding and relevant experience to carry out their respective roles and responsibilities.

Engagement with some relatives provided the opportunity to discuss management and staffing resources, in which they shared observations as to how this related to the care provided to their loved ones. Regulation Officers also observed in practice how care workers were appropriately engaged in supporting a range of care needs. This ranged from nursing care interventions and assessment to supporting some care receivers to achieve their optimum level of independence i.e., going out to the local shops unescorted.

It was apparent to the Regulation Officers during the visit, and through engagement with staff, that the team demonstrated a high level of motivation in their respective roles. It was also acknowledged, with reference to some of the fatigue that has arisen from working in restricted conditions (relative to infection control guidelines) throughout the pandemic, that their positive attitude and work ethic was commendable. The attention to ongoing training and development of staff with supervision embedded in practice was also viewed as integral to having a well-trained, but also well supported staff group, during these very challenging times.

It was confirmed that staff training included a good attendance/completion of mandatory training, including Covid-19 and infection control related topics. Staffing levels were reviewed at the outset of the inspection and through observations during the inspection visit (which included busy periods of the day and specifically at lunchtime). There was very good evidence of adequate and well organised teams carrying out all care delivery. It was also demonstrated that care receivers appeared comfortable, with prompt attention being provided by staff to any assistance requested.

Some observations made by Regulation Officers during the busier periods, demonstrated the demands on staff time posed by the need to meet a range of care needs across a large resident group. This requires oversight of care receivers both in communal dining areas and, where care receivers prefer to dine alone, in their own rooms. The logistical challenges from this were self-evident by how staff have to coordinate workloads at this time but which appeared well organised, albeit with pressure to ensure meals would be delivered to all in a timely manner. In addition, some care receivers required a higher level of assistance to consume diet and fluids while others were totally independent. It was noted this had the potential to impact on the “dining experience” in the communal areas. While this is not an area of concern, some practice observations were shared with the management team for their review with the staff team.

It was noted from the inspection carried out 4 & 11 November by a Senior Pharmacist employed by Health and Community Services, that there had been no

areas of concern relating to medication management. It was confirmed that staff training in this area was adequate and appropriate.

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."

A walk through of the home environment at the beginning of the inspection visit, was carried out by the Regulation Officers which included a review of the kitchen and laundry areas. A sample size of bedrooms was also reviewed across all areas of the home and found to be in reasonable order, with good evidence of personal items and furniture being in place to meet the preferences and requests of care receivers where practical.

The general décor of some of the communal areas was reported by some relatives (to a Regulation Officer), as requiring some redecoration and it was confirmed during the inspection visit by the Registered Manager that a full refurbishment plan was scheduled to commence early in 2022. It was acknowledged that the practical challenges arising from restrictions on visitors had made initiating such a large project more difficult than might otherwise have been the case.

The home is a large building and an extension was added in recent years. Consequently, there is a large maintenance schedule which requires daily input. Therefore, a maintenance team is employed to carry out all routine work with more complex work commissioned externally. The Registered Manager also highlighted some revisions made in the Provider's estates management enables more scope and autonomy to action promptly any project work as may arise.

Regulation Officers spoke with the maintenance team and had sight of daily work schedules and records of other routine work which is undertaken periodically. It was noted, as to the attention and scrutiny that is given to ensuring that the entire environment of the home, from main laundry to individual rooms, are monitored for health and safety matters and to note any repairs that may be required. The records

viewed highlighted the comprehensive approach, which the Provider takes in ensuring that care receivers' quality of life can be well supported by living in a pleasant and well-maintained home.

It was also observed as to the very generous communal spaces, which the home has available to care receivers and which staff can utilise to convene group activities. Some feedback received from one relative highlighted some environmental features which they considered may be helpful to their loved one (who experiences some cognitive impairment), such as the provision of sensory aids such as a larger clock in one of the communal areas to aid orientation. These observations along with other feedback received from relatives was conveyed to the Registered Manager for their consideration. This was appreciated by them for the potential improvements such additions could bring.

The large home environment does not lend itself to quick transit from one area to another for some care receivers who may have restricted mobility and require wheelchair transfers. In discussion with one relative, they noted the challenges for their loved one in receiving telephone contacts, specifically during times of restricted visits due to the pandemic. It was clarified with the management team as to improvements which they had already made to enable greater accessibility for care receivers to utilise "walkabout phones". This was achieved by obtaining some booster phones (device that improves weak signal) when this had been noted as an area of difficulty for some.

Throughout the inspection visit, the general home environment was noted to be well organised, calm and welcoming with front of house staff also observed to be very receptive and professional in their style of engagement with any visitors and/or care receivers requiring assistance or guidance.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: “The care service will be well managed.”
--

It was noted from discussions with care receivers, relatives and staff as to the review and consideration which the management team have undertaken when concerns had been raised. Such matters included issues relating to the physical and/or emotional and psychological well-being of care receivers. The Regulation Officers were able to review relevant information including complaints which had been made or were in the course of being addressed. It was evident that good level of transparency was demonstrated in the documentation being filed.

In addition, where indicated, the home had engaged with relevant external agencies including the Adult Safeguarding Team, as well as seeking advice and support from social workers. It was noted from a review of information retained by the Commission, as to the prompt reporting of notifiable incidents which takes place as routine. Furthermore, the Registered Manager or Deputy Manager had periodically approached the Commission for advice about operational matters as needed.

It was clearly evident from the information provided by some of the staff on duty during the inspection, that the team was comfortable with the inspection process. Regulation Officers viewed this as a positive reflection of the management culture in that openness and transparency were actively promoted. Similarly, it was apparent that staff were confident in the systems that were available to them if they needed to raise any concerns, either through the supervisory process or directly to the management team.

Discussions with care receivers, provided further evidence of a well led and well managed care home that aims to be proactive in ensuring care receivers' needs are adequately met, reviewed and actions taken to resolve any issues of concern when necessary. The recording of such matters alongside a very consistent care planning and care recording system further evidenced the well managed service. It was noted from a review of 20 care folders retained across the different care areas, as to the

good quality of both nursing care records and personal care and support care records.

Auditable processes were well evidenced for all such recording keeping protocols and were enhanced by random audits of individual folders as “resident of the day”, which ensure reviews and evaluations are carried out for all care receivers regularly. This audit process is replicated across other departments which are not directly care related such as maintenance, kitchen and laundry. In each case, key personnel are identified to carry out these delegated tasks.

From a discussion with some relatives there were observations shared about the levels of engagement and accessibility they have had with the management team and specifically with the Registered Manager. It was noted from this as to the opportunity that is given to engage or liaise with the Registered Manager if concerns arise.

The Regulation Officers were assured from all evidence provided, and from observations made, that this Standard was well met.

IMPROVEMENT PLAN

There are no areas for improvement identified as a result of this inspection.

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 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
1st Floor, Capital House
8 Church Street
St Helier
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je