



Jersey Care
Commission

INSPECTION REPORT

St Ewold's

Care Home Service

**Balmoral Drive
La Route de la Trinite
St Helier JE2 4NJ**

7 September 2021

THE JERSEY CARE 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.

This inspection was a follow-up inspection to one carried out over three days in March and April 2021, and was undertaken in accordance with the Commission's Escalation, Enforcement and Review Policy. The purpose of this inspection was to assess the level of progress made in respect of the six areas for improvement made at that time. These have been subject to periodic review by the Provider who has provided regular updates to the Commission relating to the progress made in achieving the necessary improvements.

ABOUT THE SERVICE

This is a report of the inspection of St Ewold's Care Home. The service is owned and operated by the Parish of St Helier. The management arrangements have now been formalised since the previous inspection with registration completed for Kelly Kennedy as the Registered Manager, who had been managing the home since March 2020 in an acting manager role capacity.

The home was registered by the Commission in August 2019 to accommodate up to 66 care receivers, including up to five who have nursing care needs. This provision enables care receivers to elect to remain in the home if they develop nursing care needs (if there is a vacancy).

The home is approached via a driveway which encircles the building with parking provided in front of the main entrance and to the rear. The main sitting room is located near the entrance on the first floor; this is equipped with a variety of comfortable seating and is an environment that can promote both social activities and relaxation. In addition, each of the three floors providing bedroom accommodation has seating areas and a kitchenette with good sized dining facilities at one end of each of these floors. The main dining room is located on the ground floor next to the main kitchen.

At the time of the inspection there were 61 residents being supported in the home and that included five receiving nursing care.

Regulated Activity	Care Home
Conditions of Registration	Type of care: nursing care and personal care. Category of care is Adult 60+. Maximum number of care receivers: 66. Maximum number in receipt of nursing care is 5.

	<p>Age range of care receivers: 65 and above.</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>First Floor: 22 bedrooms 100A, 100B, 101 – 120. Second Floor: 22 bedrooms 200A, 200B, 201 – 220 Third Floor: 22 bedrooms 300A, 300B, 301 – 320</p>
Date of Inspection	7 th September 2021
Time of Inspection	1 pm – 5.45 pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	61

The home continues to operate in line with its Statement of Purpose but within the specific government guidelines for the management and risk of ongoing transmission of infectious disease (Covid-19), including the use of Personal Protective Equipment (PPE) and imposing of some visitor restrictions at the home's discretion.

Since the last inspection, which was carried out over three days in March and April of this year, the Provider representatives and Registered Manager have regularly engaged with the Commission to provide updates on the specific areas for improvement which were identified. This is in line with the Escalation and Enforcement policy and framework which was applied at that time.

The Commission has subsequently received regular notifications from the home. This is a requirement made of all regulated activities and the need for the home to do this consistently was identified as one of the areas of improvement recorded in the previous report. This information has been supplemented with updates on the home's modernisation project which was implemented in response to the findings in that report. The progress of this project has been regularly submitted to the Commission on a weekly basis, alongside monthly quality assurance (QA) reports. Such information has provided a helpful monitoring tool for the necessary actions which have been taken to meet all required areas for improvement.

Representatives of both the Provider and the Registered Manager have also engaged in two formal meetings with the Commission as part of this process.

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. This was a focussed inspection on the six areas for improvement which were recorded in the last inspection report and which had also been highlighted to the Provider and manager in a review meeting dated 19th April 2021. This was convened in line with the Commission's Escalation, Enforcement and Review Policy.

Prior to this follow up inspection, the progress that had been made to meet all areas for improvement had already been very well evidenced. This was apparent from discussions and information provided in a follow-up review meeting with the Registered Manager, Chief Executive Officer and Director of Operations. That meeting was held on 12th August 2021 with confirmation of key appointments and changes made to best support care receivers and the staff team.

Information submitted since the last inspection, also provided detailed summaries of how some new ways of working have been introduced. These had included changes in how care records are compiled. This was confirmed from discussions with staff during this inspection who provided positive feedback about the benefits of the new system which is now in place.

Staff support and supervision processes were seen to be present and fully endorsed by the Registered Manager and recognised by their care team. Staffing levels and duty planners were discussed during the inspection and were reviewed from information provided as part of the modernisation project. This confirmed that the necessary attention and consideration had been given to staffing resources and the operational demands on the service.

Recruitment and selection of senior care assistants, alongside the appointment of both a Clinical Lead and Business Manager to support the Registered Manager, was confirmed during the inspection. Discussions with some of the personnel who were now identified for these new roles also established their understanding of key responsibilities and accountabilities.

A sample of notification forms received by the Commission since the last inspection provided good evidence of the improvements that had been made to internal systems of audit. These were used to determine whether notification needed to be made to the Commission of specific incidents/accidents, as is referenced in the Standards.

Samples of monthly quality assurance reports (which had been submitted to the Commission routinely since the last inspection), were further reviewed and discussed with the Registered Manager. It was evident that this process had become better embedded into practice and was subject to quality review itself. The quality review process enables any refinements or changes to be made to ensure that the necessary scrutiny of any operational matters is undertaken and is properly aligned to the Standards.

Requirements for submission of monthly reports, which were requested as part of the monitoring process during the period since the last inspection, were deemed no longer necessary, although it is acknowledged that these may be requested at any time by the Commission. In view of the very positive findings and in accordance with the Commission's Escalation, Enforcement and Review Policy, it was established from this that a routine schedule of annual inspection can now be resumed for 2022.

INSPECTION PROCESS

The Care Home Standards were referenced throughout the inspection.¹

This inspection addressed the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Management of services**

This inspection was initiated by an announced visit (one day notice), which followed a review meeting one month previously. The visit commenced in the afternoon, with six agenda items identified for review, which were provided to the Manager for their reference. Relevant documents were subsequently provided which also correlated with summary reports and correspondence that had been received from the Provider and Registered Manager in the preceding five months. All such information had been noted and considered by both Regulation Officers and the Chief Inspector in the period since the last inspection.

A framework was established to obtain or reference a sample of evidence that would cover the six areas for improvement identified in the previous inspection. The Commission had received updates from the Provider relating to progress with the modernisation project since the last inspection. Specific information had been received which related to both the recruitment and selection of new staff and to the revised management structure. These areas were able to be reviewed during the inspection visit. The revised management structure includes the identification of specific roles to provide adequate clinical oversight and support of care staff. The purpose of this change was to ensure that the management's structure reflected the large working environment over four levels and the challenges this presents in meeting the needs of care receivers.

An identified area for improvement about regarding the staffing arrangements with a view to increasing the home's staffing levels and the roles and responsibilities of staff, particularly at night was also given some scrutiny. This was ascertained from the review, research, investigation, risk analysis and assessment of staffing levels

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

completed a short time after the last inspection and shared with the Commission. The ability to cross-reference to the home's monthly reports also provided evidence relating to progress made in this area, as did a discussion with the Registered Manager.

A random audit of notifications held on file in the home's accident book were reviewed and cross-referenced with some of those received by the Commission in the past five months. This was undertaken to establish whether suitable measures had been introduced to ensure that relevant notifications of accidents, incidents and other significant events are reported to the Commission in a timely manner and in accordance with the Regulations and Standards.

A random sample of 10 Human Resources (HR) folders were reviewed, with attention given to supervision records to establish what actions had been taken to address this area for improvement. These included the need to introduce without delay, a system of formal staff supervision and oversight of care practices. Ten staff were also spoken with by Regulation Officers in small team formats or 1:1 interactions to expand on their understanding and experience of the systems which had been newly introduced in relation to this area of improvement.

Twenty care folders were reviewed to ascertain the care planning systems which had been introduced for each care receiver since the last inspection. This was informed by the modernisation project updates which had been submitted to the Commission. This significant piece of work had commenced over the course of the four months preceding the inspection visit.

Reference was made to two recent inspection reports provided by a Senior Pharmacist from Health and Community Services. These were carried out as routine on 3 June 2021, with a follow up visit on 26 August, to monitor and ensure that appropriate systems are in place to promote safe and effective medication management.

This report sets out our findings during the inspection. Each of these findings include direct reference to the previous areas for improvement which had resulted in this follow-up inspection and which had been discussed with the Registered Manager, Chief Executive Officer and Director of Operations at the Commission's offices on 19 April 2021 and 12th August 2021.

At the conclusion of the inspection, a review of the overall findings was provided to the Registered Manager which confirmed that the Regulation Officers were satisfied that all areas for improvement had been met.

INSPECTION FINDINGS

At the last inspection, six areas for improvement were identified. This required a follow-up inspection as part of the Commission's Escalation, Enforcement and Review Policy. This policy had been applied as a result of evidence that the

Provider had not made sufficient progress in addressing the various areas for improvement, which had initially been identified in 2020.

The Regulation Officers were able to reference a number of documents and correspondence held on file and made available by both the Provider and Registered Manager. This was supplemented by several telephone conversations initiated by both parties in the previous five months. All such communication had been initiated to appraise and update the Commission of progress being made to address these six areas for improvement. It was also positive to note the implementation of a modernisation project plan initiated by the Provider, following the last inspection, in response to the findings in that report.

During the course of this short inspection, Regulation Officers were impressed by the efforts and attention which the Provider and whole team working in the home had given to meeting the areas for improvement. This included the time and resources provided in achieving specific projects. It was evident that there was a high level of motivation throughout the staff team, in working to achieve set goals and targets that had been identified from the findings, and to evidence that significant improvement had been made.

It was clearly apparent from engagement with members of the care team, that some benefits and improvements to their working environment were already being experienced, not least the increased support structures which had been introduced since the previous inspection. The Regulation Officers were able to note the positivity and ambition of staff to move forward with the modernisation project work, and also their recognition of how this would ultimately be of benefit to care receivers. This was considered a positive reflection of the effort and attention that had been given to addressing the significant shortfalls in staff support and engagement which were noted in the last inspection.

A review of all documentation and systems which had been newly introduced or revised since the last inspection, provided consistent and good quality evidence of significant progress which had been made to address all areas of improvement.

Some reference was made to medication management following a scheduled medicines inspection which had taken place in the intervening period. It was acknowledged that the initial findings had highlighted some deficits in record keeping protocols. However, the follow-up inspection which was undertaken by a Senior Pharmacist from Health and Community Services recorded, "the huge improvement for medicines management standards".

Staff recruitment, training and development

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

The home employs a large number of staff, and it was a matter of concern recorded in the previous report as to the lack of managerial structures which were in place and

the substantial burden this placed on the Registered Manager. In addition, there was no recognisable staff supervision or appraisal process in place that would promote the expected level of training and development oversight.

The Commission had received a number of updates prior to this inspection about a focussed recruitment drive and the creation of new posts, including a Clinical Lead and also Business Manager. In addition, the lack of supervisory roles across the three floors to support care receivers was recognised as being an area for improvement. It was advised that Senior Care Assistant (SCA) positions should also be introduced.

The Head of Operations and the Registered Manager were each able to confirm, both prior to and during this inspection, the successful appointment of personnel into these positions which will serve to underpin and support all the roles and responsibilities held by the Registered Manager. In discussion with key individuals identified from these appointments and already employed, it was evidenced that there is delegation of key tasks which will allow the Registered Manager to focus more on the core business of their role. For example, the Clinical Lead is taking on more responsibility for supervising and supporting staff delivering care, and in monitoring that record keeping protocols are being followed. This input would support the Registered Manager in ensuring that clinical standards are being maintained consistently.

The appointment of a Business Manager was highlighted as being an addition to the managerial structure which will afford the Registered Manager more time to engage in providing staff support and supervision. This support can be provided both informally and within a structured supervisory process which has been undertaken for the whole staff team since the last inspection. It was noted by the Regulation Officers the importance and value which the Registered Manager has given to this matter over a sustained period of time. However, as the provision of formal supervision across the whole time was new, the staff team were initially unfamiliar to this input. Therefore the benefits of, and rationale for providing supervision, have needed to be clearly explained and reiterated. It was clarified that, with the introduction of new posts, there will be delegation of supervisory roles moving forward and the additional provision of associated training.

A random audit of HR folders evidenced the introduction of the supervisory process and the framework identified to ensure that this is firmly embedded into practice. Discussions with staff highlighted that there was a broad understanding of the principles behind supervision, with an acknowledgment by some staff members that the provision of supervision is intended to be supportive to them as they undertake their roles. The Standards require that staff possess the right values, attitudes, understanding and training to support care receivers with a wide range of needs. The provision of both formal and informal supervision is likely to be a key component in ensuring that this is consistently achieved.

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."

Deficits in the care planning process recorded in the last inspection, were reviewed on this occasion. It had been noted prior to the visit that the home had taken the decision to revert back to paper records. This decision had been taken to address the area for improvement relating to the need for there to be a significant review of the application of care recording principles, and of how records are made and retained. It was concluded that this would be best achieved by this action. However, it was recognised that the use of an alternative electronic systems may be reconsidered in the future.

The Regulation Officers were impressed by the efforts of the team to review and transfer care records from electronic format onto hard copy paper formats. Indeed, it was an observation worth noting that this area for improvement in isolation would have been challenging to achieve, and to undertake this alongside the other five areas successfully was therefore to be highly commended.

Care staff who were spoken with were able to confirm some of the benefits which have been observed by this change, on account of the previous system having been perceived as being both onerous and time consuming. It was encouraging to receive feedback from staff of how the changes made ensured that they had more opportunities to positively engage with care receivers and to ensure that care receivers were more fully involved in the production of care plans. This co-production of care plans and the promotion of individual choice and involvement in decision-making were well evidenced from examples provided by staff and from records which were reviewed.

It was highlighted by the staff and key members of the project team overseeing the transfer of records, that there were still some outstanding sections to be completed such as life histories. However, the essence of good care planning principles was very well evidenced from the random sample viewed. These included five nursing care records which will also be overseen by Registered Nurses and/or the Clinical Lead, as part of an overall quality assurance process which was being promoted.

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."

As mentioned earlier in this report, some review and evaluation of staff skill mix and qualifications to address areas for improvement has been undertaken. Confirmation and evidence of the creation of the new posts and of recruitment to them, was provided by the Registered Manager.

Appointments had been made to the roles of Clinical Lead, and Business Manager. In addition, three SCA's have been appointed. The Registered Manager confirmed their expectation that these appointments, both individually and collectively, will provide for a "senior team" which will enable ongoing modernisation of the home and improvements in how it supports care receivers. This will be aligned with a review of clinical policies which will be subject to some external review and revision.

Further training and development of the staff group was also identified from the most recent Quality Monthly Report. The report recorded that conflict resolution training was arranged, that arrangements were being made for the provision of capacity training for all the care team, and that online medication training will be concluded for all staff in August. It was also noted that senior staff meetings are held every two weeks to review all matters relating to staff training and development. The focus given to this area of practice was noted from monthly reports as submitted to the Commission since the last inspection, with relevant action plans identified and recorded.

The staffing structure and support for competency and training identified in the previous inspection was seen to be markedly improved. This was confirmed from a review of records as well as from information provided by key personnel and reflected in some of the feedback provided by care staff.

It was discussed with the Registered Manager, that an ongoing review of staffing arrangements was indicated. Currently, the arrangement is that staff on duty during the night need to contact an on-call registered nurse if any untoward events arise. While the staff working on night duty are noted to be very experienced and competent, the absence of a lead to co-ordinate shifts warrants further consideration.

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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During the period of time since the last inspection, which led to the Commission's Escalation, Enforcement and Review Policy being applied, both the Provider and Registered Manager have worked to address the areas of concern recorded in the areas for improvement.

A systematic approach has been taken, with the full recognition and acknowledgement by the Provider of the significant changes which were required in terms of the home's managerial infrastructure and with regard to some operational policies and procedures. This was necessary to enable the home to fully address the identified failings to meet the Standards.

The Director of Operations had advised the Commission by email correspondence on 5 May, of a Project Board having been convened to oversee the required improvements to the home associated with the identified areas for improvement. Within the new organisational structure proposed at that time, it was identified that the role of Clinical Lead would be responsible for leading on professional standards,

enhancing standards of care, ensuring staff development and being accountable for regulatory compliance. A discussion with this newly appointed person (who was already an experienced member of the team), confirmed their understanding and objectives to fulfil this role, with relevant training and support to be provided by the Registered Manager.

Additionally, the newly appointed Business Manager (who was due to take up their post shortly after the inspection), will have key roles and responsibilities relating to administration, HR, finance and contracts, IT & digital resources, facilities & security, project management and communications.

It was established from all of the findings during this inspection, that the Registered Manager now has a senior management structure and resources in place that will enable them to carry out their roles and responsibilities effectively and consistently. With reference to the notification of incidents submitted to the Commission since the last inspection, it was clearly apparent as to the attention and training that has taken place to promote a more consistent and appropriate audit and reporting system. It is anticipated that the additional managerial structures will further promote such practice and will be consolidated over time as new ways of working become embedded in practice.

The approach to monthly audit and reports as completed by an independent provider representative, was also referenced for the purpose of this inspection. This provided further evidence of the improved or refined systems of governance to manage the service that have taken place during the last five months.

The Regulation Officers were most satisfied that all recommended improvements to the areas of practice reviewed as part of this follow up inspection, have been adequately addressed. It was noted that the approach taken has been comprehensive and focussed in a way and that has required great effort by all concerned to achieve the outcomes in this timescale. The Registered Manager and staff identified the need for these achievements to be sustained in the long-term.

IMPROVEMENT PLAN

There were no areas for improvement identified from this inspection. Each of the areas for improvement which were identified at the last inspection have been suitably addressed.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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