



Jersey Care  
Commission

## **INSPECTION REPORT**

**Aztec House Care Home**

**37 Kensington Place**

**St Helier**

**JE2 3PA**

**19 February 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**

Aztec House provides accommodation for up to 50 persons. Primarily, care receivers require accommodation due to homelessness. However, there may be other issues arising for individuals in times of crisis which also require a supportive and safe environment for short term occupancy.

The provider operates a number of homes. This sometimes enables that onward referrals are made as part of a recovery-based model of support. The intention is to promote care receivers progressing towards independent living through a staged approach with service provision matching the needs and abilities of care receivers.

The accommodation provides a range of shared-use facilities and that includes single use or dormitory rooms with shared toilets and bathrooms. There are two entrances to the home; both entrances are covered by CCTV and staff permission is required for access into the building to promote the necessary and appropriate level of security and safety for all occupants at all times of the day.

The Registered Provider has invested in some refurbishment of areas of the home in recent years including bedrooms and communal spaces. A comfortable and practical environment is promoted which all care receivers can readily access. By the nature of the remit of the service, there may be a combination of both short term and longer-term occupancy for care receivers. The service supports both men and women of various ages. While the home operates with limited staff resources, there are clear governance arrangements to ensure that safe systems of working are in place. This is integral to how support is provided, particularly given the challenging situations and circumstances that may be experienced by care receivers.

There is some outdoor space freely accessible by all care receivers within a courtyard and the home is equipped with some domestic washing machines and dryers for use by care receivers.

While the home was first registered with the Commission on 5 May 2020, it was subject to regulatory inspections under the previous law.

Registered Provider	The Shelter Trust
Registered Manager	James Jackson
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of people who may receive personal care or support - 50 Age range - 18 and above Homelessness
Dates of Inspection	19 February 2021
Times of Inspection	10 am – 12.30 pm
Type of Inspection	Announced
Number of areas for improvement	None

The home is operated by The Shelter Trust and the registered manager is James Jackson. At the time of this inspection, there were 33 people accommodated in the home.

## SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of two and a half hours by two Regulation Officers and was announced with consideration for the restrictions imposed in response to the Covid-19 pandemic. The Care Home Standards<sup>1</sup> were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- the service’s Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Due to the Covid-19 situation, not all areas of the home were reviewed and there was limited engagement with care receivers on this occasion. Overall, the findings from this inspection were positive and with a very comprehensive summary provided by both the Registered Manager and Deputy Manager about all aspects of the support provided in the home.

The Regulation Officers reviewed documents including care plans, policies and procedures and protocols in place for staff to follow. There was some specific attention given to the limitations and challenges which have needed consideration and action in the past year regarding Covid-19. The summary included a range of actions and refinements which had been made to minimise risk from infection. These were noted to have been proactive, proportionate and sensitive to the

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

operational challenges of the environment and to the wide range of support needs that may arise at any time. One such action identified was the reduction of occupancy where promotion of single use rooms only has been prioritised.

With reference to the aims and objectives of the home and its purpose, the Regulation Officers were satisfied that the support provided is consistent and that a very good system of governance is in place to best promote and achieve this.

The networking that occurs between associate homes of the provider is integral to how staff might be enabled to best support some of the care receivers. Reference to some of the direct referral pathways between these homes was highlighted in practice which evidenced the recovery/outcome focussed model of care that is followed.

It was noted from a review of care records that a systematic and comprehensive approach is taken in monitoring the well-being and progress of all care receivers when being accommodated in the home. The access to the home and support provided to individuals can vary, and this may be influenced by unpredictable or inconsistent engagement with staff. This may lead to some regular occupancy for some individuals with varying periods of stay in the home.

The home's safeguarding arrangements were confirmed. The home has a nominated trainer who oversees that all staff are adequately equipped to recognise and raise concerns if so indicated. The Regulation Officers were assured that the safeguarding arrangements include consultation with external agencies. This might include multi-agency engagement with care partners such as the Community Mental Health Team, Probation Service, the Drug and Alcohol Team and Social Security.

The conditions on registration were revised during this inspection process to more accurately reflect the wide-ranging remit of the home, although the primary focus of the service remains to support people who are homeless. The home has a range of operational systems, policies and procedures and there was evidence of these being implemented with appropriate systems of review in place. This has recently been enhanced by monthly audits and a regular reporting process.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. It was noted the last inspection visit before registration under the 2014 Law was carried out in 2018 and with positive findings recorded at that time.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with the home's infection prevention and control measures. This informed some of the inspection findings by the nature of how risk and operational adjustments had been made during this time. On this occasion, not all areas of the home were visited, and the duration of the inspection was reduced. There was

limited engagement with care receivers on this occasion although the Regulation Officers were able to make a series of observations of care receivers' interactions with staff.

The visit commenced at 10am with a discussion with the Registered Manager and Deputy Manager about the staffing arrangements, allocation of roles and responsibilities and any significant changes to operational matters that may have arisen over the past two years. This included a review of how alternative ways of working had developed and had been refined including using the office environments in a different way for the benefit of both care receivers and the staff.

While only a limited review of the premises was undertaken during the inspection and in the company of the management team, this provided the Regulation Officers with assurances that the home is suitably maintained and furnished with consideration of the needs of the care receivers.

An audit of care records was undertaken with the assistance of the Deputy Manager and this provided an overview of how the electronic record system is best utilised and applied in practice with the engagement of care receivers.

A small number of care receivers were observed in communal areas and dining room engaged independently with activities. The style of communication and responses by staff to care receivers was noted from this, with positive and unconditional positive regard conveyed in these interactions. One member of staff spoke with the Regulation Officers of their experience of working in the home and the support they receive from the management team.

A separate visit to the provider's main office provided an opportunity to review safe recruitment practices. In addition, information was also received from the training manager about the training and development of staff that is ongoing and proposed.

## **INSPECTION FINDINGS**

### **The service's Statement of Purpose and conditions on registration**

The home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The home continues to operate in a way that reflects the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider / manager fully understood their responsibilities in this regard.

Aztec House is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <ol style="list-style-type: none"> <li>1. Type of Care: personal care/support</li> <li>2. Category of care: Homelessness</li> <li>3. Maximum number of care receivers: 50</li> <li>4. Age range of care receivers: 18 years and above</li> <li>5. Maximum number of care receivers that can be accommodated in the following rooms:</li> </ol> <table data-bbox="603 488 1375 600"> <tr> <td>Rooms 1 – 3, 5 – 22, 27, 28, 34</td> <td>One person</td> </tr> <tr> <td>Rooms 4, 23, 24, 25, 26, 29 – 33, 35</td> <td>Two persons</td> </tr> <tr> <td>Room 25</td> <td>Four people</td> </tr> </table> <p><u>Discretionary</u></p> <p>James Jackson registered as manager of Aztec House care home service must complete a Level 5 Diploma in Management and Leadership in Health and Social Care. To be completed by 6<sup>th</sup> May 2023, or by that time to have demonstrated an equivalent qualification.</p>	Rooms 1 – 3, 5 – 22, 27, 28, 34	One person	Rooms 4, 23, 24, 25, 26, 29 – 33, 35	Two persons	Room 25	Four people
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A discussion with the management team and an examination of records provided confirmation that mandatory conditions most recently recorded on the certificate were being fully complied with. There is a wide range of care needs that may be supported in the home and reference was also made to some of the referral pathways that may generate some of the admissions into the home. Despite this, homelessness remains the principal issue associated with admission to the home.

Some revisions to the categories of care were processed during this inspection, to more accurately reflect the long-standing and wide remit of the home's function that provides support for persons experiencing homelessness including in emergencies. The support of regular users of the service or persons admitted for the first time highlighted the variety of support which may be required or that occurs on a day to day basis and which will not be predictable.

It was evident from a discussion with the management team and from the information, which was provided, that significant attention has been given in promoting a safe environment during the period of the Covid-19 pandemic. This has included some reduction of occupancy, to avoid the sharing of rooms to minimise risk of infection. Furthermore, there have also been some modifications to how the home operates in that there has been a change of use of office environments to improve access to quiet areas for 1:1 engagement. There has also been a clear separation of clinical areas including medication storage and administration areas, which are now situated away from the busier main office area where they were previously located.

Opportunity for care receivers to have their general welfare reviewed is provided by a GP contact twice a week, which is an integrated part of the support provided. With reference to the category of care, it was well-demonstrated as to the focus and consideration which is given to providing holistic care, with a clear operational framework in place. This has been of comfort and assistance during the pandemic

amidst all the restrictions and opportunity for care receivers to otherwise access these types of services.

The Regulation Officers were satisfied that all conditions are currently being met.

### **Safeguarding (adults and children)**

The Standards for care homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The Regulation Officers discussed the home's safeguarding arrangements with the management team during the inspection. Training is provided by a colleague from an associate home who has this designated role within the organisation. Refresher courses are also provided.

The internal triage system for reviewing any potential safeguarding concerns was discussed. These may lead to alerts being made to relevant agencies through the Government of Jersey's Single Point of Referral (SPOR). This system appeared robust and comprehensive in nature and is considered a most important feature of the home's policy and procedures. This is due to the range of risks and challenges associated with providing a service to care receivers who may present with needs other than homelessness, which include mental health needs and substance misuse.

There were no current safeguarding issues subject to any investigation or external scrutiny at the time of the inspection. Similarly, there were no recent incidents on file although past examples were discussed which further demonstrated that appropriate standards were in place for this area of care and support.

Contact and engagement with other agencies may feature in this area of practice such as the Court Diversion scheme, the Prison Service and Community Mental Health Teams (CMHT) in order to promote the necessary risk assessment and management where indicated. Within this framework, consent and consultation with the care receiver is explored as routine to such engagement in line with best practice.

### **Complaints**

The Standards for care homes set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

It was confirmed that there is policy in place to manage and respond to complaints. The Registered Manager was clear in how they address all complaints, whether formal or informal, in a timely and proportionate way.

Most complaints are verbal rather than written. These are consistently logged in a complaints folder for reference, with actions stipulated where so indicated. One recent example was provided. This demonstrated that a low level of enquiry was deemed appropriate and that a clear outcome was recorded.

There were no active formal processes being conducted at the time of the inspection, but prior to the inspection visit, there had been some correspondence initiated by the Human Resources department with the Commission. This had also demonstrated good procedures being in place and followed, by the review and consultation which the Provider had initiated with relevant agencies. This in order to resolve an employment issue and to best safeguard care receiver's welfare relating to infection control protocols.

The nature of the services provided by the care home means that there is considerable footfall of care receivers into the home. This includes both short stays, (which may be for as little as a single night and which may be repeated depending upon the needs of individual care receivers), to longer-term occupancy of a year or more for others. In this matter, the engagement with care receivers by staff and the management team for dealing with any complaints will require some sensitivity and prompt attention. This was evident from the discussion undertaken about this matter with the management team and where they seek to address any complaints in the timeliest manner. This approach means that a timely resolution can be achieved should the care receiver leave the home unexpectedly after only a short stay.

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

<p>The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>
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There has been recruitment of a number of new staff since the last inspection. Recently there had been some challenges associated with recruitment such as the ability to undertake face-to-face interviews. Despite these difficulties, the manager confirmed that they remain directly involved in safe recruitment and work closely with the Human Resources (HR) Department.

A follow-up inspection took place on 26 February 2021 at the headquarters of the provider organisation, to review recruitment records of six randomly sampled new members of staff. From a discussion with the HR manager, it was evident that there are good systems in place, which are followed to ensure the safe recruitment of staff. A review of these HR files confirmed that the necessary references and Disclosure and Barring Service criminal records checks had all been processed before the commencement of duties, thereby meeting best practice for this Standard.



The provider has a comprehensive and consistent approach across its care homes in ensuring that new staff receive a full induction package which is overseen by the Training Coordinator. In addition, shadow shifts are provided to enable new staff to familiarise themselves with roles and responsibilities prior to working independently.

With reference to the remit of this home, its size and the number of care receivers when the home is fully occupied, a discussion took place about the minimum staffing levels. This discussion established the attention and priority which is given to this resource. Due consideration is given to the vulnerability of care receivers and the needs and safety of a small staff group working within such a large environment in supporting these needs. It was apparent that appropriate support systems are in place which include ensuring that the home maintains at least the minimum staffing levels which are acceptable, the on-call contacts available during shifts and the procedure for sourcing additional staff when required. In addition, other supplementary support is in place which includes an alarms system to raise alerts with other agencies as the police for example. This is considered an important feature to ensure that care receivers and staff are adequately supported in this large environment given the diverse range of challenging issues which may need to be addressed at any time.

The training manager provided a summary of the training log with an objective identified to ensure that staff keep up with mandatory training. Ongoing challenges associated with the limitations to training opportunities during the recently enforced lockdowns, were acknowledged within this. Medication competencies for staff is achieved through an on-line forum and with observed practice also carried out by the management team before sign-off of competency is achieved.

The introduction of more support for staff during the pandemic through regular meetings for reflective practice and peer support was confirmed. It was recorded that some staff are studying towards Level 3 Certificate in Health & Social Care. The Regulation Officer has liaised with the training manager and noted that there are suitable arrangements in place to ensure that training updates are provided

However, it was acknowledged that as the primary function of the home is in support of homelessness, there are very limited physical care interventions and as such, not all of the areas of mandatory training are applicable.

## **Care planning**

The people to 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 Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

A sample of electronic care folders (Harmonia system), was reviewed by the Regulation Officers. The care records incorporate the Outcome Star which is a helpful reference tool for care receivers in identifying aims and objectives that may

help in the transition to discharge from the home and to alternative accommodation and independence.

Care records are reviewed periodically throughout the duration of a stay in the home. An improved consultation room environment has been created which better promotes this type of engagement. This was noted from observation and was highlighted by staff.

The management team highlighted the attention which is given to ensuring that minimum data for recording is sourced. This may present a challenge due to the range of care receiver presentations and due to the varied and unpredictable presence of individual care receivers in the home, which can change on a day by day basis. In this matter, there is a key area of focus for care planning and engagement with the care receivers which is reflective of a focussed process of review and evaluation which occurs daily. For example, daily records are made onto the system and then interventions or actions are generated from this. Follow-up engagement with external agencies is automatically made from this process if there is an absence of contact recorded with a care receiver for a defined period.

The Outcome Star is a self-assessment tool, although some care receivers may require input and guidance from a key worker to make full use of it. This is reviewed for each care receiver, every three months as a minimum. Examples were seen of this being undertaken and of some of the themes which are reviewed. It was highlighted that some care receivers may not fully engage in the review process, however a record of this would nonetheless be made by a keyworker.

The home recognises that care should be primarily based on an assessment of the needs, wishes and preferences as stated by the care receiver themselves. This forms a key part of the recovery and outcome-focussed approach which is adopted by the service. Further to this, efforts are made to engage at the earliest opportunity with a care receiver on admission. For consistency, there is an aim and objective that staff involved in this process will, if possible and suitable, then take on the key worker role for the duration of the occupancy.

Efforts will also be made to engage with care receivers in their first, or in some cases only language, and key staff are identified to facilitate this wherever possible. This is particularly important where language could otherwise be a significant barrier to any care-planning and positive outcomes for discharge.

A random audit of medication storage was undertaken with reference to care receivers' plans. This evidenced that robust systems are in place, specifically for both the recording and storage of controlled drugs. The management team clarified the approach which is taken to support self-medication and care receivers may have this independent facility in their rooms. However, consideration will also be given to risk where some medications may have a serious side effect profile and/or be a source of misuse.

In the matter of care plans for medication management, a risk-based approach is therefore taken in accordance with the Misuse of Drugs (Jersey) Law 1978. Therefore, safe storage in dedicated clinical areas only, may be a condition of residency.

There was limited opportunity to engage with any care receivers during the inspection process, but a review of the care planning records and principals which are followed, conveyed that the service maintains a very positive approach in supporting care receivers. Furthermore, the nature of a person's specific circumstances, as may be supported under the registration for homelessness, were suitably reflected in some of the contents of care plans as viewed.

### **Monthly quality reports**

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

The home has some systems for review and evaluation for quality assurance purposes and it was noted that improvements had recently been made in ensuring that a monthly review is undertaken, with a report provided to the Registered Manager by an experienced colleague. The reports on file appeared comprehensive and with good detail. They included some analysis and identified actions as is to be expected from this process.

However, it was noted on arrival to the home that there was some overdue maintenance indicated to the outside of the building. This was highlighted to the Registered Manager for some attention. This was addressed in a prompt manner, but it may be a consideration that the monthly report should be refined to ensure that such environmental Standards are more closely monitored as part of this routine schedule.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during 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 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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