



**Jersey Care
Commission**

INSPECTION REPORT

Beaumont Villa Care Home

**Rue de Craslin
St Peter
JE3 7HQ**

20, 28 October and 2 November 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

Beaumont Villa is 24-bed care home and is located within the grounds of L'Hermitage Gardens Retirement Village in St Peter. The home is near to some local shops, a supermarket and restaurants. There are beaches and cafes within close proximity.

The home has some design features which help to minimise confusion or distraction for the care receiver group, who are living with dementia. These include easy access to enclosed outdoor areas from some of the home's communal areas and bedrooms. The outdoor areas have level access decking and well-maintained gardens.

The home provides personal care to care receivers who are living with dementia aged 60 and above.

While the home was first registered with the Commission on 22 July 2019, it was subject to regulatory inspections under the previous law.

Registered Provider	Caring Homes Healthcare Group
Registered Manager	David Taylor
Regulated Activity	Care Home for Adults
Conditions of Registration Mandatory and discretionary	Maximum number of people who may receive personal care - 24 Age range – 60 and above Dementia Care
Dates of Inspection	20 & 28 October, 2 November 2021
Times of Inspection	2 pm – 3 pm, 1 pm – 4.30 pm, 9 am – 1.30 pm
Type of Inspection	20 October announced, 28 October unannounced, 2 November announced
Number of areas for improvement	None

At the time of this inspection, there were 18 people accommodated in the care home.

SUMMARY OF INSPECTION FINDINGS

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

Overall, the findings from this inspection were positive. There was evidence of care receivers being provided with a service that is safe and which aims to take account of their wishes and preferences. This was established from direct observations and engagement with a small number of care receivers, relatives, and staff.

With reference to the conditions of registration and Statement of Purpose, there was good evidence of appropriate care for those living within dementia being applied in practice. There was also good evidence that appropriate systems were in place to promote best practice approaches to dementia care.

The documentation and record keeping arrangements as reviewed, were seen to be well maintained and with good systems of audit in place. These records are also overseen by an identified person not based in the home as part of an overarching quality assurance audit regularly undertaken by the provider.

Reviews of care receivers' records were seen to be undertaken in a way which was both systematic and consistent. There is also a specific observational framework which is regularly undertaken that focuses on interventions by care workers. This framework underpins the various care planning principles, which are intended to support dementia care needs.

The service's arrangements for recruiting staff were clearly defined with clear auditable systems in place. While these are generated by administrative staff not based in the home through the use of an IT system (Harbour), these are nonetheless readily accessible by the manager as part of an overall quality assurance check which is followed. An audit of the recruitment of some of the most recently recruited staff demonstrated that the expected due diligence is carried out as part of safe recruitment policy and procedures.

It was also highlighted from discussion, the ongoing recruitment challenges which have impacted on the capacity of the home to support its registered bed number of 24. This is associated with limited numbers of applications for vacant health care assistant roles. Furthermore, some consideration had recently been given to the ongoing viability of providing nursing care in the home. This has led to the manager withdrawing the four nursing beds from the registration.

There were no active complaints subject to any formal review at the time of the inspection with clear procedures identified and available for reference.

Observations and comments made by visitors spoken to during the inspection visits and with relatives by telephone, provided very positive feedback about the standard of care and the dementia-focussed interventions which are provided by the service.

The management of the service was reviewed in some detail with the manager who also has responsibility for an associate home on the same site. It was confirmed how they meet the dual roles with appropriate delegation of responsibilities to the deputy manager and other department leads. This was also explored and confirmed with the deputy and other staff as to how this works in practice with the support of the manager being readily available to them.

There were no areas for improvement although it was noted that there were some operational challenges at the time of inspection, due to a lift failure. It was agreed that the Commission would be updated about this ongoing matter following the inspection visit.

INSPECTION PROCESS

This inspection was undertaken over three days and by one Regulation Officer. However, due to the manager overseeing two care homes, the first visit incorporated a discussion with the manager and another Regulation Officer who was scheduled to inspect the associate home. This provided the opportunity to review how the two services are managed by the one manager with their expected oversight of all care provided and support of staff in two different care environments. The first visit was announced, the second was unannounced and third announced. The Care Home Standards were referenced throughout the inspection.¹

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

- Staff recruitment, training, and development
- Approaches to care and welfare of care receivers
- Staff competence relating to categories of care provided
- Care home environment
- Management of services
- Dementia focussed approaches and support provided

The second day inspection was unannounced and commenced in the afternoon which enabled the Regulation Officer to observe both care receivers' activity and presentations, alongside staff interventions and interactions in support of these care receivers. This took place across both floors of the home. The third visit focussed more on a review of relevant documentation, policy, and procedures. The Regulation Officer spoke with staff including the manager, deputy manager, senior carers, care assistants, housekeeping staff, catering staff, maintenance staff and the administrative team.

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

Due to some operational issues relating to a protracted lift failure, some refinement to the usual observations of practice across all areas of the home was necessary. This was due to the majority of care receivers being supported in the communal space on the first floor, during the daytime, for their comfort. Some focus was therefore given on the home functioning safely with some restrictions imposed on care receivers moving between floors due to the lift failure. This was undertaken by observation and from discussions with senior management team, catering staff and the maintenance officer.

Prior to the inspection visit, information submitted to the Commission by the service was reviewed. This included notifications and any changes to the service's Statement of Purpose; for example, changes to bed numbers or operational capacity that had recently led to the manager discontinuing the registered nursing care beds.

Reference was made to an inspection report carried out routinely on 17 July 2021 by a Senior Pharmacist from Health and Community Services. Therefore, a small medication audit of four Medication Administration Records (MAR) and stock balance was carried out with reference to some areas for improvement identified in that report.

The Regulation Officer noted the documentation pertaining to Significant Restriction of Liberty (SROL) authorisations which were in place in the home, and which had been notified to the Commission as routine. The resource implications and associated challenges in supporting care receivers subject to such restrictions was discussed with the Deputy.

How care receivers' specific care needs are supported in the home environment, with reference to the category of care for which the home is registered, was established from discussions and direct observations of the care which was being provided.

Following the inspection visits, telephone contacts were made over the next two weeks to relatives, to further inform the inspection findings. This was in addition to the direct contact with three relatives that had taken place during two of the visits. These conversations in the home had all related to how support for end-of-life care is provided and provided a useful overview of such an important aspect of care, and of how support is provided to both care receivers and their loved ones during these times.

During the visits, the Regulation Officer took the opportunity to engage with a small number of care receivers informally as part of one-to-one interaction. However, this was quite limited due to challenges of communication associated with the need for visitors to wear face masks for the robust infection control measures which were considered necessary at this time.

A total of four randomly selected Human Resources (HR) files for staff were examined to ascertain that expected protocols and best practice is carried out in relation to safe recruitment. The training log and the attention that is given to dementia care training was discussed with the deputy and a colleague who oversees

training. A sample of four weeks' duty roster was also reviewed with reference to minimum staffing levels being met.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

Consideration was given to the fact that staff had altered their ways of working at the time of inspection. This had become necessary due to circumstances beyond the control of the provider, who was awaiting the delivery and fitting of replacement parts for the lift, which is normally used to transfer between floors. The provider had reviewed if this had impacted negatively on care receivers or care staff and whilst it was noted that this had led to some inconvenience and restrictions to usual practice, there was no concern that care receivers would be distressed due to this situation.

Attention was nonetheless given to the adjustments necessary as a temporary measure to the routines of the day and use of all communal areas with specific reference to mealtimes, and the ability of staff to safely monitor and supervise care receivers throughout the home without lift access. The Regulation Officer was reassured by all contingencies, plans and interventions in place and that included appropriate allocation and delegation of roles and responsibilities to staff throughout the day.

Attention was also given to the maintenance of the home, which is carried out routinely, with auditable records made readily available for review. This demonstrated that all actions had been taken for service schedules and with ongoing attention to address the current lift failure.

There was no area for improvement made from the last inspection, but it was noted that there had been a change of manager since that time, albeit with the same deputy still in post. A discussion took place with the manager (who also has the same responsibilities for an associate home), with some attention given to how they fulfil two roles. This was also made with reference to information which the provider had submitted prior to the dual registrations being completed at the request of the Commission.

The manager was able to provide a clear summary of how they oversee the needs of the home with the support of their deputy. The Regulation Officer was assured of the expected managerial oversight being in place and also noted the manager's previous experience and role in this same setting. It was also confirmed from discussions with care staff on duty during the course of the inspection, as to the consistent managerial presence and support that is available to them in the home.

As part of the inspection framework, the Regulation Officer spent periods of time in the communal areas at different times of the day, focussing on interactions or interventions by care staff and it was noted that there was a very relaxed and calm

atmosphere throughout the home. From this process, positive observations were made about the care staff approaches in supporting the different needs and presentations of care receivers living with dementia. Examples of good practice were recorded during these times and a summary is provided below.

- Staff ratios across the two floors were noted to be appropriate.
- One floor was primarily being utilised during the day as part of the contingency measures necessary due to the lift not being in operation. This was not seen to be problematic, with adequate communal areas to cater for up to 18 care receivers in the home on one floor during the daytime.
- It was noted that there was a calm and unhurried atmosphere with call alarms, when utilised, having response times noted to be less than one minute, and not a high volume of alarms being used.
- Staff were observed to appropriately respond to some potential distressed behaviours by early intervention to reassure or orientate as appropriate.
- There was evidence of care staff using a range of communication skills which would be expected in a dementia care setting. This included the use of diversionary therapy to minimise distressed behaviour.
- Positive reinforcement was seen where care receivers needed some physical prompting. Examples included staff utilising touch and having a gentle demeanour, using voice and tone in a supportive way.
- Care receivers were provided with choice and given time to finish food without pressure or being hurried.
- Spontaneous offers of beverages were noted rather than there being an institutionalised approach to this, although some routine was also in place as would be appropriate, to promote good hydration and social activity between care receivers.
- Care staff were observed to promote engagement with some care receivers over a period of time that would allow them to consider and process options or choice, such as going out on an outing for example without undue pressure to decide immediately.
- Non-judgemental and neutral responses were witnessed when care staff responded to a care receiver who exhibited frustration or were dismissive in their communication due to confusion and disorientation.
- An engaging style of communication was used to motivate and stimulate some group activity.
- 1:1 informal activity was observed including personal grooming and artwork. Interventions were delivered in a kind and respectful manner.
- Care receivers were observed to be freely interacting with staff and comfortable and comforted by those they spoke with; this was noted on several occasions in communal areas or 1:1 interactions in their own rooms.
- Open or closed questions appeared to be used by care staff based on the apparent ability of the care receiver, this considered as part of general conversation style and/or if seeking out some level of informed consent.
- Practical support and comfort for a relative was noted as end-of-life care was being provided at the time of inspection for one care receiver.

The essence of dementia care and the principles that the home aspires to uphold, were clarified with the Deputy, with reference to training and development. It was

noted that there was a continual cycle of audit observing and encouraging the expected approaches in supporting dementia care needs.

Specific areas for the home achieving their aims and objectives and meeting Standards were given some attention as follows.

Staff recruitment, training and development

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

Staffing levels were discussed at some length with the Manager and the Deputy with specific reference to challenges of recruitment to support registered beds of 24. At the time of inspection, this issue was being managed proactively by the manager through monitoring and limiting occupancy to a manageable number while active recruitment efforts for replacement of staff are ongoing. The Regulation Officer was assured that the current staffing levels were adequate to meet the occupancy levels in the home. Engagement with the manager will be maintained outside of the inspection process in respect of this matter.

The staff group are directly supervised by the Deputy, who oversees daily operational matters while mainly in a supernumerary role and which will be supported by the shift leaders (Senior Healthcare Assistants), working across both floors of the home. The Manager will attend the home for stand-up meetings each day and is readily available for consultation about any operational matters that may arise. In discussion with the Deputy and other care staff, they were able to convey confidence and confirmation of the Manager being available and, when based at the associate home on the same site, attending the home routinely throughout the day.

The Deputy is supported by a colleague in the associate home to oversee training and development needs, which are also reviewed by the Manager as part of the audit cycle. The Manager provided reference to the home’s training syllabus and the records of both training completed and training which remains outstanding/ is pending. The mandatory training log was found to be in good order and it was noted that an employee is alerted to any training which is overdue. Furthermore, this will be drawn to the attention of the Manager to further supervise or advise the employee if so indicated.

Due to some of the restrictions arising from the pandemic, a large proportion of training has been undertaken by e-learning (e-care academy), which the provider has made available to the team. In addition, there was evidence that the home ensures that an appraisal of staff members’ competence in undertaking interventions is undertaken routinely. This provided evidence that the home can demonstrate its good practice in relation to supporting dementia care needs. This appraisal is undertaken as part of the dementia care review via short observational frameworks for inspection (SOFI). A summary of this was reviewed during this inspection. This summary compiled by a provider representative during a recent quality assurance visit, provides constructive feedback and is made available to the

management team and staff for their consideration. It includes specific observations, for example, of how to improve the dining experience for all care receivers in the communal areas or noting individual interactions and interventions by care staff which could possibly be improved on, with reference to communicating with people with dementia.

It was further noted from the information provided by the Deputy, of the provider's initiative to fully implement a dementia strategy which will include having nominated staff working in the home as 'dementia ambassadors'. Three staff were confirmed as being appointed to this role and would receive appropriate training and access to a 'Dementia Support Manager'.

Some training courses which were considered to be particularly relevant to dementia care had been provided. These included training associated with the Capacity and Self-Determination (Jersey) Law 2016. Associated certificates of attendance were on file.

Safe recruitment practices were reviewed, with reference to an IT system operated by administrative staff not based in the home. The Harbour recruitment software, which is in use, provides an effective audit system to ensure that all due diligence for potential new employees is completed and in place prior to their working in the home. A sample of these are nonetheless readily accessible by the manager as part of an overall quality assurance check which is followed. An audit of the recruitment of some of the most recently recruited staff members, demonstrated that the expected due diligence is carried out as part of the safe recruitment policy and procedures.

Staff confirmed that they have regular opportunities to meet with the Deputy and/or the Manager to source support for any work-related issues.

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."

As mentioned previously, reference was made to the providers' documentation including the 'dementia strategy- SOFI recording sheet'. This is a short observational framework for inspection (SOFI), involving an auditable structure of observed practice by an appointed representative of the provider. This may be carried out as part of quality assurance checks which are routinely undertaken. Part of the summary record highlighted approaches to care, with choice, wishes and preferences being a focus of the observed practice.

The approach which the home takes in reviewing and monitoring this Standard was clearly evident from the framework and the records on file. Any highlighted areas for improvement are used to drive best practice initiatives. This approach was

confirmed with the Deputy who explained how feedback is provided to staff where areas for improvement are identified.

It was also noted, with reference to some of the recent feedback arising from SOFI recordings, the investment in employing social activities co-ordinators and the focus which has been given to the provision of 1:1 support at mealtimes to enhance the dining experience for care receivers.

The Regulation Officer was able to observe some of the different approaches and interventions utilised by staff. This took place in both 1:1 interactions and small group environments. One of the two social activities co-ordinators highlighted the re-introduction of visits to a local church service which, due to the pandemic, had been suspended. It was noted that care receivers were offered choice and encouragement by the staff in relation to accessing activities.

The Regulation Officer was able to observe good practice and interventions which were supportive of care receivers presenting with different needs, including communication difficulties and/or memory impairment.

With limited opportunity to gather feedback from care receivers directly during the visit, due in part to the limitations arising from having to wear a face mask, information was requested of relatives about their views on how the home meets this Standard. Four relatives provided some very positive endorsement of how they find the home and staff in supporting their loved ones. This included some who had not long been a resident in the home and for others who had lived in the home for several years. Some of the comments made by relatives in respect of how the care home supports care receivers are recorded below:

“Brilliant, I love the girls [staff] and they keep me up to date”

“Positive things really, Xxx much happier and staff get them involved”

“The home is always clean and tidy, always see the staff, you can make yourself your own drinks and are made to feel welcome”

“Xxx is healthy, putting on weight, has never looked so well and very happy with how Xxx she is”

“They have done a wonderful job”

“Xxx looks very well, they do an absolutely wonderful job”

Opportunity was also taken on this occasion to speak with three relatives during the visits who had been supported by care staff while their loved ones were being cared for in end-of-life care. They were able to confirm the compassionate and kind approaches which they had benefited from, both in the way that staff had cared for their loved one but for them also. This was with reference to the practical support received when spending some significant time in the home to be close to their relative. Alongside this good levels of communication from the Deputy and the care

team were mentioned that keep them well informed throughout this difficult process and when they had been unable to visit the home.

In respect of end-of-life care planning principles, it was also well evidenced that the approaches which are taken promote person-centred care that incorporates early engagement with care receivers and their loved ones. This was evidenced from a review of care plans as signed by relatives and the Deputy following engagement and consideration for such an important aspect of care.

Seven care receivers' care plans were reviewed, and it was noted that these included communication care plans (which referenced the use of communication aids and the need to gather information from a variety of sources). In addition, documents such as "About my friend" which provides a most useful summary of care receivers history, character, likes and dislikes, were included. This constituted a useful reference point for care staff when engaging informally with care receivers.

For other care plans, it was noted that they included instructive content such how best to support nutritional needs, with associated interventions recorded. Routine recording of risk assessments relating to areas including, falls, safe handling guidelines, covert medication, pain management, weight chart and tissue viability, were underpinned with charts and other guidance for care planning. For example, one care receiver's care plan referenced room environment and provision of crash mats to further minimise risk of falls, alongside the use of a sensor alarm.

Care records also included communication records of engagement with relatives. This was seen to be particularly important in circumstances where care receivers may, due to their cognitive impairment, be unable to articulate their own wishes. In such cases, involvement with significant others to establish what the care receiver's best interests and wishes may be, was noted to be integral to care planning.

All care plans were systematically and consistently reviewed. The provider incorporates a 'resident of the day' review into the monthly cycle of audit for all care receivers' care plans.

The home environment (including the enclosed garden area), is, by design, intended to both promote a level of independence and choice while simultaneously maintaining security and safety of all care receivers. This includes the use of baffle locks and some restricted access to certain areas of the home either without direct supervision or with escort by care staff. This is aligned with best practice principles for supporting care receivers with dementia care needs.

Where it is identified that a care receiver is being subject to significant levels of restriction to keep them safe and where it is considered that they may lack the capacity to consent to these restrictions, the home has consistently requested authorisations of Significant Restrictions on Liberty (SROL). This process is intended to protect and maintain an individual's rights within an appropriate legal framework. It was noted from a review of notifications, that 18 requests for authorisations had been granted in 2021, and that this demonstrated that attention had been given to ensuring that significant restriction remained lawful.

During this inspection, there were no areas of concern observed about any acute distressed behaviours being exhibited, such as in relation to exit-seeking from the home. It was noted that positive and therapeutic responses had been provided by care staff to care receivers who were enquiring about “going home” on occasions. It was evident that such enquiries arose from severe memory impairment and that the interventions and communication were wholly appropriate to this context and care need.

Staff competence relating to categories of care provided

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

The training log was reviewed and evidenced that the expected mandatory training modules had been completed. There is also an extensive and comprehensive induction process in place for all new staff. Staff supervision is primarily carried out by the Deputy for care staff working in the home, and this is overseen by the Manager.

The home has e-learning (e-care academy), as a core training resource which includes the mandatory training modules to be completed by all staff and which are subject to any annual updates where required. It was noted that this includes the “This is my world” training module which promotes the dementia-focussed approaches which should be adopted in respect of supporting all care receivers in the home.

Training and development of staff is overseen by the Deputy and the Training Coordinator, with involvement from the Manager. It was noted from a review of HR folders for some staff that their practice had been subject to some review by the Training Co-ordinator, to address areas of practice relating to medication management. This demonstrated a robust and supportive approach in promoting learning and actions where performance may not have been of the standard required to meet best practice.

It was confirmed that a number of care staff hold a Level 2 or 3 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. This includes relevant training for medication management (Level 3 QCF equivalence), and this was reviewed with reference to an inspection undertaken on 17 July 2021 by a senior pharmacist from Health and Community Services. It was noted from this inspection as to the positive response to these findings by the provider, and that an internal medication audit was completed on 22 July 2021. Areas for learning and changes to some policy and procedures were introduced as a result of this audit and the advice provided by the Senior Pharmacist.

The sample of duty rosters evidenced an appropriate and adequate skill mix being in place in the home, with the expected training and development of care staff being provided. The Regulation Officer noted the support and interventions which were being provided either routinely or in response to different care receivers’

presentations. This indicated that a team of well-informed and appropriately trained care staff were employed in the home. This observation was also inclusive of other team members such as the Maintenance Officer for example, who clearly had a good understanding of care receivers' needs and contributed appropriately to their orientation by offering immediate guidance to minimise any likelihood of distress.

Care home environment

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

The overall presentation of the building was found to be in good order, a welcoming enclosed safe garden being noted on first arrival. This promotes a peaceful and relaxed environment prior to stepping into an enclosed reception area before entering the actual care environment, which is over two floors.

On this occasion, scrutiny was necessary owing to some operational challenges arising from a protracted lift failure. This had led to some adjustments in how the home was operating to minimise the transfer of care receivers between floors. In this matter, there were some restrictions to the movement of equipment and items that would not normally be stored in some areas on the 1st floor.

Due to safe handling requirements, and in the absence of any lift access, temporary storage was being utilised in some areas including the communal bathroom on the first floor. This would prevent immediate access and use by any care receiver who may wish to have a bath instead of using their en-suite shower. This was brought to the attention of the management team for their action.

The general home environment was warm and welcoming with communal areas well organised and with choice available for those care receivers who might wish to freely move between lounges and dining areas on the 1st floor. The Regulation Officer considered whether the practice of restricting the access of care receivers from some areas of the home, for their own safety, was problematic. It was concluded that there were no concerns about this and that care receivers were observed to be comfortable and relaxed throughout the home, in areas which remained spacious and not overpopulated.

It was also observed as to the delegation of roles and responsibilities for staff while working in the current home environment. This was considered to be well organised and adequately resourced. Security of the building is promoted for both entry and exit, with alarm systems in place alongside the use of baffle locks. This is intended to minimise any inadvertent leaving of the building by care receivers who may otherwise become acutely disorientated and distressed if doing so unescorted.

The Maintenance Officer provided a comprehensive summary of all routine schedules which are in place to ensure the premises remain in good order and also provided confirmation of the actions and efforts taken in sourcing specialist parts for lift repair. Maintenance logs provided for review incorporated a wide range of

equipment checks including care receiver equipment as well as more general building equipment. Gas safety, fire safety, LOLA hoist, calibration of weighing scales, dry riser wet testing and building insurance renewals provided examples of good evidence of the attention which the provider gives to meeting the Standard for care environment.

Individual rooms were seen to be well-maintained and personalised. Care receivers were seen to be comfortable and were encouraged to make use of their own rooms for privacy or relaxation away from communal areas. Alternative areas of the home were utilised also to support individual preferences

Management of services

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

The workforce in place is made up of the Manager, Deputy, care staff, social activity co-ordinators, a chef, administrators, and housekeeping and maintenance staff. All department leads meet regularly to review all operational matters and address any issues promptly.

The provider has a comprehensive system of audit and quality assurance frameworks which are overseen by both the Manager and their Deputy, further supported by other staff with designated roles and responsibilities such as the Maintenance Officer and Training Coordinator.

The Manager and Deputy had both engaged with the Commission recently to inform of any relevant matter which may impact on care receivers. This has also included on occasions engagement with other agencies including the Adult Safeguarding Team. This has occurred in a timely manner where it has been considered that specific issues might benefit from external consultation and/or scrutiny.

The management of complaints was not reviewed in detail on this occasion, but it was acknowledged that a well-recognised Complaints Policy and associated procedures are in place, that may be accessed by all care receivers and their relatives. An internal whistleblowing policy is also in place for staff to use if required.

The Regulation Officer was confident that the managerial structure in place was providing the necessary oversight for care being provided in the home and that the Deputy has a lead role in overseeing daily activity within the home. It was clearly apparent from the inspection findings, that the Manager, with a dual role in overseeing the associate home, ensures that this service is appropriately managed and that this Standard is being well met.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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.



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