



**Jersey Care
Commission**

INSPECTION REPORT

Clifton Care Home

Care Home Service

**Bagatelle Lane
St Saviour
JE2 7TD**

16 and 19 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

This is a report of the inspection of Clifton Care Home. The service is situated in St Saviour and became registered with the Commission on 1 August 2019. The home is an original and detached period home that includes an extension. Parking facilities are provided at the front of the building and garden areas are provided to the side and rear.

The home's registration conditions allow nursing care and personal care to be provided to a maximum of thirty care receivers over the age of 60 years. Single bedroom accommodation is provided over three floors and some bedrooms are without en-suite toilets and sinks. There are communal lounges located on the ground and first floors where care receivers can spend time if they choose.

This is the second annual inspection since registration in 2019.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: Nursing care, personal care Category of care: Adult 60+ Maximum number of care receivers: 30 Maximum number in receipt of nursing care: 29 Maximum number in receipt of personal care: 1 Age range of care receivers: 60 years and above

	Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 2 – 12 & 14 – 32 – One person
Dates of Inspection	16 and 19 November 2021
Times of Inspection	11am – 5.30pm and 11.30am – 2.30pm
Type of Inspection	Unannounced on 16 November 2021 Announced on 19 November 2021
Number of areas for improvement	Three
Number of care receivers accommodated on the day of the inspection	30

The Care Home is operated by Clifton Care Home Limited and the Registered Manager is Anand Tewari.

There are two discretionary conditions on the service's registration which were discussed during the inspection. One relates to the requirement for the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care. The Manager confirmed that he anticipates being able to obtain the qualification within the identified timeframe for completion.

The suitability of the home environment has been identified on previous inspections and the other discretionary condition applied upon registration, on 1 August 2019, requires certain alterations to be made to the premises so that it meets Standards for Care Homes. This condition is required to be met by 1 August 2022.

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.

The Regulation Officer was concerned about the Provider's ability to comply with the discretionary condition relating to the refurbishment and upgrade of the home within the identified timeframe. Contact was made with the Provider on 23 November 2021 about the extent of progress made in this regard.

The exterior of the building and parts of the internal environment are poorly maintained. The Provider must make improvements to the standard of décor to some aspects of the internal and exterior of the building to ensure that care receivers live in a well maintained environment. This is an area for improvement.

The home was found to be clean and hygienic in appearance and all staff were clear about their responsibilities to adhere to infection prevention and control practices. The Provider must demonstrate that care receivers, their representatives and future care receivers are made aware of the plans to refurbish the home. This is an area for improvement. The home must ensure that a carbon monoxide detector is provided. This is an area for improvement.

The Manager maintains a regular presence in the home and is key to ensuring that staff receive support and guidance to enable them to fulfil their roles. The Manager's role is clearly defined and care receivers, family members and one health and social care professional spoke highly of his contribution to the running of the home and outcomes for care receivers. Staff are recruited safely and provided with ongoing training opportunities to maintain their knowledge and skills. The majority of care staff have a Level 2 award in Health and Social Care.

The staffing rotas confirmed that there are sufficient staff on duty to ensure the needs of care receivers are met and the staffing levels meet the required Standards. Staff spoken with demonstrated a positive attitude towards care receivers and it was clear that they have good knowledge of their preferences, health conditions and other relevant information.

Care receivers and their families described the care in the home as faultless and they had confidence in the staffs' abilities to provide a good standard of care. Care receivers' outcomes are positive and they described that staff treat them with kindness and respect. Feedback from care receivers and family members confirmed that they had developed good relationships with the whole staff team and felt they were committed to ensuring care was provided to a good standard.

Comprehensive pre-admission assessments are completed for each care receiver, prior to admission. Progress has been made with care planning arrangements since the last inspection. They are now more outcome focused and clearly identify steps to be taken to identify risks to care receivers' well-being and include information about health conditions and how they affect care and support needs.

Registered nurses take responsibility for the administration of medicines and the findings from a pharmacy inspection completed on 30 September 2021, showed that there are safe medication practices within the home. Quality assurance processes have also improved since the last inspection and there is oversight of the service from another Registered Manager who has responsibility for managing the Provider's other care home.

INSPECTION PROCESS

Since the last inspection on 4 December 2020, the Regulation Officer visited the home on 29 April 2021 and met with the Registered Manager to discuss the Provider's plans for the refurbishment programme. The Regulation Officer made contact with the Provider on 10 May 2021, seeking an update about the timeline for the refurbishment, and received a written response on 28 May 2021. The Provider's architect submitted copies of draft plans to the Commission on 1 July 2021.

An unannounced medicines inspection was carried out on 30 September 2021, by a Senior Pharmacist employed by Health and Community Services. The findings of that inspection were forwarded to the Commission and Registered Manager by the Senior Pharmacist that day.

This inspection was unannounced and was completed on 16 and 19 November 2021. The visits were carried out in accordance with the home's infection and prevention protocols.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on 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**
- **Care home environment**
- **Management of services**

Prior to this inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report and correspondence received from the Provider.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and registered nurse staff. The Regulation Officer spoke directly with five care receivers either in the privacy of their bedrooms or in the communal areas and one visitor on the first day of inspection. Two relatives and one health professional also provided feedback to the Regulation Officer by email and telephone. A poster was displayed in the home on 16 November 2021 informing visitors that an inspection was underway, which invited people to contact the Regulation Officer to share their views, if they wished.

During the inspection, records including policies, care records, staff personnel files, staff rosters, governance reports and service records were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. In addition, the Regulation Officer contacted the Provider on 23 November 2021 to seek information about how the discretionary condition relating to the environment will be complied with.

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

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, two areas for improvement were identified and an Improvement Plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The Improvement Plan was discussed during this inspection and it was positive to note that both improvements, in respect of both care receivers' care plans and governance arrangements, had been made.

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 Registered Manager maintains a regular presence in the home and is supported by a team of registered nurses, care staff, domestic and kitchen staff. The Registered Manager primarily has a supernumerary role although on occasions, will work some shifts as a registered nurse and work alongside the staff team. There are registered nurses on duty at all times.

The Registered Manager is fully involved in the recruitment of all staff. Some new staff had been recruited since the previous inspection and samples of their personnel files were examined. This showed that, overall, a consistent and safe approach to recruitment is followed and all safe recruitment checks are provided in advance of staff starting work in the home. When registered nurses are employed, there is evidence of their professional registration under local legislation and with the Nursing and Midwifery Council.

Samples of staff appraisal documents were examined as well as the outcome of performance review discussions. These records showed that the Registered Manager and staff member discuss work performance, strengths and weaknesses and development needs. There is a plan in place to ensure that all staff have their annual appraisals and regular opportunities to have 1:1 discussions with the Manager about their performance.

The staff handbook was reviewed earlier in the year and all staff were issued with a copy and with updated contracts of employment. The staff handbook makes reference to all matters relating to employment, other important matters related to their work and expected conduct and performance. The Registered Manager described the outcome of a disciplinary matter that had taken place before the inspection which related to poor conduct on behalf of one staff member. This showed that where employees do not uphold standards of care as expected, disciplinary action will be taken.

Samples of staffing rosters were examined which showed that there are two registered nurses on duty throughout the day and one overnight, with a regular pattern of care staff to support them in their role. The number of care staff rostered meets the minimum Standards, with evidence of an appropriate skill mix of care staff whereby at least 50% on each shift have completed a Level 2 award in Health and Social Care. It was noted that the rosters showed that some staff are working in excess of the recommended 48 hours during the week, although it is recognised that there are staffing challenges in the care sector currently.

There is a training plan in place to ensure that care staff who are without a Level 2 award achieve this and a few staff have expressed an interest in gaining this qualification. The Provider has registered with an English online training provider so that staff can update their knowledge in certain mandatory subjects. Consideration must be given to ensure that any learning is relevant to local legislation, policy and procedures.

Practical training in respect of manual handling and first aid is also available and it is the Manager's intention that where staff access E-learning courses, an assessment of their learning will be carried out. Samples of recent training certificates were noted in

staff folders which included, safeguarding, fire safety, infection control and food hygiene. There was also evidence of relevant clinical training for registered nurses.

Care receivers and their representatives spoke positively of the staff team and made the following comments to the Regulation Officer,

“The staff are very kind and they’re always pleasant and treat you very well” [from a care receiver]

“Brilliant staff, they’re always good to me and you can ask for what you want, nothing is ever a problem. They always come and speak to me and check I’m ok” [from a care receiver]

“The girls are angels, they treat me like the Queen” [from a care receiver]

“The staff have kept us all safe, they’ve done a good job and arranged for us to have the vaccine and flu jab” [from a care receiver]

“The staff always seem kind and they’re always pleasant. I don’t have any concerns when I visit” [from a visitor]

“The staff are always lovely and friendly, and very helpful and always smiling. I’ve never had any issues with the staff team and clients always speak positively about the staff” [from a health and social care professional]

“You can’t fault the staff and I’ve always felt like the staff knew what they were doing and they always demonstrate that they care” [from a relative]

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.”

During the inspection, two care receivers were observed participating in a reminiscence discussion about historical local events and places with one member of staff. The Regulation Officer took the opportunity to speak with both care receivers who said that they had enjoyed reminiscing and talking of their past lives and looking at photographs of places they had visited over the years. Other care receivers were observed spending time with their visitors, either in the lounge or their bedrooms. For those care receivers who were in bed at the time of visit, care staff were seen to have paid attention to their physical comfort, use of soft lighting and other personal

preferences such as music and crafts. It was evident that care receivers receive a person-centred service and are free to follow their own routines, and their support plans were tailored to their preferences and interests.

Care receivers and relatives spoke to the Regulation Officer of their experiences in the home and made the following comments,

“It’s very homely, the food is good. It’s flexible within reason, we can get up when we want, we can have breakfast in our room if we want, it’s reassuring that they’re [the staff] there” [from a care receiver]

“I love it, I feel upbeat now I’m living here” [from a care receiver]

“The food is excellent, I’ve put on weight since I’ve been here. When I came they said to make it my home and do what I like, so I brought all my bits and pieces and they put my TV on the wall which is great as I can lie in bed and watch it. I told them I hated the colour of the walls in my room and they painted it in a colour that I chose” [from a care receiver]

“I’ve been making progress since I’ve been here, you can get anything you want and I just ask, like tonight, I want jacket potato as I didn’t want anything else. They got me a fridge for my room so I can keep stuff in there and I’m really happy here. I can speak to anyone and they’re brilliant” [from a care receiver]

“The standard of care has been excellent, under the effective management of Anand, the team have shown real care and compassion over the years, attending to [name’s] needs with dignity, respect and good humour” [from a relative]

Another family member referred to their experience, once their relative had passed away in the home. They spoke of the respect shown by the staff team towards their relative after their death and described the staff team “coming to say goodbye which demonstrated that they care” [from a relative].

The Regulation Officer overheard a discussion between two registered nurses where they contacted one care receiver’s GP to advocate on their behalf to maximise their comfort. This related to an end of life plan that had been implemented with the involvement of the care receiver, family and other health professionals. The nurses described their efforts in improving the quality of end of life care for the individual concerned.

The Manager described a recent situation where one care receiver's changing presentation required intervention and support from other health services. This resulted in a positive outcome for the individual as they required transfer to a more appropriate environment in recognition that the home could not maintain the person's safety.

There was evidence that a detailed pre-assessment is completed for each care receiver prior to admission. This is usually carried out by the Manager and one recent example, confirmed that the Manager had undertaken a number of assessments, prior to agreeing to admission. This related to the complexities associated with their health and need for specialised clinical equipment to manage their health condition. The assessment showed that the care receiver's desired outcomes in respect of their daily life had been acknowledged and taken into consideration.

Following admission, assessment of a care receiver's activities of daily living, including mobility, communication, personal care, sleep, nutrition and hydration are assessed. Samples of care records examined showed evidence of ongoing monitoring of falls, weight, pain management and pressure sore development and, where relevant, personal plans implemented. It was noted that there have been improvements made to the quality of care receivers' care plans so that they are now more personalised, and outcome focused than previously. There was evidence that care receivers' abilities to contribute to and maintain their independence and self-manage their health conditions are recognised and supported.

One care receiver's preference to have bed rails applied whilst they are in bed had been established and the risk assessment took account of their wishes. Another care receiver's care plans evidenced a clear rationale and justification for some aspects of care provision that could be considered as restrictive in nature. This care receiver was subject to an authorised Significant Restriction on Liberty (SRoL), and the care records showed that the approach to care is sensitive to their needs and restrictions kept to a minimum.

The care records showed that the home proactively make referrals to relevant external health and social care professionals, in response to care receiver's changing

presentations. During the inspection visit, the home sought the professional advice of the Speech and Language Therapist around the best approach to supporting one care receiver's nutritional intake. The interventions to support one care receiver's social needs as described in their care plan, was directly observed by the Regulation Officer during the inspection.

On the whole, there have been significant improvements in the care planning arrangements which was evidenced by care receivers and their representatives being involved in developing plans and care delivery strategies. This involvement promotes person centred care and respecting care receivers' views as to how their needs are to be implemented in day-to-day care provision. Care plans are reviewed regularly and provided evidence of care receivers' progress towards achieving their desired outcomes and the effectiveness of the planned interventions. The Manager has plans to develop additional records such as 'All About Me' records to capture care receivers' previous lives and interests, before moving into care.

The Senior Pharmacist employed by Health and Community Services carried out an unannounced pharmacy inspection on 30 September 2021 and the findings were communicated to the Commission and the Manager. The findings showed evidence of good practice regarding the management of medicines in the home.

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."

Nursing staff confirmed that they take the lead in the sharing of information from one outgoing shift to the next. A discussion with two nurses confirmed to the Regulation Officer that they had a comprehensive knowledge of care receivers' health conditions, treatment plans and details pertaining to their care delivery requirements. During the inspection care staff were heard and observed addressing care receivers' fundamental needs, which included conversing, changing their position, providing food and nutrition and maximising their comfort.

Nursing tasks, which include blood glucose monitoring, medication administration, and other clinical requirements are undertaken by registered nurses in the home. Care staff described that they report any changes in conditions to the nurse in charge. Care staff also partake in the handover and hear and share relevant information about care receivers, which includes decisions about care receivers' resuscitation status.

One health and social care professional told the Regulation Officer that they have often received feedback from care receivers that is complimentary of the competency of the staff team. Other family members expressed similar views and one person said that they had confidence in the staff team and were always kept informed of changes in their relative's health condition.

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 Provider has been made aware since October 2016, through the provision of previous inspection visits and reports, that the home was likely to require a significant level of refurbishment on the basis that it does not meet modern Standards.

The discretionary conditions applied on registration, on 1 August 2019, under Article 12 (2)(b) of the Law², requires certain alterations to be made to the premises as follows:

'With reference to the premises and grounds, communal space, bedrooms, toilet and washing facilities, medicines storage, clinical or treatment room, infection prevention and control, sluice room, laundry, catering areas, storage and staff facilities within Clifton Care Home must meet the standards within Jersey Care Commission Care Standards Care Homes (Adults 2019)'.

In accordance with Article 12(3)(b) of the Law this condition is required to be met by the specified date of 1 August 2022. The Provider accepted these discretionary conditions on registration.

The limitations with the building have been brought to the Provider's attention through statutory inspections and include for example; a lack of accessible en-suite toilets and

² Regulation of Care (Jersey) law 2014

sinks in bedrooms, narrow corridors with significant trip hazards due to pronounced cambers, one low height stair banister close to two bedrooms and lack of toilet facilities which would allow access for independent wheelchair users. The lack of en-suite toilets means that care receivers either have to use a commode in their bedroom or use one of the communal toilets. Some bedrooms are equipped with en-suite toilets. However, due to the category of care being provided in the home and reliance upon staff and aids to assist their mobility, some care receivers' are unlikely to be able to access these facilities.

In addition, there is an ongoing risk to the health and safety of staff working in the home due to, for example, the doorway found at the top of a flight of stairs which is substantially below the recommended height. Care staff were observed during the inspection delivering trays of food from the kitchen to care receivers, whilst trying to navigate the opening of doors. As has been also observed and recorded on previous inspection visits, care staff have to manually manoeuvre chairs/ wheelchairs and open doors, through narrow corridors, some with cambers, and this presents a risk to them by poor manual handling practices. Corridor doors do not have vision panels.

The exterior and some aspects of the internal building were found to be in poor decorative order. This included flaking paintwork, cracks in some walls, damp and flaking paint to the ceiling in the ground floor shower room and the carpet in the ground floor lounge is showing signs of wear and tear. The Regulations state that the premises must be fit for purpose, are of sound construction and kept in a good state of repair and be decorated and maintained to a standard appropriate for the regulated activity. The environment requires that immediate attention is given to improve its appearance. This matter cannot be delayed until the refurbishment commences. This is an area for improvement.

There remains an obligation on the Provider to ensure that the home remains safe and in good order, taking account of all aspects of health, safety and welfare, whilst it is fully operational. The Provider should demonstrate an open and transparent approach to informing existing care receivers, their representatives, staff and potential care receivers about the refurbishment plan so that they have knowledge of the timelines for actions to be completed. This is an area for improvement.

Management of services

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

The Registered Manager maintains a regular presence in the home and is easily reached by the staff team, relatives and health and social care professionals. This was confirmed during discussions with the Regulation Officer and it was evident that the staff in the home have developed positive relationships with care receivers, their families and external health professionals. One health and social care professional commented that the Manager works collaboratively with them and strives to make a difference to care receivers' lives. One family member spoke of the home's efforts in supporting their relatives to move from hospital and in facilitating visiting during Covid-19 restrictions.

An example of a contract that is provided to care receivers was examined. This outlined the terms and conditions of residency, service provided and the fees to be charged. Additional charges are stated in the contract for services that are not covered by care fees. The resident handbook has been updated since the last inspection and now includes information about the home's use of closed-circuit television camera (CCTV) in the communal areas. Information about the home's complaints process, sample menu and activities are also provided within the brochure.

A sample of monthly quality monitoring reports were reviewed, one of which identified the need for a more consistent social activity programme to be provided. The Manager explained that one person has been recruited to focus on developing the social activities programme and will soon be joining the team.

The home was inspected by the fire service on 20 August 2021 which found that all fire safety measures were in order. Fire safety training records were examined and the Registered Manager explained that fire training for staff was being planned. The home's public liability insurance certificate was displayed in the entrance and has an expiry date of 26 November 2022. Equipment to include electrical appliances, passenger lifts, hoists, slings and beds are routinely serviced and servicing records maintained. There is a gas supply in the kitchen and it was noted that there is no carbon monoxide detector in the kitchen. This is an area for improvement.

IMPROVEMENT PLAN

There were three areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 4.6</p> <p>To be completed by: with immediate effect</p>	<p>The Provider must protect the health and safety of care receivers, staff and others and fit a carbon monoxide detector.</p>
	<p>Response by registered provider:</p> <p>A Carbon Monoxide (CO) Detector Ei208 has been fitted in the kitchen by an engineer.</p>

<p>Area for Improvement 2</p> <p>Ref: Regulation 18 Standard 7.1</p> <p>To be completed by: two months from the date of this inspection (16 January 2022)</p>	<p>The Provider must ensure that all aspects of the internal and external building are of sound construction and kept in a good state of repair and decorated to a standard appropriate for the regulated activity.</p>
	<p>Response by registered provider:</p> <p>A Painter/Decorator has been contracted to carry out essential repairs in some areas and decorate both the external and internal parts of the building needing attention. There has been a delay due to staff shortages and closure of the home caused by COVID-19.</p>

<p>Area for Improvement 3</p> <p>Ref: Standards 1.2, 1.5, 4.6, 5.1 & 12.1</p> <p>To be completed by: two months from the date of this inspection (16 January 2021)</p>	<p>The Provider must demonstrate openness and transparency by informing care receivers, their representatives, stakeholders and others who are considering using the home of the refurbishment plans, which should include timelines for actions to be completed.</p>
	<p>Response by registered provider:</p> <p>Existing Care Receivers, their representatives, and stakeholders have been briefly informed about the future refurbishment plans for the care home. The Company will be placed in a better position to provide accurate information to clients once the plans have been approved. Please note that all clients will be provided ample notice (no less than 3 months) prior to commencement of refurbishment works. All new and prospective clients are informed about the future refurbishment plans upon assessment.</p>

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



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