



**Jersey Care
Commission**

INSPECTION REPORT

Fig Tree House

Care Home Service

14-16 Parade Road

St Helier

JE2 3PL

26 & 27 August 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

Fig Tree House is a 28-bed care home located in a town location near to local shops, cafes, restaurants and open spaces such as parkland and beaches. The Statement of Purpose sets out the ambition that care receivers should be able to have the freedom to access the local community and to enjoy opportunities for social activity away from the home, whilst also residing in a safe, supportive and caring environment where emotional and mental well-being is the focus of the care provided.

The home accommodates care receivers who are aged 50 and above with a range of personal care and support needs. Within the home, there are a variety of communal areas where care receivers can spend their time socialising with others or spend time with family or friends. There is also a safe and totally enclosed courtyard garden which is situated in the middle of the four wings of the home environment, with additional outdoor space near the main entrance which also has some shelter.

The care home was first registered with the Commission on 10 July 2019, and this is the third inspection since registration. However, the home had been subject to routine regulatory inspections under the previous law.

Registered Provider	Personal Care Limited
Registered Manager	Lindy Sheldon
Regulated Activity	Care home for adults
Conditions of Registration	<u>Mandatory</u> Maximum number of people who may receive personal care and personal support – 28 Category of Care: Mental Health Age range – 50 and above Maximum Number of Care Receivers who can be accommodated:

	Rooms 1-26, flats 2 and 3 – one person each
Dates of Inspection	26 & 27 August 2021
Times of Inspection	1.30 pm – 5.30 pm & 9.30 am – 1.30 pm
Type of Inspection	Unannounced first day, announced second day
Number of areas for improvement	Two

The care home is operated by Personal Care Limited, and the registered manager is Lindy Sheldon. At the time of this inspection, there were 23 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

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

Overall, the findings from this inspection were positive with good evidence of care receivers being well cared for and receiving support appropriate to their identified needs. The support provided was seen to be person-centred and with approaches taking account of individual preferences and abilities.

Information conveyed by the staff team, which included the senior carers and care staff, provided good examples of person-centred approaches. The compassionate and considered approach that is taken in supporting end of life care in the home was also apparent. The feedback from care receivers who spoke with the Regulation Officer was, without exception, very complimentary about the home, the manager and the staff employed in the home. During the first day of inspection, it was observed that an engaged group of care receivers were attending a scheduled weekly quiz. Some of these care receivers openly volunteered to the Regulation Officer their enjoyment of this. It was reported by some, that this is always well attended, and it was evident that activities such as this are beneficial in promoting a good sense of community within the home environment.

Direct observations made during the time spent in communal areas and when engaged in discussion with some care receivers in the privacy of their rooms, was of a most comfortable, relaxed, and homely environment. It was also noted, and was reported by care receivers and staff, of how various alterations and refinements had been made to how the communal spaces are used, and that this was of benefit to care receivers. This has arisen due to recognising the need to minimise the risk of infection during the current pandemic where increased activity by some residents going out into the community had required that changes to the home environment needed to be made.

Staff recruitment, training and qualification was reviewed with the manager and it was confirmed that best practice is followed in relation to safe recruitment of staff, with associated evidence of this found on file. Focussed areas of training for mental health were also noted from the review of the training syllabus which is in place and

from discussion about some recent notification of incidents which are made to the Commission as routine. Management of the service and systems in place to address any issues of concern were also reviewed with good practice noted.

One area for improvement was highlighted for care planning principles and the system of recording key information. Specifically, a revision of templates and practice is required in order that the information is more clearly and consistently presented, to better inform and support care staff in following specific interventions. Although the care home environment overall was found to be in good order one area of concern was identified relating to the safe storage and management of Control of Substances Hazardous to Health (COSHH). This was also identified as an area for improvement with immediate effect.

INSPECTION PROCESS

This inspection was undertaken by one Regulation Officer over two half days and was unannounced on the first day. Nonetheless this was done with consideration for the ongoing challenges relating to the pandemic and visiting restrictions that might need to be managed by the home, to minimise risk of infection and where visits were limited. 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**
- **Mental health category of care**

Reference was made to the previous inspection report in which one area for improvement had been recorded. A review of six notification of incidents routinely provided by the home took place prior to the inspection. This provided some focussed areas of enquiry about the reporting systems in place. How this occurs in practice to determine what information is conveyed to the Commission was explored with the manager to establish that the necessary systems are in place.

A sample of complaints or safeguarding alerts raised in the past six months and submitted to the Commission by the manager, were also reviewed prior to inspection. The routine inspection findings from 22 July 2021 by a Senior Pharmacist employed by Health and Community Services which focussed exclusively on medicine management, were also referenced.

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

The visit commenced in the afternoon and was unannounced. Regular engagement and correspondence had been initiated by the manager over the preceding months about operational matters and there were no specific concerns subject to review on this occasion.

The Regulation Officer approached the first day of inspection with a focus on a direct observation of how the staff were supporting the care receivers in communal areas and across the three floors of the home. Further to this approach, there was the opportunity to speak with 10 care receivers during the first afternoon of the inspection. This took place in communal areas, the courtyard garden and for some, with more privacy and confidentially, in their own rooms.

On the second day of inspection, which took place in the morning, a review of seven care folders was completed which corresponded with other records seen on file such as incident forms and from information provided by staff and care receivers themselves. Discussion also took place with the manager about specific areas of support as may be required in the home and relevant to the category of care. This included a consideration of Signification Restriction of Liberty (SROL) authorisations, some of which are already in place and others may become necessary in the future.

A full review of the premises was undertaken over the two half days which included a random sample of rooms, all communal areas, bathrooms, kitchen, laundry and storage areas.

How the home utilises space to promote a homely environment, which places the care receivers at the heart of all activity, was observed from direct observation of all areas of the home. This included the courtyard garden that offers a safe and contained area for all care receivers to make use of and which currently may also be utilised to enable relatives to have arranged visits in line with some of the ongoing limitations to manage infection risk.

Engagement with relatives by telephone established some supporting evidence of the information obtained by direct observation in the home and the information provided by the manager and care staff. Information was also requested from other sources such as healthcare professionals who had been identified as being recently engaged with the home to provide support of one care receiver.

Five members of staff including the manager provided information to inform the inspection process, with reference to staff support, supervision, appraisals, training and development which is provided. A review of three Human Resources (HR) files was undertaken to establish the procedures which are followed to ensure safe recruitment is carried out for any new employee. A sample of three weeks' duty roster was requested to review minimum staffing levels that are applied in practice. A discussion with the manager took place to clarify these standards with reference to risk management and the category of care.

At the conclusion of the inspection, the Regulation Officer provided feedback to the manager that summarised the main discussion points, with suggestions for some

areas of practice that may be considered for modification. Two areas for improvement were highlighted at this point with one for immediate action. This report sets out findings and includes areas of good practice which were identified during the inspection.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified relating to medication management and specifically administration and storage. This had been addressed in a prompt fashion at that time and on this occasion a recent routine unannounced inspection report filed on 22 July 2021, by a Senior Pharmacist employed by Health and Community Services, was available for review. Positive findings were recorded from that inspection and it was further clarified the approach that is taken with medication management training for all staff engaged in this area of care and who will be trained to Regulated Qualification Framework (RQF) level 3 for medication competency. The improved facilities for safe storage were also noted as was the provision of ease of access for those requiring medication support on daily basis.

Attention was given to aspects of care relating to the mental health needs of care receivers and the approaches which are taken to ensure these support needs are adequately provided for. Furthermore, some attention was given to the referral pathways which are in place for any potential admissions into the home. The assessment process and the considerations which are made about all such decisions were clarified with the manager. It was noted from this discussion, the recent referrals which have not been considered appropriate to accept as the needs of those referred did not relate to the category of care or to the home's Statement of Purpose (SOP).

The Regulation Officer was reassured by the approach which the manager takes in ensuring that they can consistently meet the required Standards. It was acknowledged as to the pressure which can exist to agree to accept new admissions when there are vacancies, as was the case during the inspection. However, the manager will nonetheless apply the key principles from their assessment process with regards the set criteria for any new care receiver being considered appropriate to be admitted into the home.

It was discussed that there were some anomalies in the care records relating to entries made by visiting healthcare professionals, including doctors and consultants. This relating to some possible misunderstanding of the home's scope of practice, which relates to personal care and support and not to mental health nursing care. Although the manager is fully aware of the limitations on their regulated activity it was advised that some clarification or confirmation might be indicated for visiting professionals if they indicate unrealistic expectations of the home. For example, where the level of care and supervision provided in the home was referenced as "level 3 observations" which was recorded in a care receiver's notes by visiting professionals. The inference for this level of close supervision and assessment of mental health would not be appropriate to the home's registration.

Conversely, it was discussed that some recent incidents had been brought to the attention of the Commission and other agencies, concerning some challenging issues which have required formal action by the manager. This related to unacceptable behaviour exhibited by some care receivers. In responding to this, the manager had rightfully considered the needs of all other care receivers and the needs and well-being of staff. Based on this review, appropriate and proportionate action and advice has been issued to those behaving in an unacceptable manner. An analysis of the needs of care receivers with diagnoses of dementia was discussed during the inspection visit. These included a review of randomly chosen care records and observing of some care receivers' presentation and of how higher levels of personal support needs were responded to by care staff. This established an overview of the approaches taken in meeting the needs of care receivers who had begun to experience advanced deterioration of their cognitive functioning and/or some marked physical decline.

The manager was able to clarify and demonstrate how the expected level of review and engagement with all relevant parties takes place, including involvement by care receivers, in situations where their presentation has changed. This better ensures that care needs can continue to be appropriately supported in the home. However, in situations where the needs of care receivers change to a point that the home would not be able to meet these needs within the limits of the home's registration, the manager was also able to demonstrate that onward referral is made to other homes or agencies. One such example was cited from a recent transfer initiated by the home to support someone to move to another care home which was able to provide the nursing care which the care receiver required.

During a discussion with one of the care staff, some very good evidence was conveyed about the approach, which is taken with supporting end of life care, which has recently been provided in the home. This was also mentioned by a care receiver. Both accounts conveyed a compassionate and considered approach to such an important aspect of care, within the context of promoting open and respectful communication about this sensitive issue.

One topic of note arose in conversations during the inspection, which related to the challenges of living and working in the home under the restrictions necessary to manage the pandemic and the associated risk of infection. The efforts and approach taken in seeking to minimise the risks associated with Covid-19 were clearly apparent, as was the need to promote and protect the rights and freedoms of care receivers. In this matter, all care receivers and relatives who were spoken with, confirmed their appreciation and understanding of the protocols which the manager and team have introduced. This has included the change in the use of some communal lounges with separation of some areas to be used primarily by those care receivers wishing to avoid leaving the home, alongside other areas which are encouraged for the use of those seeking to be more active in the community. It was apparent from the feedback received that there continues to be a high level of engagement with care receivers by the staff team and ongoing negotiation and confirmation of all views prior to decisions or actions being implemented in relation to this issue.

The approach taken to promote person-centred care was evidenced from the consistent feedback received from care receivers with examples of a range of social activities that are made available. One to one support is also encouraged and provided in the home and in the community. It was evident that the care receivers who required this level of input felt that it was beneficial to them with reference to the level of support which they require.

Observations of interactions and interventions made during the inspection visit provided good evidence of an engaged staff group supporting individuals. There was a good level of discreet staff supervision and/or some physical assistance for some care receivers which was observed in practice. It was also noted that some care receivers are able to maintain a high level of independence which was confirmed in their own summary of their care needs.

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 observed to meet the minimum levels identified for care environments which support this category of care. However, it was further explored with the manager that there is sometimes a need for levels of individual care provision to be reviewed because care receivers' presentation and support needs sometimes change quickly.

Furthermore, while supporting primarily mental health needs some care receivers beginning to present with needs more associated with dementia will require increasing personal care assistance. This will potentially be time consuming on carer (s) which may have resource implications on a shift-to-shift basis. It was apparent that as needs associated with dementia progress, that an increasing amount of staff time would be needed to meet personal care needs. However, this was not identified as a concern during the inspection visit. There were adequate numbers of staff on duty, each of whom had the necessary levels of training. The home was calm and relaxed throughout. Care receivers appeared settled in their presentation and were being appropriately supported by an engaged care team.

The skill mix of the staff team was confirmed from duty roster and from a sample of training and development plans and training log. It was noted that the team is made up of RQF level 2 and 3 accreditations and is also supplemented by some staff with nursing qualifications albeit no longer practising as nurses. This provides helpful experience and knowledge in supporting both care receivers and colleagues.

Training provision is mainly focussed on online training forums which have been largely dictated by restrictions on availability due to the pandemic and a lack of face-to-face training. Nonetheless, there have been some face-to-face training sessions provided such as by Community Infection Control Nurse (CICN). Specialist subjects including capacity training have been undertaken by the manager and senior staff which will relate to potential Significant Restriction on Liberty (SROL). The need for authorisation considerations about SROL's could arise at any time where capacity of

a care receiver to make decisions about their care and where they live may be a concern.

The training log has a cycle of updates and a proactive approach is taken by the manager who undertakes a systematic review of the log to ensure that staff are prompted or reminded if training is due for renewal or is overdue.

The management group is made up of a manager and senior carers. The deputy post is currently vacant but an appointment to this role is anticipated in the near future. However there are delegated roles to some of the more senior carers, with a good level of governance in place and support available from another registered manager who works for the same provider in an associate home.

The arrangements in place to promote safe recruitment were examined from a sample audit of the Human Resources file of three members of the team. This included reference to Disclosure and Barring Service criminal record checks. The Regulation Officer was assured that the expected protocols were in place for safe recruitment but highlighted the best practice approach for filing more detailed summaries where this was indicated.

Feedback from care receivers spoken with included comments as below:

“No complaints whatsoever”

“I can’t say a bad word about any of them” (the staff)

“Staff are all great, xxx is a carer with a capital C”

Confirmation was also provided by care receivers about how the staff team and the manager have worked with them to establish helpful and practical approaches to best address the ongoing restrictions related to the pandemic. The level of engagement and consultation to ensure that all care receivers have been fully informed and involved in decision making (about the use of communal areas and visiting restrictions as was considered necessary during the course of the past year), was noted from the discussions.

Care receivers were observed to be relatively independent and active about the home and in the community and were able to confirm and demonstrate how the home promotes safety and security throughout the building, whilst not restricting their freedom to exit the home if they chose to do so. From a discussion with staff on this matter, it was also demonstrated that adequate safeguards are in place to support some care receivers, whose mental health needs or disorientation in the building required a higher level of supervision and intervention.

It was confirmed from a discussion with the manager, that specific areas of training had been completed by them and a senior colleague in capacity training. This was with regards to Signification Restriction on Liberty (SROL) authorisations that may be indicated in the event that there is any altered presentation or progressive decline for care receivers who may now be living with dementia or whose mental health needs might increase. This area of practice will be explored with the care team as forming part of all training and development needs for staff.

Feedback from relatives provided supporting observations of their loved ones being appropriately supported by the care team and of how the home has kept them well informed during visiting restrictions. Another relative also confirmed *“If I need to know they will contact me”* and stated their loved one *“had settled in quite well”*. It was highlighted by one relative that they have confidence in the management of the home and experience *“lots of comfort from knowing where xxx is and that the staff are great”*. They also commented that, since moving into the home they had noted some improvement to the mental health of their loved one from the support they receive from staff. *“Best place for xxx to be”* was a most positive endorsement shared by one relative about the home environment and staff.

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.”

The approaches in providing care for those who may experience a range of mental health difficulties, were demonstrated from both observed interventions and from a review of care plans. Furthermore, where some symptoms of dementia were increasingly evident for one individual, the interventions and modified approaches to these care needs were being suitably addressed.

Engagement with care receivers enabled areas of support and perspectives about the care that they receive, to be explored. Positive responses were received about how the home approaches their welfare needs in a way that is respectful and considerate of their preferences and choice. Furthermore, where care receivers enjoy a higher level of independence, any underpinning risks or concerns about their well-being are appropriately incorporated into plans of care and communicated following involvement with the individual care receiver. This is a supportive measure and positive risk taking continues to be promoted to best support the autonomy and independence of individuals.

A variety of activities are provided in the home and when out in the community. This was observed during the inspection, during which a weekly quiz was taking place, which was well-attended. This helps to promote meaningful activity and engagement for some care receivers who may otherwise become quite isolated, and which may be a feature of their mental health presentation. It was noted from staff interventions that a positive and nurturing approach is utilised in encouraging involvement, but which also was respectful of individual choice where there is a reluctance to engage in activities. Furthermore, it was noted that where individuals do not choose to be involved in group activities, that additional 1:1 support may be offered as an alternative, to address social isolation which may otherwise prevail. In this aspect of care, it was evident that the approaches to supporting care receivers were being delivered in way which had good levels of consideration for individual needs and presentations.

From a review of a random sample of care records it was evident that care receivers had been involved and consulted, alongside their relatives, to gather information relating to the care receivers' needs. In discussion with the manager, it was clarified that this process is undertaken at the earliest stage of assessment for any new referral and the recording tool is used to establish whether the referral can be accepted. While the process was seen to be appropriate and consistent in approach, the template for recording the most relevant and helpful information at the assessment stage was not easily found within these documents. Furthermore, the direct audit trail of recordings and documentation, from assessment to care plan and any interventions which care staff may need to provide, was not clearly seen in all documentation. This an area for improvement but it was noted that helpful summaries and other useful information were recorded, with care receiver involvement promoted and encouraged throughout.

The care plans which were examined evidenced systematic and consistent reviews and it was noted that onward referrals were consistently made to external agencies or nursing home environments if individual needs changed.

The Regulation Officer noted potential situations with the manager in relation to care receivers whose capacity could diminish in the future as their dementia progresses. The manager confirmed that she was aware of the processes to be followed in respect of this and had recently engaged with the Capacity and Self-Determination Team about such clinical presentation and associated areas of practice.

With reference to the main entry and exit point to the home which relies on codes to operate a secure door, the Regulation Officer gave some attention to how this might operate while still providing the expected freedom for leaving the home which care receivers should have. This was also considered with reference to care receivers' rights to privacy and safety and the needs of particularly vulnerable persons living in the home. It was established that adequate systems were in place to enable care receivers to exit the home. This included the use of codes which are available to them and the availability of alternative exit points to the side of the building which they can also utilise if they wish.

It was established that were no significant challenges in maintaining a safe care home environment with these proportionate safeguards in place. There were no areas of concern highlighted or observed relating to any acute distressed behaviours associated with exit-seeking from 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."

Three Human Resources (HR) records were reviewed, and it was noted that the appropriate systems of criminal record checks and references were on file and in a sequenced way prior to a new employee commencing work in the home. It was confirmed that the relevant skill mix of staff in the home includes staff having QCF

level 3 accreditation. This is further supplemented by employing very experienced staff including registered nurses and a former registered manager who are included on the bank list of available staff.

The training log was also reviewed with the manager. This demonstrated the expected scrutiny, attention and resources which is given to this important area. Subjects included mandatory training, alongside more specific topics relating to the registration of the home such as training associated with meeting needs relating to mental health. The Regulation Office noted the extensive and comprehensive workbooks which the staff are required to complete, with time allocated for them to undertake this.

With ongoing restrictions resulting in limited opportunity for face- to- face training, the online forums remain the most utilised training resource. However, the manager is mindful of the value and importance for real classroom training opportunities particularly for certain topics where discussion and real case studies will be of greater benefit, and she continues to seek out opportunities for such training where this is available locally.

Probationary periods for new staff will include face to face supervision but is supplemented by an 'open-door' policy where the manager or more senior staff are available to provide the necessary level of support and practical learning opportunities.

The manager has senior staff to delegate tasks and roles in their absence and has the support of another registered manager of an associate home who is readily available to step in for them if necessary. This may be more formalised once a deputy manager is in post but the current structure which is in place is considered adequate to the needs and operational remit at this time.

Feedback from some care receivers (10) and relatives (3), confirmed that the staff group are both well-informed and helpful with some very complimentary comments made of the manager and their team.

Staffing levels were discussed and reviewed from a sample of duty rosters. A discussion took place around minimum staffing levels appropriate to the category of care which is supported in the home. From this, it was established that the variety of needs of care receivers may require some flexibility of numbers on occasions. For example, someone who experiences an acute episode relating to their mental health may present as distressed. In this event, the manager confirmed they could increase staffing levels at relatively short notice. This was not considered to be a source of concern at the time of the inspection. It was however also discussed as to the increasing needs relating to dementia associated with some care receivers. This will require continual monitoring and adjustment to staffing levels if indicated and there may need to be some consideration to adjusting the training which is provided to staff, to ensure that staff are fully competent in meeting these needs.

The evidence and background information available before and during the inspection provided an assurance that proactive and effective management of the home ensures that adequate risk management measures were in place relating to both

staffing levels and activity levels. This was in the context of the recent lockdown measures that needed to be followed.

Care receivers who were spoken with, confirmed that they had been well-supported by the staff throughout this period. Whilst some reported they had been frustrated by the imposed restrictions over the last few months, they recognised that this was beyond the control of the home and its management team.

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 care home environment was found in very good order throughout. Care receivers' rooms which were randomly inspected across all three floors, were often highly personalised with furniture and decoration reflecting individual preferences.

The home benefits from having generous communal areas and these were all seen to be fully utilised for different reasons and functions during the two days of inspection. For example, one small lounge provided a comfortable and relaxed area for two care receivers and who had a friendly and supportive relationship. This was promoted by this space being made available to them and near to staff areas where support was readily available for one care receiver who had some mobility issues.

The layout of the building promotes a good level of privacy, with quiet and relaxed environments and with lift access to the upper floors albeit with some stairs to access the four rooms on the top floor. Within the corridors, there are passing places which may be necessary for wheelchair accessibility or for those using walking frames. Although this not a prevalent need at the time of the inspection, the Regulation Office noted that some equipment was being "stored" in these areas which could hinder use were it to be required. This was brought to the attention of the manager for remedy as was the similar "storage" of items being seen in a communal bathroom space, which again potentially could inhibit the freedom of movement for care receivers and staff supporting them for bathing assistance if required.

Laundry and kitchen facilities were observed outside of operation and appeared in good order. It was also reported by some care receivers they have the opportunity to access the kitchenette facility when the Chef is unavailable to make beverages and snacks.

One area of concern was noted from an observation of the storeroom which is located adjacent to the exit point at the side of the building. On two separate occasions, the expected protocol for the safe storage and management of Control of Substances Hazardous to Health (COSHH) was not being properly followed. While this room is not situated within the "care" area of the home, it was possible that care receivers could enter this area. Consequently, this matter needs to be addressed. It

was brought to the attention of the manager as constituting a Health and Safety concern and as being an area for improvement with immediate effect.

Management of services

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

The home has the clear managerial accountability in place through the registered manager although there was no identified deputy manager in post at the time of the inspection. However, there are experienced senior care staff who will act up in the absence of the manager and there are provisional plans in place for a more formal deputy appointment to be made in due course.

Reference was made prior to the visit, of notifications and engagement initiated by the manager and provider with the Commission in the past six months, where relevant information has been provided or consultation has been requested. The subject of these enquiries related to both operational matters and project plans for consideration.

The manager has revised some policy and procedures, and this remains a work in progress to ensure that relevant local laws, policies, and agencies are incorporated accurately into any revised documents. The content of policies as viewed were acceptable but there was some inaccuracy relating to inappropriate reference to UK laws and UK regulatory frameworks.

Monthly reports were viewed, and it was highlighted from this that there was a good audit process being undertaken with some focussed areas being included and, where indicated, action plans identified. The manager also mentioned consideration that they are giving to enhancing this process by widening the scope of audit processes by engaging with external agencies to advise and review.

An unannounced inspection was also carried out on 22 July 2021 by a Senior Pharmacist employed by Health and Community Services. This report included positive findings relating to aspects of management including the safe storage of medication, the use of individual medication storage facilities, and reference to the revised medicines policy and procedure (September 2020) which had been completed following the last inspection.

From a discussion with ten care receivers, it was well-evidenced that consistent support has been provided by the manager and the team to promote social activities during the challenging times associated with the pandemic. Furthermore, the manager has given much attention to coordinating and refining the layout and use of the communal spaces to engineer effective and helpful infection control. This has been an area of concern due to the conflicting needs and preferences of care receivers, some of whom have chosen to contain their activities to the home and to avoid going out in the community while others have asserted their rights to freely access community activities more independently. It was evident that the manager

and the team have made great efforts to try and balance these different preferences and choices of the resident group with some success.

Social activities have been promoted with some extra focus in the last year due to the restrictions on options for community activities. Care receivers spoke with appreciation of the efforts made in this area. Others spoke of their satisfaction with the independence and autonomy that is promoted and facilitated in how the home operates but where they can also request assistance or support as they may require. One relative spoke of how the home is *“very, very supportive and inclusive of xxx who will be kept up to date”* and that the manager will *“Keep me in the loop”* to identify any changes to mental health needs and presentation. Furthermore, they stated that their loved one is *“Is in the right place, getting the relevant care and attention”*.

One specific issue was discussed with the manager about a challenging issue which they are trying to address. This is a historical and current issue surrounding the behaviour of one care receiver and the possible detrimental impact on others. The manager gave a clear and understandable rationale as to the actions they had implemented with appropriate engagement with external agencies.

IMPROVEMENT PLAN

There was one area 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>Action must be taken to address failures relating to the Control of Substances Hazardous to Health (COSHH) with reference to relevant policy and procedures.</p> <hr/> <p>Response by registered provider:</p> <p>Action was taken immediately to inform staff of their responsibilities and policy for safe storage of COSHH materials and this is now subject to regular review and included as part of quality assurance framework monthly</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 2.1, 2.2, 2.3, 2.4</p> <p>To be completed by: Within three months (26th November 2021)</p>	<p>A review and adjustment to care plan templates should be undertaken, to enable staff to follow the most informative, up to date and supportive information relating to interventions. This will be indicated from the initial assessment records, the stated interventions and the regular reviews of all care plans</p> <hr/> <p>Response by Registered Provider:</p> <p>A full review of the care plans has been undertaken</p> <ol style="list-style-type: none"> 1. Presentation – which gives information on the client and the care required 2. Presentation – this gives care staff the information about what task/care to do

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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