



Jersey Care  
Commission

# **INSPECTION REPORT**

**Secure Children's Home**

**Care Home Service**

**5, 7 and 12 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 a secure children's home. The service is provided in a single storey building which surrounds a courtyard. There are four bedrooms (all ensuite), a large communal dining and lounge area, a kitchen, a quiet room, and a visitors' room. The home has a large office, centrally located and overlooking the communal areas and kitchen. The home also has a gym, an education / school area, a games room, and a large sports hall.

This secure children's home comes under the responsibility of the Minister for Children and Education. A child or young person up to the age of 18, can be remanded or sentenced to secure accommodation by a criminal court. A Placement Panel determines where they are placed following a remand or conviction, and the Panel has a duty to review all placements within 72 hours and at set intervals after that.

Additionally, a child or young person can be placed in this secure children's home under a Secure Accommodation Order if it is felt necessary to prevent them from injuring themselves or others; or if they have a history of absconding and are likely to suffer significant harm. A Secure Accommodation Order is a civil order made by the Royal Court.

An emergency placement on welfare grounds can be agreed by the Director of Children’s Services, and the child or young person must be referred to the Royal Court before or on the expiration of a 72-hour period, where a Secure Accommodation Order may be granted for up to three months. A Children’s Service Head of Service must chair a panel to review the decision to place a child or young person in secure accommodation within 28 days initially, and regularly after that. At each review the panel must satisfy themselves that the criteria for keeping the child or young person in secure accommodation continue to apply, that the placement in such accommodation continues to be necessary, and whether there is any alternative accommodation that might be appropriate for the child or young person. In doing so, they must have regard to the welfare of the individual whose case is being reviewed.

Prior to the service becoming registered with the Commission on 4 December 2019, there were a maximum of eight bedrooms available for children and young people within the home. The home is currently registered to accommodate a maximum of four children / young people.

Regulated Activity	Secure Children’s Home
Conditions of Registration	<p data-bbox="678 1256 863 1290"><u>Type of care</u></p> <p data-bbox="678 1330 1193 1364">Personal care and personal support</p> <p data-bbox="678 1404 927 1438"><u>Category of Care</u></p> <p data-bbox="678 1476 1075 1509">Children and Young People</p> <p data-bbox="678 1550 1382 1655">Maximum number of care receivers: Four Maximum number in receipt of personal care and personal support: Four</p> <p data-bbox="678 1695 1198 1729">Age range of care receivers: 10 - 18</p> <p data-bbox="678 1769 1355 1839">Maximum number of care receivers that can be accommodated in the following rooms:</p> <p data-bbox="678 1879 1102 1912">Rooms 1, 2, 4, 5: One person</p>

Dates of Inspection	5, 7 and 12 November 2021
Times of Inspection	5 November 2021 - 9.30am – 1pm 7 November 2021 – 4pm – 6pm 12 November 2021 - 11am -3.30pm
Type of Inspection	Unannounced
Number of areas for improvement	Eight
Number of care receivers accommodated on the day of the inspection	Four

The home is operated by the Government of Jersey’s Department for Children, Young People, Education and Skills (CYPES). The Commission was notified on 15 September 2021 that the Registered Manager was to be replaced with immediate effect. The Interim Manager of the home is Stephen Young. The service is actively seeking to recruit a permanent Registered Manager.

## **SUMMARY OF INSPECTION FINDINGS**

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

This is the second inspection of this home in 2021. There are eight areas for improvement identified in the Improvement Plan at the end of the report.

There were four young people residing in the home at the time of the inspection. Each was subject to either a Secure Accommodation Order or a custodial sentence under a Criminal Justice Order. Although efforts were repeatedly made to engage with each of the young people who were resident in the home, they all declined to participate in any discussion.

The home has a Statement of Purpose which sets out its operating model with procedures identified to ensure the safe care of young people at the home. The Commission has received updates in relation to the Statement of Purpose, which

requires a further update to ensure clarity of staffing arrangements, details of the operating model and the purpose of the provision of service. Revision of the Statement of Purpose is also required on the basis that it currently states that the staff to children ratio is 2:1, but also states that staff numbers will not exceed 4:4.

The Commission had been advised of intended structural alterations to the building and the inclusion of a resource centre. Any changes to the operating model need to consider the impact of such changes on the rights and well-being of the young people at the home.

The home has an existing Young Person's Guide which is in the process of being reviewed. It is understood that there is a new draft version of the document, which is not yet in use. Whilst the new version is likely to represent a significant improvement on the existing version, the inspection referenced the version which was in use at the time of the inspection.

The Young Person's Guide does not make mention of the arrangements in place in respect of children/ young people having a key to their bedroom. On two occasions, staff informed Regulation Officers that the care receivers 'earn' keys once they have been at the home for an unspecified period of time and are 'trusted'. It remains unclear as to how this arrangement operates in practice or the rationale associated with it. The Young Person's Guide makes no mention of the model of integrated care which the care home purportedly operates in line with. That the Young Person's Guide requires significant review is an area for improvement.

Staffing levels remain a significant concern. Rotas indicate that staff numbers are consistently below the ratio of 2 :1 staff to children, as referenced in the Statement of Purpose. There are challenges for staff in covering shifts, with staff expressing to Regulation Officers that they are regularly required to work excessive hours. Throughout the inspection, some staff expressed that they felt under excessive amounts of stress and were tired to the extent that this was having an adverse impact on their well-being. The use of bank staff and staff from other residential homes has resulted in inconsistency in care for the care receivers. The evident limited provision of appropriate training and induction for bank and other staff

working in the home places both the care receivers and the staff at risk especially when physical intervention and de-escalation responses are required.

Individual care plans and risk assessments have been updated in recent weeks and provide more detail in relation to the support provided to care receivers. However, bank staff advised the Regulation Officers, that there are often challenges in accessing this information quickly at the commencement of shifts. Specifically, bank staff reported that they do not always have access to the electronic recording system.

The Regulation Officer was made aware of incidents in the home in relation to self-harm and assaults on staff. The Commission is yet to receive notification of these incidents, despite this being a regulatory requirement. The Interim Manager must ensure that comprehensive, accurate and prompt notifications of incidents are sent to the Commission. This is an area for improvement.

The Interim Manager needs to ensure that young people have access to education provision. The Statement of Purpose states that young people can access education with support from staff from the adjacent Alternative Education Facility ('Le Sente'). However, where care receivers attend mainstream school, support from teachers at these schools is provided. There have been significant challenges in sustaining this provision, with education staff often being unable to attend the home due to staffing issues in their respective schools. This is an area for improvement.

The home environment remains stark and is not homely. Reviews of the internal environment have taken place, resulting in plans for changes and alterations. The Interim Manager must provide a plan of changes and timeline for their completion. This is an area for improvement.

Given the concerns raised in this inspection in relation to staffing the Commission served an Improvement Notice on the Director General for CYPES (Children, Young People, Education and Skills) on 9 November 2021.

A response to the Improvement Notice has been received by the Commission (dated 22 November 2021). This response details the type of remedial action which the service is in the process of taking to address areas of concern.

## INSPECTION PROCESS

The first inspection was unannounced and was completed on 5 November 2021. The inspection was undertaken by the Commission's Head of Governance, Policy and Standards (HGPS), and a Regulation Officer. Further unannounced visits were undertaken on 7 and 12 November 2021, one of which was undertaken at the weekend.

The Children and Young People's Residential Care Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Follow up on the outcome of the previous inspection (11 February 2021)**
- **Information about the home and the nature of care provided**
- **The environment**
- **Staffing**
- **Care planning**
- **Monthly quality reports**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report.

During the inspection, records were examined, staff on duty were spoken with and a tour of the premises was undertaken.

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

Commission staff provided feedback to the senior member of staff on duty. Further feedback was given to the Service Lead for the home on 12 November 2021.

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 action plan is attached at the end of the report.

## INSPECTION FINDINGS

There are currently four care receivers accommodated at this home. All declined to engage with the Regulation Officers. However, contact details have been left with care receivers if they wish to provide feedback at a later date.

The home was previously inspected on 11 February 2021 and five areas for improvement were identified.

The first area related to the Statement of Purpose. This was reviewed in March 2021. The Commission received further revisions of the Statement of Purpose in October 2021 and in November 2021. Despite these revisions, further clarity is needed in relation to staffing numbers and education provision.

The second area for improvement stated that, *'The registered provider must always ensure that suitably qualified, skilled, competent and experienced people are working in the regulated activity in such numbers as are appropriate and sufficient to meet the needs and ensure the health, welfare and safety of care receivers.'* An assurance was given by the Provider that staffing levels and skills would be continually monitored and revised through recruitment campaigns.

The Commission acknowledges that there are significant staffing challenges across the care sector, both in Jersey and throughout the UK. It is apparent that the home is not operating with sufficient staff numbers or with a suitably trained workforce.



The result has seen care receivers spending extra time in their rooms while staff support other care receivers at times of crisis.

The Commission has received feedback from other visiting professionals which supports this finding. This is explored in more detail in the report and remains an area for improvement.

The Regulation Officer was given a copy of the current Young Person's Guide. This is an important publication which needs further updating as it does not clearly explain or provide adequate detail about how the young people will be cared for, the expectations of staff, the types of sanctions or any form of restriction which may be applied, the model of care, rights and responsibilities of care receivers, and access to education and healthcare. This remains an area for improvement.

The fourth area for improvement stated that, '*The registered provider must ensure that improvements are made to the care home environment to make it more homely and domestic.*' In response, the Provider stated that a wider developmental plan was underway including a new model of care. This would include changes to the fabric of the building and its furnishing. The Commission was later advised that the structural plans for the building were not tenable. Equally, it is noted that there has been little change in the furnishings within the building and, as a result, it has a distinctly unhomely appearance. This remains an area for improvement.

The final area for improvement stated, '*The registered provider must ensure that care records include assessments of needs and risks and any care practices that impact the rights of children and young people.*'

It is positive to note that there has been some improvement in this area. The Interim Manager has updated risk assessments for the care receivers. These are detailed and comprehensive.

## Information about the home and the care provided

Reference was made to Standard 1 of the Children and Young People's Residential Care Standards which states: "You will be given information that is shared in a way that you understand. This will tell you and others about where you will live or stay and how you will be cared for."

On the day of the inspection, four young people were resident in the home. All were subject to a Secure Accommodation Orders or a custodial sentence from the Youth Court.

The home's Statement of Purpose and Young Person's Guide were reviewed as part of the inspection. The Statement of Purpose was updated and sent to the Commission in October 2021. It sets out the operating policies and procedures for the home. A further updated Statement of Purpose was received by the Commission on 22 November 2021. The latest Statement of Purpose remains unclear and imprecise. It needs further review, especially in relation to the ratio of staff to young people.

The Young Person's Guide was reviewed in March 2021. While the newer draft version, as seen by the Regulation Officer, was detailed in the information provided, some of the language used is 'punitive' in tone. Staff spoke about challenges arising from adhering to the Young Person's Guide and the disconnect between it and current practices within the home. For example, the existing Guide states that the home is non-smoking, but this has not applied to one of the care receivers, who had been permitted to smoke. The impact of this decision was that other young people were also permitted to smoke and that the non-smoking policy was not being adhered to. This matter needs to be reviewed.

The policy around the searching of young people as they enter the home, is not clear or properly understood by all staff. This has the impact of there being a potential or actual risk of young people bringing items into the home, which may include items that could present a risk to themselves, other care receivers or staff members.

## The environment

Reference was made to Standard 6 of the Children and Young People's Residential Care Standards which states: "Where you live or stay will be comfortable, safe and accessible."

The care home is a purpose-built secure unit which is reflected in its design. In recent months, the Provider has made some adjustments to the operation of the home. Where previously children and young people would have passed through an 'admission' area, this has been replaced by a discussion with the young person in their room on admission. The previous admission area is currently being used as a staff sleep-in room. This has been a positive change to the service.

While recognising the 'child centred' approach of the new policy, staff raised concerns relating to challenges associated with the risk of young people bringing prohibited items into the home following external visits. It is noted that external visits are an important part of the transition process for care receivers. The Provider should review the admissions process, including referencing the search procedures within the Statement of Purpose. The Provider should also ensure that the process is made clear to care receivers in the Young Person's Guide.

The home's secure design presents challenges for the Provider to make the environment homely. Bedrooms have heavy duty steel doors in place. The Commission has previously been advised that new doors are on order which will 'soften' the feel of the rooms' entrances. Beds are currently fixed to the floor and wall and are made of a solid construction with a mattress on top.

Other storage items in the room are also fixed to the walls and are 'cold' and uninviting in appearance.

The Regulation Officers were shown new items of furniture, and which will replace the 'fixed items' in the near future. This will significantly improve the aesthetics of the bedrooms. A plan and timetable of improvements is now required.

The Regulation Officer had previously been shown plans to alter the design and layout of the rooms. Subsequently, the Commission has been advised that the intended plans are not practicable due to the impact they would have on the structural integrity of the building.

There is a communal area which is 'open plan' in design. A TV area is comfortably furnished with two large sofas. The laundry is in a small room beside the lounge. Care receivers are supported and encouraged to attend to their laundry.

The home's kitchen and dining room are also in this area but is kept locked and access is controlled by staff. Meals are prepared in the home. While the care receivers have input into menu plans, it is noted that they are not actively involved in meal preparation. During the inspection, the kitchen was accessed by staff unlocking the room for young people, when required. Regulation Officers were advised that, following a risk assessment of the current residents, this area of the building required further 'control'.

The office area is fully glazed and contains care receiver files, CCTV for the home including outside areas, staff files and computers. The final room in this area is used as a quiet room for one-to-one work with the residents. The appearance of this area could be greatly improved with the addition of soft furnishings and improved lighting. This is an area for improvement.

There are currently two broken windows in the home. Due to the design and nature of these secure windows, replacements have needed be specially sourced from a UK manufacturer.

The Regulation Officer is assured that these have been ordered. However, this matter has been outstanding for some time and it would be advisable to either order spare panes to reduce the likelihood of there being a delay in replacing damaged windows. Alternatively, consideration might be given to exploring whether there is any possibility of identifying a Jersey-based supplier.

Beyond the communal area is a further bedroom corridor. This is currently being used for one care receiver. The Commission has previously received a variation request to allow this area to be used for acute adolescent mental health support. This was agreed and is an example of how the building can be used for multi - disciplinary care provision.

Other rooms are currently set out as a games room, visitor meeting room, education room and a workshop. The games room includes a pool table.

The visitor area includes its own entrance, toilet facilities and meeting room.

The education room is well equipped. Education support is currently provided by the care receivers' mainstream schools which has proved challenging to facilitate in practice. Sessions are often cancelled at short notice due to education staff shortages. The Interim Manager needs to consider alternative provision for education options for care receivers. This is an area for improvement.

The home has a well-equipped workshop which allows residents the opportunity to develop practical skills. As an example, one care receiver is currently refurbishing a bicycle.

To the rear of this wing is a large sports hall with separate gym area. A local gymnastics club currently uses the sports hall. It is noted that they have been given notice to quit the complex. The gym has a range of exercise equipment and staff advise that the gym has been well used by care receivers.

The building is constructed around a central open-air courtyard. This area includes a football pitch and a dining area.

## Staffing

Reference was made to Standard 7 of the Children and Young People's Residential Care Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

Regulation Officers examined the staffing levels within the home. This included discussions with members of staff on shift, an analysis of the rotas for the previous four weeks and discussions with senior managers.

It is apparent that there is a core group of highly motivated and experienced members of staff who are passionate about the work they do in supporting young people. It is a point of note that the Regulation Officers were not made aware of and did not observe any matters of concern relating to the conduct or behaviour of staff.

However, staff reported that they are regularly required to work excessive hours to cover shifts, and this is reflected in the rotas seen by the Regulation Officer. The Provider has attempted to support the core staff team with the introduction of staff from other homes, the use of bank staff, and the employment of social workers and staff from the mental health service, to supplement the existing staff team. Whilst it is acknowledged that these individuals have a good level of experience in supporting children and young people in more generic settings, the need to work with confidence in a secure children's home provides further additional challenges.

The Regulation Officers were not able to ascertain the level of support and training given to temporary staff prior to working with the young people, and as a result, are not assured that all staff employed in the home are appropriately equipped to undertake this type of work.

The Statement of Purpose states that there is always a staff ratio of at least 2:1. On two of the inspection visits there were four staff on duty at the commencement of the visit. On the third visit there were six staff on duty. Of the four staff rostered on the first inspection, two were full time members of staff, and two were voluntarily working additional shifts on days off from the homes where they are ordinarily employed.

On the second visit, it was noted that two staff were deployed to support one care receiver who was on a planned visit outside of the home. The care receiver's risk assessment necessitated that these two staff members were experienced and familiar with the care receiver and their needs. Whilst this of itself was positive, in that it demonstrated that the care receiver's care plan/risk assessments were being upheld, the absence of these two staff members resulted in four relatively inexperienced members of staff supporting the other three care receivers. Consequently, the four members of staff were observed to be making genuine attempts to provide adequate support and supervision but lacked the skills and knowledge to be fully effective.

One young person had recently returned to the home, having absconded from a community visit. They were not searched upon entering the home and had brought tobacco with them, which they proceeded to share with other young people. The young people refused to come in from the courtyard area. Staff were not clear about the imposition of rules, or of the consequence of the young people not adhering to the rules. This resulted in a situation which was not properly controlled.

Appendix 5 of the Care Standards for Children and Young People's Residential Care stipulates that, *registered persons will identify mandatory training requirements based upon the needs of the children/young people who are cared for. This will be in line with the written Statement of Purpose.* Standard 7.9 stipulates that, *Registered persons must ensure that at least 50% of care/support workers on duty at any time have completed a minimum Level 3 Diploma in Children's Residential Care (or equivalent).*

The Statement of Purpose states that, *All the staff on the rota either have or are working towards the required QCF Level 3 Diploma in Residential Care with Children and Young People. It is not always possible to meet the required standard of at least 50% qualified staff on shift all the time.*

The Regulation Officer looked at staff training records. Of the permanent members of staff, seven hold the required RQF (Regulated Qualification Framework), or

equivalent Level 3 Diploma in Childcare qualification. However, it is apparent that the required percentage of staff with the required Level 3 qualification on each shift is not being met.

The Statement of Purpose states that, *all staff are trained in the use of MAYBO<sup>2</sup> techniques for managing this type of behaviour and will physically support young people safely.*

It was not evident that all staff employed to work at the home have completed MAYBO training.

The provision of training is an area of improvement.

The Provider must ensure that the Statement of Purpose is aligned to practice in respect of the provision of training. Staff must have completed mandatory training prior to working on the unit. Specialist training is likely to include but is not limited to, Trauma Informed Practice, Secure Stairs and Restorative Practice Training. The Provider must ensure that all permanent staff and regular temporary staff are trained in specialist areas.

Whilst it is acknowledged that the Provider has expressed that there is difficulty in ensuring that 50% of staff have completed training in QCF Level 3 Diploma in Residential Care with Children and Young People, a plan needs to be devised to address this matter.

The Commission recognises the challenges in the wider care sector in relation to staff recruitment. The Commission has been advised of four resignations within the staff team this year. These include some experienced staff members. However, it is positive to note that four staff will transfer to the home by the end of the year and a further four candidates have been successful at interview and will commence induction before the year end.

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<sup>2</sup> Physical intervention and conflict management training



On the 15 September 2021, the Commission received notification from the Provider in relation to the Registered Manager leaving their post. The Provider also confirmed interim arrangements, including the deployment of an Interim Manager to support the running of the home, while a new permanent manager was recruited. It is likely that the recruitment of a permanent manager will be a protracted process, therefore, it is necessary that the service works with the Commission to ensure that the interim arrangements are sufficiently robust.

The Regulation Officer spoke with a newly recruited member of staff who was on their second day. They confirmed that the recruitment process had been positive for them. They were clear on the induction programme before them, including training, supervision, and appraisals.

Permanent staff shared challenges with supervision and appraisals. This is currently being addressed by the management team. It is noted that a specialist external mental health provider, 'Headsight' is offering clinical supervision to staff and providing therapeutic support to staff in supporting care receivers.

### **Care planning**

Reference was made to Standard 13 which states 'when the time comes, you will be prepared and ready to move on'.
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The Regulation Officer examined the individual care records of the four care receivers currently resident in the home. For one care receiver, there was a very detailed risk assessment in place. The staff team were able to describe support plans and were able to demonstrate a good understanding of the young person's needs.

There was evidence of support from Child and Adolescent Mental Health Services (CAMHS). The staff team expressed concern about whether they were able to provide the most appropriate care for young people who have significant mental health needs.

For another care receiver, there was a plan in place to facilitate a return to their previous home. Records indicated that a young person was engaging with Headsight and that this provision will continue once they leave Greenfields.

For a care receiver there have been challenges in the provision of education. The ongoing need for education support should be reviewed by the Provider to ensure that all care receivers can access education. Given that there are concerns for this care receiver due to absconding, it was not evident that work was being undertaken with the care receiver in relation to choices and keeping safe.

A care receiver has a transition plan in place. A social worker has confirmed that the care receiver understands the plan and the reasons behind it.

It was not clear during the inspections of the wider support offered to care receivers. Care plans made mention of mental health assessments, of support around keeping safe and of work to address offending behaviour for those serving a custodial sentence. One care record noted a visit from a Probation Officer, but no detail as to the content of the session.

Given the significant number of bank staff currently supporting the home, records would benefit from detailed summaries of the needs and preferences/interests and wishes of the individual care receivers in the home. This should be in paper form, as some bank staff may not have access to electronic records. This would enable bank staff to understand and appreciate the support needs of the individual care receivers quickly. It is acknowledged that there is discussion at handover in relation to the daily plans for the care receivers. The Interim Manager should give consideration to the training and induction needs of bank staff, specifically in relation to equipping them with the knowledge and skills to support the individual care receivers accommodated in the home. This would better ensure consistency of care for the care receivers.

## Monthly quality reports

Reference was made to Standard 15 which states 'How you are cared for and where you live or stay will be checked and reviewed regularly to sort out any issues and make things better for you and other children and young people.'

The provider is required to appoint an Independent Person who must visit the home and report on the way the home is managed, and the quality of care provided for the young people. These visits are unannounced, and the reports include details of contact with the care receivers.

The Registered Manager and the Registered Provider must consider whether to act on any recommendations made by the Independent Person.

The Provider appointed a new Independent Person in June 2021 and reports have been submitted to the Commission for July, August, and September. The reports make concerning reading. Reference is made throughout in relation to staff numbers and the skills and experience of staff brought in to support the home. While noting some progress in the September report, concerns remain for the safety and well-being of both care receivers and staff in the home. They also confirmed concerns in relation to work undertaken with care receivers and the need for ongoing support to be in place at the time of leaving this secure home.

The Independent Person also refers to several incidents in the home, including self-harm and assaults on staff. The Regulation officer noted several incidents in discussions with staff. The Commission has received notifications of only three such incidents. Notification is an area for improvement.

Other professionals spoken to by the Regulation Officer, shared concerns for the care receivers of the home in relation to the environment, lack of ongoing support and advocacy.

One professional confirmed that they were always able to access the home and to have time with the care receivers. They felt that staff were responsive to the needs of the care receivers and were supportive of their work.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>To be completed by:</b> Immediate.</p> <p>A Review Meeting will be convened within two weeks of receipt of this report. An update must be provided to the Commission at that point.</p>	<p>The Registered Provider must ensure that there are sufficient numbers of suitably qualified, skilled, competent, and experienced staff on duty at any one time as is appropriate to meet the needs and ensure the health, welfare, and safety of care receivers, in line with the Regulations, Standards and Statement of Purpose.</p> <hr/> <p><b>Response by registered provider:</b> It is acknowledged that working at Greenfields is challenging and complex and that a shortage of staff will have a greater effect on the wellbeing and safety of care receivers.</p> <p>There have been a number of resignations from the staff team this calendar year and some colleagues have requested internal transfers to other homes, which have been facilitated for the benefit of all parties.</p> <p>Measures are being taken to supplement and strengthen the remaining team, with the immediacy required. Post an analysis of all permanent Residential Childcare Officers across the service, two colleagues were identified as having the correct knowledge base, skill set and experience to supplement the existing staff team. Both individuals were realigned to Greenfields with immediate effect of the week commencing November 15<sup>th</sup> 2021.</p> <p>A recent recruitment campaign targeted specifically to Greenfields identified four successful candidates, with each of these individuals due to commence induction to the home's team within the next six weeks. A further recruitment campaign is due to start before the end of this month, which will continue until the end of the year and longer if required.</p> <p>An adaption to the rota pattern will release the senior members of staff from working 'waking nights' permitting more time to be spent directly with children and young people and colleagues. This is an</p>
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	imperative change in helping to provide consistency and continuity in relationships formed and work completed with these children and young people, in addition to supporting colleagues in a supervisory capacity.
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<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 7 and Appendix 5 of the Standards</p> <p><b>To be completed by:</b> Immediate.</p> <p>A Review Meeting will be convened within two weeks of receipt of this report. An update must be provided to the Commission at that point.</p>	<p>There must be a clear and robust plan, with appropriate timescales to address the current and ongoing deficits associated with staff training.</p>
	<p><b>Response by registered provider:</b></p> <p>A robust and comprehensive training plan is being implemented for the staff team, this training offer will extend to all permanent and zero-hour staff and will include training in all corporate and mandatory training generic to the role of a Residential Childcare Officer in addition to some of the specialist training specific to work in a Secure Children’s home. This includes -</p> <p>Maybo (Conflict Management) Applied Therapeutic Skills Training, Level 3 Secure Stairs (model) training</p> <p>Some training will be delivered remotely via the Virtual College platform utilised by the CYPES department and some will be facilitated in person. All training will be complete by end of quarter one in 2022.</p> <p>Further to this, three members of the substantive team are due to commence the required Level 3 qualification in March 2022.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>To be completed by:</b></p> <p>Within three weeks of receipt of report.</p>	<p>The Provider must review the Statement of Purpose to ensure it reflects any operational changes to the home. In particular, it must be explicit in documenting the staffing ratio which is provided.</p>
	<p><b>Response by registered provider:</b></p> <p>A further review of the Statement of Purpose for the home is due to take place in early January 2022. This review will be holistic and will clearly outline the commitment from partner agencies and staffing provisions/ratios, among other requirements. A revised version of this document will be focused on what is operationally current (rather than aspirational) and commitments from partners will be collated at the next Greenfields Improvement Board on the 12<sup>th</sup> of January 2022 and a revised SOP will be available to the JCC in the week commencing the 17<sup>th</sup> of January.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 1</p> <p><b>To be completed by:</b></p> <p>Within three weeks of receipt of report.</p>	<p>The Young Persons Guide needs to be reviewed to ensure it clearly sets out exactly what young people can expect in relation to the care they will receive.</p>
	<p><b>Response by registered provider:</b></p> <p>In line with considering the home's statement of Purpose, the Young Person's guide will also be reviewed and revised in early January 2022. Again, this document will be made available to the Commission at the first opportunity post amendment.</p>

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 11</p>	<p>The Interim Manager must ensure that children and young people have consistent access to education.</p>
<p><b>To be completed by:</b> Immediate.</p> <p>A plan to be in situ to address this area within one month of receipt of report.</p>	<p><b>Response by registered provider:</b> The interim manager will work with colleagues within CYPES to ensure that children and young people have consistent access to education.</p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 21</p>	<p>The Interim Manager to ensure notifications of incidents in the home are sent to the Commission. Types of incidents that require notification can be found in the Regulations.</p>
<p><b>To be completed by:</b> Immediate.</p>	<p><b>Response by registered provider:</b> The interim manager will ensure that the commission are notified of all relevant incidents, in line with the regulations and within the specified timeframes.</p>



<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>To be completed by:</b> A plan to be provided to the Commission within two months of receipt of report.</p>	<p>The Interim Manager must ensure that improvements are made to the care home environment to make it more homely. Repairs to be undertaken in a timely manner.</p>
	<p><b>Response by registered provider:</b></p> <p>The interim manager will ensure any repairs are undertaken in a timely manner.</p> <p>In terms of the wider developments, plans will be shared with the commission that detail the proposed works. These plans will be accompanied by a detailed schedule of works that will include the structural, internal and external components.</p> <p>A subsequent update will be provided that relates to the change in fixtures, fittings and soft furnishings.</p> <p>All updates will be provided by week commencing 17<sup>th</sup> January 2022.</p>

<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>To be completed by:</b> Within one month of receipt of report.</p>	<p>The Interim Manager must ensure that care records include summaries, assessments of needs and risks and consider any care practices that impact on the rights of children and young people. All members of staff employed to work at the home must have access to all relevant documentation to enable them to fully support care receivers.</p>
	<p><b>Response by registered provider:</b></p> <p>The Interim Manager will ensure that all members of staff have access to relevant documentation as required, both electronically and in hardcopy. All care records will encompass summaries, assessment of needs and associated risks.</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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