INSPECTION REPORT

HCS 102

Care Home Service

Government of Jersey – Health and Community Services
19-21 Broad Street
St Helier, JE2 3RR

2 June 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 HCS 102. At the request of the registered provider, the name and address of the care home has not been identified in this report in order to preserve the confidentiality of the care receiver who lives in the care home. The service is a large detached property situated in a residential area in St Brelade. There is a vehicle provided for the benefit of the care receiver. The service became registered with the Commission on 11 November 2020.

Regulated Activity	Care Home
Conditions of Registration	Mandatory Type of care: Personal care and personal support Category of care: Learning disability and autism Maximum number of care receivers: One Maximum number in receipt of personal care / personal support: One Age range of care receivers:18 and over Maximum number of care receivers that can be accommodated in the following rooms: Bedroom 1: One person
Date of Inspection	2 June 2021
Time of Inspection	10:30am – 1.30pm
Type of Inspection	Announced
Number of areas for improvement	One

Number of care receivers accommodated on the day of the inspection	One

HCS 102 is operated by Government of Jersey – Health and Community Services and the registered manager is Rose McCullagh.

This is the first inspection since the care home was registered on 11 November 2020.

SUMMARY OF INSPECTION FINDINGS

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

Staff are recruited safely and provided with opportunities for training, supervision and development. There is a comprehensive induction plan provided which aims to equip staff with the knowledge and skills associated with their role. The home is always staffed by two staff members. The team is well-established, having a good understanding of the needs of the care receiver and this is helpful in ensuring consistency.

Central to the approaches to care which are applied in practice is giving choice, encouraging autonomy while discreetly monitoring and supervising the care receiver to best promote their safety and security within their home environment. These approaches are also utilised when supporting the care receiver to access a range of social activities in the community.

The home environment is domestic in nature, with generous communal spaces that can be freely utilised by the care receiver. The spacious nature of the accommodation enables that supervision and monitoring can take place, in order to ensure the care receiver's safety, whilst ensuring that this is not unduly invasive or impacting on privacy and independence.

The home environment has some specific security and access facilities to allow staff ease of entrance throughout the building while maintaining the safety of the care receiver. These were not unduly restrictive, and the Regulation Officer observed an open and non-restrictive homely environment with very few restricted areas. The Regulation Officer was satisfied that any restrictions in place were appropriate and in accordance with the care receiver's care plan.

The home benefits from an easily accessible garden to the rear, which is generous in its dimension and provides some useful options for social activity. It was noted that maintenance and upgrading of some worn areas was indicated and this was brought to the manager's attention.

The registered manager was clear about their role and responsibilities and maintains a regular presence in the home. They appropriately delegate to an experienced and

confident team when they are not present in the home. The provider has a quality monitoring process in place which is being refined by the manager. This will further promote a level of external scrutiny by peer review undertaken by their colleague from an associate home.

Feedback was provided by the care receiver's relative who was confident and appreciative of the support provided and of the care home environment. They were also fully informed of who they might approach if wishing to raise any concerns or formalise complaints. The relative was able to identify specific staff members whom they would be confident in contacting and raising any concerns if necessary.

A review of the care plans in place, led the Regulation Officer to note that these were provided by a case coordinator who is not based in the home and is not engaged in direct care. Furthermore, there were some inconsistencies in care plan reviews, which were not consistently recorded in a systematic way. Some had been compiled more than three years ago. This an area for improvement although it was also apparent that that care planning is typically of a high quality, being suitably instructive and informative.

INSPECTION PROCESS

This inspection was announced. This was partly to ensure that the manager would be available to participate in this first inspection of the service but primarily to ensure the care receiver could be fully informed of the visit and to fit around their routine. The decision to undertake an announced inspection was also necessary to promote best practice for infection control and management of visitors to the home.

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**
- **Choice, preferences and lifestyle**

Prior to the inspection visit, all of the information held by the Commission about this service was reviewed and that included a review of the Statement of Purpose

The Regulation Officer observed the person who uses the service going about their morning routine and also noted the interactions and interventions carried out by staff

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

in support of this. Two members of staff on duty provided a summary of care needs and how they support these. Some examples of this were seen in practice during the visit.

The manager provided information pertinent to the inspection process in discussions with the Regulation Officer, who was also able to review various policy documents and the training log and to have sight of care plans both in electronic format and hard copy. This inspection included a review of the premises.

There has been limited recruitment of staff since the home's registration, but the newest members of the team were contacted to establish the induction process which they were provided with. A recent record of the providers' safe recruitment processes, and the manager's involvement in this for an associate home they also manage, was referenced as an example of best practice.

Two members of staff were contacted by telephone after the inspection. The care receiver's representative was contacted by telephone following the visit also. Discussion also took place with Health and Community Services (H&CS) personnel who support the team in their work with the care receiver.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

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

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 manager confirmed that all staff are recruited in accordance with the Government of Jersey's safe recruitment policy and the recruitment process is managed by a Human Resources team. All staff are required to complete an application form with details of previous employment history, details of referees, statement of personal qualities, proof of identity and right to employment. The applicant is also required to declare that they are not disqualified from working with vulnerable adults due to previous offences. Enhanced criminal records certificates are obtained and reviewed prior to employment which provides further evidence of safe recruitment.

The registered manager highlighted there being an established staff team supporting the care receiver and that there has been a small amount of recent recruitment into

the team. The two most recently recruited members of staff were identified from the duty roster and it was confirmed that they had been subject to the necessary recruitment and selection procedures, which the manager oversees as routine.

These two members of staff were contacted following the visit and provided a very positive summary of their induction, one stating, “staff were absolutely fantastic to support me”. It was apparent from these discussions that staff induction is provided in a way which ensures that staff are both competent and confident in undertaking their roles, and that the learning environment is supportive. Initially, new staff members are provided with the opportunity to read care plans and to become familiar with the care receiver’s needs. Thereafter, new staff members undertake shadowing shifts and secondary roles working with the experienced staff.

Once confident and comfortable in working with the care receiver, new staff members are discreetly supervised and supported by experienced colleagues in taking a lead in working with the care receiver. They develop skills in utilising a range of communication skills as part of this induction process. There is a staff competency framework which is also referenced as part of this induction and reviewed by the manager.

Care staff confirmed that their training is underpinned by supervision which is provided by the manager and recorded as part of their ongoing training and development. Mandatory training is provided and was seen to be consistently provided with a good auditable record on the training log for each member of the team. The manager is able to monitor and review this with individual staff members and prioritise accordingly against identified training needs. SPELL training (an approach consisting of five aspects that support positive environments and treatment methods for people with autism), and Positive behaviour support (PBS), are identified as priority training areas for the staff team to ensure best practice approaches can be followed.

Recent training has also included Capacity and Self Determination training, which is directly relevant to the care needs and necessary level of supervision and restrictions which are in place. This is to ensure that the care receiver’s best interests are met on a daily basis in all activities, both in their home and when out in the community. The Regulation Officer was impressed by the statements and positive interpretation as made by two of the staff on duty during the inspection visit, of the SROL (Significant Restriction on Liberty) authorisation that was in place. When discussing this issue, their interpretation of this authorisation was that it would not/ should not impede the liberty of the care receiver unduly. It was evident if practical and safe to do so, they would always endeavour to promote and encourage autonomy and choice if the care receiver wished to leave the home at any time for example.

The shift patterns as discussed with the staff members on duty, indicated an appropriate roster system with hours of work not excessive or likely to lead to fatigue. Staff who were spoken with about this, demonstrated a good level of insight and understanding for the potential fatigue if working excessive hours or during the occasions where the care receiver needs a high volume of interactions. They confirmed that the sleep-in shifts allow for an uninterrupted break overnight, but if

disturbed there is provision for relief from the next day shift in the morning and which is supported by the manager.

The Regulation Officer sought feedback from one practitioner from Health and Community Services (Government of Jersey), who supports the team in how they might best utilise a range of communication strategies. They highlighted a very positive culture of care in the home. They reported that the team adopt a collaborative approach, which includes a reflective approach to practice. It was reported that the team are proactive in addressing potential challenges in a timely and measured way. A recent example of this was that the manager had sought advice to best support the team.

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."

Care staff on duty provided a useful summary to the Regulation Officer of the needs of the individual care receiver. They were able to demonstrate a comprehensive knowledge and understanding of their role in supporting these care needs. Furthermore, the interactions and skilled interventions which were observed during the visit, demonstrated that a range of approaches and communication aides are utilised to best support the care receiver.

The care receiver has some limited verbal communication but will utilise a communication board to convey choices and preferences and this was observed in practice. Staff supported decision making for planning their activities for the day that included shopping and meal preferences. The skilful approach and style of communication used by staff to promote good levels of understanding and positive engagement was clearly observed.

The comprehensive care planning framework which was viewed by the Regulation Officer was demonstrated in practice in a variety of scenarios as described by staff. This was also supported by observations made during the inspection visit. Experienced staff on duty spoke with an in-depth knowledge and an appreciation of the care receiver's care needs. In addition, the nature of information provided demonstrated an approach to care that was respectful and considerate of the person and their individuality. Staff spoke with respect and clear empathy for the care receiver but also with recognition of their unique qualities and personality. The positive therapeutic alliance and relationship which staff appeared to value and work hard to establish and maintain, was clearly evident from these discussions. Most notable however were the clear boundaries which were considered integral to maintaining the positive working relationship.

The care receiver appeared very relaxed and comfortable in the presence of staff. There were both reactive and proactive approaches initiated by staff to engage the care receiver with routines and structures and which are part of identified care plans.

It was noted from these interactions, that there was a seamless transition between discreet monitoring to the more direct supervision and instruction. This was further clarified and contextualised by staff in discussions with the Regulation Officer. Reference was made to the care plans which were in place. These included plans associated with positive behaviour support strategies as advised by allied professionals who continue to support both the home and the care receiver.

The essence of care was therefore well demonstrated from observations and discussions with staff on duty. The care receiver's needs and their involvement in making choices, appear central to all decision-making and specific approaches in enhancing the care receiver's ability to communicate were consistently demonstrated. These were further illustrated from the care planning and personal information records which provide a very good template for how care is provided.

The care plans generate instructions for care staff to follow and it was very clearly evidenced in practice that this promotes a good standard of care delivery. The Regulation Officer was able to view some of these records and gained a good understanding of the care receiver's character and personality. This reflected the positive approach that is taken in practice to demonstrate how the care provided will be respectful of the care receiver's lifestyle, wishes and preferences. A portfolio of documents is maintained for ease of reference which includes the "All about me" and "This is me" templates which are designed to collate useful and relevant information about individual care receivers.

The care home promotes individual independence and autonomy as far as possible. Where such assistance may be required for any specific activity of daily living, as for personal grooming for example, the staff were clear in stating that choice and consent of the care receiver will always be requested and confirmed before any such assistance is provided. The care receiver is also encouraged to take some responsibility for carrying out tasks with minimal or no direct support, where they are able to do so.

The Regulation Officer observed respectful and timely interactions and interventions initiated and undertaken by staff. These appeared comfortable and relaxed in nature with both the staff and the care receiver working together collaboratively as part of a positive therapeutic relationship. It was also noted that the care receiver-initiated interactions of their own volition with staff and that they appeared comfortable in doing so.

The care receiver is subject to an authorised Significant Restriction on Liberty (SROL) and care staff were suitably appraised of what this means in practice. It was noted from a discussion of this particular issue, as to the staff's understanding of what this means in practice and of how the care receiver is subject to as few restrictions as practicable. Staff members identified that they are authorised to prevent the care receiver leaving the home but that they would nonetheless still endeavour to safely facilitate any exit of the home by the care receiver if they so wished, with the necessary support being provided. It was evident that staff promoted the care receiver's best interest by escorting them when necessary and in monitoring their whereabouts at all times.

A discussion with a relative confirmed that communication will be routinely initiated by the home. Whilst it was recognised that the current restrictions have made visiting more challenging, the staff have ensured some contacts have been facilitated by escorting the care receiver to their family home for visits within permitted restrictions due to the pandemic.

There is a range of activities which are provided and encouraged on a daily basis and the home also has use of its own vehicle which provides further choice and opportunity to participate in community activities. In the home, a choice of rooms which the care receiver may use of their own volition, includes a large lounge area and quiet room (music room). These alternative spaces provide some means to redirect any behaviours which may be indicative of distress or anxiety and which require specific interventions. This approach is guided by positive behaviour strategies as is recorded in the care plans.

It was noted from disturbed sleep records, which are maintained on file as routine, that on occasions the care receiver may not sleep for conventional periods of the night. Despite this, minimal interventions are made unless additional input and support is indicated. It was apparent in this approach that freedom and choice are promoted, and that the model of support is both person-centred and non-institutional. However, where any distressed behaviours are observed or where communication of distress is evidenced, the team will seek to make adjustments to either care plans or to the environment, with support from allied health professions as required. One such example was provided where some minor adjustment had been made that had improved comfort and sleep pattern.

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."

Staffing levels and skill mixes were seen to be in good order with a high standard for induction both recorded and reported by staff who were spoken to about this matter. The training log and the subjects covered, outside of the mandatory training requirements, were reflective of the category of care being provided and aligned with the content of the Statement of Purpose.

The staff team is composed of those with relevant QCF training which includes the manager (who has the required Level 5), three staff who have Level 3 and three who have Level 2 or who are working towards achieving this. It was also noted that one member of staff was, of their own initiative and volition, independently undertaking a QCF Level 3 training due to limited opportunity at this time. Whilst this is commendable it was unfortunate to note that there are limits associated with training availability despite staff being motivated to achieve such competency and accreditation.
All staff who administer medication have completed appropriate training. However, there is also an on-call system that allows for a registered nurse to be consulted and involved in any exceptional medication management issues. This was evidenced by

the use of prn (as required) medication where behaviours exhibited had warranted the use of medication to alleviate distress on occasions. While this demonstrates a good level of governance, the reliance on an external review of such matters may warrant some further consideration and discussion with provider representatives. It would be expected that where staff are assessed as competent to administer medication, then providing that all prescribing guidelines and review are in place, the administration of this should be contained within the remit of the home's registration, Statement of Purpose and staff competency.

The competency of staff was also very well evidenced from observed practice alongside their engagement with the Regulation Officer who was able to establish this Standard as being well met through a review of information which was readily provided. It was evident from discussions undertaken with two members of staff that they were confident and knowledgeable about both the needs of the care receiver and of operational policy and procedures, which are part of their roles and responsibilities to adhere to.

The relative who was spoken with following the visit, confirmed that they have confidence in the staff team and were able to name individual staff whom they contact for any updates or information as required.

The staff team has some well-established members who complement some of the newer members of the team, enabling knowledge to be shared and for informal mentorship to occur. The most experienced staff who were spoken with at inspection, conveyed a strong team ethos and explained that roles and responsibilities are appropriately shared to ensure the care provided best meets the needs of the care receiver on any day. This was illustrated by the flexibility of approaches which all staff incorporate regardless of experience.

Staff will record incidents in the daily care record and also if necessary, as a Datix (risk rating monitoring tool) entry that automatically generates some review by the manager. A hard copy of the Datix record is held in the office which allows for an easy reference by staff to any recent incidents and where there may be patterns of behaviour evident from this. There is an expectation therefore for recording principles to be in place and followed by all staff in the absence of the manager and this was evident from discussions with staff and from review of sample records.

In addition, the recording of relevant information is made on a daily basis. This incorporates a range of assessment and monitoring, including ABC charts (behaviour monitoring), weight charts, food charts, a menu planner, a record of daily activities and sensory activities. All staff have been trained to undertake these core tasks. There are monthly team meetings which are used to review all operational matters, and which may highlight any ongoing training needs if these become apparent.

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 home is a large detached property which provides personal care and support to one care receiver. The home has recently been refurbished prior to the care receiver taking up residence. Some minor specifications have been put in place to ensure that safe working practices can be followed. This is in order to best support the identified care needs. A separate staff area is also provided in the property. A door security system is in place throughout the building that enables ease of access for all staff, this is also less disruptive to the care receiver's comfort and routines

However, the home is otherwise a conventional building with all the expected utilities and usable space (which is generous in size and scope). The property includes an en-suite bathroom, separate bathroom and two communal areas. The large kitchen facilitates some independence and ready access to stores and refrigerated goods but also ensures a safe working area where staff may support any food preparation and cooking. It was recognised however that use of the cooker facilities by the care receiver is limited in order to promote their safety

The home's general furnishing and décor was found to be in good order, promoting a homely and comfortable environment. There were personalised items and pictures in the rooms and some clutter and items left about in some areas. This was viewed positively by the Regulation Officer as being indicative of a typical homely environment where activity takes place as opposed to their being overbearing schedules imposed to keep all areas "clean and tidy". There was good evidence that spaces had been personalised for the care receiver, to reflect their own preferences.

There is free range of movement throughout the home, although the quiet area requires some management to prevent access to items which may be inadvertently damaged. Despite the SROL authorisation which is in place, the home is not unduly restricted at exit points and a high level of supervision (2:1 ratio) is always in place. This allows relative self-sufficiency of movement throughout the home. It was positive to note that, while there is a separate staff area that can closed off by door entry, the culture of the home and approach of staff on duty at the time of the visit meant that this area tends not to be utilised frequently. The manager however reiterated that this provision and utility may on occasion be required and that care plans and de-escalation approaches are used to effectively manage any distressed behaviours.

It was observed that the staff accommodation is located adjacent to the bedroom of the care receiver which may create some disturbance for the staff when the care receiver exhibits occasional restless nights. Although this was unavoidable on account of the design of the building and layout of the rooms, in practice, this was not reported as being problematic. Staff stated that the location of staff accommodation enables there to be a good level of unobtrusive monitoring of the care receiver's well- being and comfort. There is also mitigation for any disturbed

sleep for staff which is positively addressed by the manager when relief from next day duty is arranged if so indicated.

In these matters, the building was therefore viewed as providing a quality care home environment that meets the identified needs of the care receiver to a high standard.

There is no specialist equipment in place to support the care receiver in the home. Adequate maintenance schedules are in place with local tradesman for electrical and heating requirements. There is a maintenance log and requisition system if any building repairs are deemed necessary. It was observed that there had been some recent damage of a cosmetic nature in the en-suite bathroom. This would require some minor work and the manager agreed to review this immediately in order that remedial work may be carried out.

There is direct access to a very large enclosed garden to the rear of the building. It was noted that some upkeep of the grassy areas and upgrading of the decking area might be considered. The manager was to review this with relevant agencies following the visit.

Throughout the visit, the care receiver appeared relaxed and comfortable in the presence of staff members or when on their own in their home.

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 explained that due to the pandemic and to minimise footfall into the home, they had been reviewing the service and compiling a monthly report which is subsequently reviewed by a colleague. It was highlighted that, as restrictions are eased, the expectation would be that more independent scrutiny should be undertaken by a peer. The manager was able to confirm that this arrangement was in place with an associate manager from another home identified for this role and responsibility.

The home is staffed by a 2:1 ratio at all times and incorporates shift patterns of 7am – 3pm, 2.30 pm – midnight and midnight to 7 am. The care plans generate instructions for care staff to follow and it was very clearly evidenced in practice that these were promoting a good standard of care delivery. It was noted that the person responsible for compiling the care plans is not someone employed to work in the home. Whilst this was not resulting in a specific problem, it is at odds with the principle that the manager and staff should be fully accountable for all practice carried out in the home.

This is an area which requires some further review. Examples were provided of some generic care plans maintained on the electronic system. These were still active despite having been, in some cases, compiled as long ago as 2017. Some had been compiled by registered nurses who were no longer actively involved in the care planning process. From a discussion with the manager, it was not clear or

easily referenced as to when or how such care plans had been systematically reviewed although it was noted that the most recent care plan had been compiled in April 2021. In this matter, an area for improvement is indicated to review the current system in use which incorporates a range of recording methodologies including the electronic recording system, care plans and documents such as “All about me”.

It was to be noted however that the general content of the care plan and the principles being followed to best support identified care needs, were comprehensive and instructive. This was seen in practice by the interventions and communication skills demonstrated by staff.

Choice, preference and lifestyle

Reference was made to Standard 9 of the Care Home Standards which states: “You won’t have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle”.

There was very good evidence during the inspection visit of care receiver choice and preferences being promoted and encouraged. Reference was made to basic choices relating to decisions about meals and shopping as well as to social activities in the home or in the community.

The range of activities as made available, was recorded in a variety of documents and care plans. Importantly, this is conveyed to the care receiver in a format that they can understand and respond to in a style of communication that suits them best.

The communication skills and aides utilised by the staff demonstrated the approaches and consideration that is given in promoting enjoyable activities in a range of home and community settings. The interactive communication board which was seen in practice as being used by the care receiver, indicated that they clearly had some ownership of this process and were fully engaged in it to express themselves, their preferences and needs. This was considered integral to meeting this Standard.

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.

Area for Improvement 1 **Ref:** Standard 5 **To be completed by:** 3 August 2021	The registered provider must ensure that care plans are systematically reviewed and updated with a clear audit trail demonstrating this is undertaken routinely, consistently, within identified timelines and by relevant personnel
	Response by registered provider: *The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.*

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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