



**Jersey Care
Commission**

INSPECTION REPORT

Pinewood

Care Home Service

Le Mont Millais

St Helier

JE2 4RW

27 October and 4 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 Pinewood Care Home. The service is situated in the parish of St Helier and is within easy reach of the town amenities. The location of the home is such that there are also views of open countryside and out to the sea. Pinewood offers permanent and respite care for up to 46 male and female adults aged 60 and over. The service became registered with the Jersey Care Commission on 6 November 2019.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: Adult 60+ Maximum number of care receivers: 46 Age range of care receivers: 60 and above Maximum number of care receivers that can be accommodated in the following rooms 1-48 (excluding rooms 7 & 13): one person. <u>Discretionary</u> The manager must either provide formal confirmation from an appropriate educational source that their academic qualifications have

	equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 28 July 2024.
Dates of Inspection	27 October & 4 November 2021
Times of Inspection	10:15 - 16:15 & 09:30 – 13:15
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	26 care receivers

Maria Mallaband Care Group operates the Care Home and the Registered Manager is Merissa Kenny.

Since the last inspection in October 2020, the Commission received an application to register Merissa Kenny as the new manager in May 2021. The registration process was completed on the 28 July 2021 and the register updated to reflect the changes.

The discretionary condition on the service's registration was discussed at inspection and the Registered Manager felt confident about meeting the discretionary condition within the given timeframe.

The Registered Manager also agreed to submit an updated Statement of Purpose to reflect the change of manager immediately following the inspection.

The bed occupancy was discussed with the Registered Manager, as on the day of the inspection, 20 beds were unoccupied. The Registered Manager discussed that the aim is to increase the bed occupancy within the home gradually to 30 care receivers and attributed some of the reduced occupancy due to the pandemic. The Registered Manager has plans for refurbishment of a number of rooms whilst they are vacant and some of this is already underway. It is hoped that some of the refurbished rooms may be suitable for couples who wish to have a room next to each other.

SUMMARY OF INSPECTION FINDINGS

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

The Registered Manager is actively involved in the recruitment process including conducting interviews of new staff members. All new staff are required to work supernumerary for two weeks. A review of five staff personnel files by the Regulation Officer provided evidence of completion of all safer recruitment checks prior to staff commencing employment.

There was evidence of the provision of both mandatory and service specific training for staff and of regular supervision and appraisal by the Registered Manager and Deputy Manager. The Registered Manager had recently developed new documentation to aid the supervision process.

There was evidence of positive interactions between care receivers and staff, the Regulation Officer spent time in the dining room over lunchtime and observed staff showing kindness and respect whilst assisting care receivers to mobilise to and from the dining area and assisting some residents to eat their lunch.

Care receivers who spoke with the Regulation Officer also provided positive feedback about how they perceive the care and support that they receive.

Staff, who were spoken with, were clear about their roles and responsibilities and of when and how to escalate concerns. They also described how they very much worked as a team and felt supported by the Registered Manager and Deputy Manager.

The care home environment was observed to be clean and welcoming. The Regulation Officer undertook a physical inspection of the premises including the kitchen and laundry, communal areas and a number of the residents' rooms.

There was limited activity on the first inspection visit but it was positive to note on the second visit a livelier feel to the home with a number of care receivers enjoying the communal lounges, visitors to the home and evidence of one to one activity for one resident.

An experienced Deputy Manager supports the Registered Manager. A number of the staff have been working in the home for a considerable length of time. In addition, there is evidence of governance and oversight of care provision to ensure consistent levels of care are provided.

INSPECTION PROCESS

This inspection was announced and was completed on 7 October and 4 November 2021. Notice of the inspection visit was given to the Registered Manager on the day before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements.

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**

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including correspondence and communications between the Registered Provider, Registered Manager and the Commission and the previous inspection report.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

The Regulation Officer established contact with six care receivers and eight members of staff in addition to the Registered Manager and Deputy Manager. This contact was made by face-to-face conversations on the day of the inspection.

Further to the inspection visits, the Regulation Officer made contact with three relatives by phone on 24 November 2021.

During the inspection, records including policies, staff rotas, care records, recruitment records, monthly report / audit were examined.

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

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

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 staff team is made up of the Registered Manager, Deputy Manager, care assistants, an activities co-ordinator, a receptionist, an administrator, a maintenance person, as well as hospitality, housekeeping, laundry and catering staff.

The Registered Manager discussed that there were a few staff vacancies within the home currently. These vacancies were mainly non-care staff and the home was advertising for a server, a gardener and a community liaison officer to work within the home. There had been a recent appointment of an activity co-ordinator for the home, who was due to take up post mid November 2021. The home was also looking to recruit a senior care worker/assistant to work alongside the Deputy Manager.

The Registered Manager is actively involved in the recruitment process and discussed responding to applicants by email and conducting interviews. The Deputy Manager or a senior care assistant would also be present for any interviews.

All newly appointed staff work supernumerary for at least the first two weeks or longer if required. The Registered Manager also discussed the training courses that are required to be completed as part of the induction process and the policies that need to be read and understood. An electronic system provides a 'green alert' to the Registered Manager once the new staff member has completed the induction policies.

An examination of a sample of five staff files confirmed a safe approach to recruitment. The staff personnel files were well organised with dividers that aided navigation of the file. One reference was missing in one staff member's file, this was followed up with the administrator and the Registered Manager was able to evidence receipt of this reference by email prior to the staff member commencing employment.

The administrator immediately printed off and filed the reference in the appropriate place.

A discussion with the Registered Manager and examination of four weeks of staff rota provided evidence that the minimum staffing requirements for the home were being met. A number of staff spoken with during the inspection confirmed that the shift patterns available within the home also suited their family life.

The Registered Manager discussed that training opportunities for staff were a mixture of online and face-to-face training. Training records for staff are kept online and the Registered Manager can access a weekly report to review training within the home. Staff can also review training opportunities online and submit a request for training that then needs approval from the Registered Manager. There was also evidence of service specific training opportunities; examples of this are courses in motor neurone disease, positive behaviour and how to become a wound champion. The Registered Manager also commented that a number of staff are currently undertaking the Regulated Qualifications Framework (RQF) Level 2 or 3 training. A number of staff had also completed 'train the trainer' education in Moving and Handling and this was going to happen in respect to first aid training in November 2021.

It was positive to note that the Registered Manager had recently reinstated staff supervision and appraisal on a regular basis; senior staff are allocated a number of colleagues to supervise. Either the Registered Manager or Deputy Manager signs off on all completed supervisions. The Regulation Officer reviewed the staff supervision form introduced by the Registered Manager, there were clear sections on objectives and any issues / actions. A number of staff spoken with during the inspection stated that they welcomed this supervision.

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."

Following an assessment carried out by the Registered Manager, care receivers are admitted into the home. The Registered Manager discussed how the majority of referrals happen by 'word of mouth'. All of the relatives spoken with during the inspection confirmed a smooth admission / transition process into the home for their family member.

A random sample of six care plans were reviewed during the inspection. The care plans are stored electronically in a system called 'I CARE'. The Regulation Officer found this system to be extremely detailed and relatively easy to navigate, although had difficulty in establishing the exact date that the care plans were reviewed / updated. This was discussed with the Registered Manager at the time of the inspection and the Registered Manager agreed to look in to this. Immediately after inspection, the Registered Manager was able to provide the Regulation Officer with evidence of regular monthly or more frequent updates of the care plans. For one care receiver there were no care plans in the file, and this was discussed with the Registered Manager. These plans had not properly uploaded. However, they were available to be reviewed by the Regulation Officer and were subsequently uploaded.

The plans were person-centred and contained a great deal of detail regarding personal preferences. In practice, this meant that anyone reading the plan would have a very good understanding of the person that they would be caring for. The plans also contained a professional visit record for any visiting health professionals where the health professional could type / add to the record and then print this off for their own records should they so wish.

Two care receivers within the home were subject to Significant Restrictions on Liberty (SROL) authorisations, at the time of the inspection. It was noted that appropriate referrals had been made to the Capacity and Liberty Team and that assessments had been completed with authorisations put in place. There was a section in the care plans pertaining to capacity, best interest decisions and SROLs that was extremely clear and contained all of the necessary information pertinent to

the SROL application. This is seen as an area of good practice, hard copies of any SROL applications are also stored securely in a SROL folder.

The kind and compassionate care that the staff provide in their interactions and interventions was noted from observed practice. There was evidence of the fostering of good relationships with care receivers. This was easily recognisable by the positive rapport and good humour seen between staff and those whom they were supporting. Care receivers who spoke with Regulation Officers provided some positive feedback about how they perceive the care and support that they receive. The following are examples of what was directly reported;

'The staff are brilliant'

'The food is good, hot and quite big portions'

'The staff are kind and treat you with respect'

'The home is nice'

'Staff will support hobbies like walking'

Three family members provided feedback to the Regulation Officer, their comments and feedback are included below,

'Can't fault it'

'Feel involved in the care of (name), you are phoned to be consulted'

'Any niggles listened to and sorted'

'Staff encourage (name) to participate in activities'

The Regulation Officer also received feedback regarding visiting to the home during the pandemic. At the time of the inspection, visiting to the home was by appointment only, for a half an hour either morning or afternoon. This suited most relatives but some discussed that they would welcome the half an hour slot being extended. Visiting to the home was discussed with the Registered Manager during the inspection and of how additional flexibility might be incorporated into visiting whilst adhering to government guidance in relation to Covid-19. The Registered Manager agreed and confirmed that this was already happening to some extent.

Another relative discussed how the use of virtual meetings via Skype had 'helped an awful lot', during lockdown to allow them to still see their family member and keep in touch.

As discussed previously under the heading 'Summary of Inspection Findings', there was limited activity within the home on the first inspection visit. It was positive to note that at the second inspection visit there was more activity within the communal areas of the home and the Regulation Officer witnessed a good example of a supported one-to-one activity during the visit. However, at the time of the inspection, there were two weekly activities recurring within the home, which are a quiz, and bingo. A number of the care receivers expressed their enjoyment of these activities to the Regulation Officer. The hairdresser also visits every one to two weeks.

The Registered Manager discussed that while the new activity co-ordinator is waiting to start, that additional care staff in the afternoon have been supporting with activities within the home in the absence of an activity co-ordinator. The Regulation Officer was able to speak with the new Activity Co-ordinator who is due to take up post mid-November 2021. The Activity Co-ordinator spoke with enthusiasm regarding her plans for activities that will utilise both the inside and outside of the home including the garden area. Residents have also been asked for their input regarding future activities and suggestions have included movie nights and the possible idea of a separate women's' and men's' club. The minibus is also currently not in use and it is therefore planned that there will be future weekly outings.

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."

A discussion with the Registered Manager and a review of staffing rotas and the training matrix, provided evidence of adequate staffing levels within the home and that staff training was mostly up to date for 2021.

The Registered Manager explained to the Regulation Officer the delegation of roles and responsibilities within the team that contributed to the effective team working within the home. The home is quite unusual in that in addition to the carers, additional staff are employed as waiting staff (servers) within the home.

During the inspection, there was also evidence of an adequate number of staff on duty to meet the needs of care receivers. Staff were observed throughout the home in communal areas and supporting care receivers in their own rooms. Staff were also seen to respond promptly to call bell alarms.

Staff spoken with during inspection, were clear about their responsibilities and the escalation procedure. For example, one member of catering staff discussed how they would escalate any deterioration noted in a resident's general well-being or reduction in appetite to a member of the care staff or someone more senior. They also commented that communication with the catering staff could be improved by being included in or having a separate daily report concerning the residents. This was fed back to the Registered Manager who confirmed that this is something that is under consideration.

The Commission had received a recent notification relating to a safeguarding concern. This was explored in some detail during the inspection, in a discussion with the Registered Manager and by a review by the Regulation Officer of the home's safeguarding policy and procedure. Consideration was given in terms of how the policy and procedure was followed in this instance. The Registered Manager was able to demonstrate that, despite an initial delay in escalating the safeguarding concern that the appropriate procedure had been followed and that learning had occurred because of the incident.

A Senior Pharmacist (Health and Community Services), undertook a medicines management inspection on behalf of the Commission on 27 May 2021. It is positive to note that there were no significant concerns regarding medications management following this inspection. In addition, that the company wide medications policy was in place and being used (review date February 2029).

The Regulation Officer observed adequate and appropriate equipment within the home and the maintenance person for the home provided evidence of the regular servicing of this equipment.

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."

On arrival at the home, there is a bright and welcoming reception area for care receivers and all visitors to benefit from. The home was found to be clean and well maintained.

The laundry is small but functional and is situated in the basement or lower ground floor of the home, well away from the communal areas. At the time of inspection, the two industrial sized washing machines were broken and awaiting repair, this had been arranged for early 2022. As a result, the laundry was being transported to the top floor of the home and being done in the washing machines that are part of the previous staff accommodation in the home. Housekeeping staff assured the Regulation Officer that the washing was being done at a high enough temperature to ensure a deep clean if required. Each floor of the home has appropriate laundry bags and trolleys and there is a separate system to transport clean clothing / linen throughout the home.

The kitchen area was also viewed and found to be clean and well organised. The kitchen staff comprises the Head Chef, a second chef and two assistants. The Chef commented that there was a rotational menu every three weeks that changes seasonally / quarterly. There were clear records of daily food, fridge / freezer and delivery temperature checks. There is a daily deep clean of kitchen equipment and after servicing. A local company services all of the equipment and the records are kept in the office. It was discussed that, if residents did not want what was on the menu then they could have something of their own choice. This was confirmed in feedback from the residents.

The Regulation Officer spent time with the maintenance person for the home who provided evidence of the regular checking and servicing of equipment within the home and environmental checks for example water temperature, extractor fans and window restrictors. Records were stored securely in hard copy format. There was evidence of the annual fire service inspection that was completed in the week prior to inspection. It was also discussed that a weekly evacuation / fire drill was conducted with day staff but not night staff. This was raised with the Registered Manager at inspection, and it was agreed that this would be reviewed immediately after inspection. The Registered Manager was able to provide the Regulation Officer with evidence of fire drills for night staff at the beginning of 2021. However, there was a short period where this was not happening with the required regularity as required by the Standards and this has been identified as an area for improvement. Although it is very positive to note that in the week following inspection that three monthly fire drills for night staff have been reinstated.

The Regulation Officer also viewed a number of care receivers' rooms during inspection and found these to be well maintained with good evidence of personalisation.

Management of services

Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed."
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There is a clear management structure in place within the home with the Registered Manager being supported by an experienced Deputy Manager.

There was evidence of appropriate and adequate insurance cover that is displayed on the wall of the receptionist's office.

It was discussed with the Registered Manager that the service's Statement of Purpose required updating to reflect the change in manager and bed occupancy within the home. The Registered Manager agreed to submit an updated version to the Commission prior to the publication of this report. It was positive to note that, at

the time of writing this report that a copy of the updated Statement of Purpose had been sent to the provider for approval.

At the end of the inspection visits, the Registered Manager was asked to forward copies of the last few monthly reports, in accordance with the Standards, to the Regulation Officer for review. The Regional Director forwarded a copy of the monthly report for October and explained that the method and format of the monthly report had changed. A member of the Quality Auditing Team now visits the home on a monthly basis to check on the action plan from the previous report and to carry out a quality review of the home. In addition, there is a monthly clinical analysis of needs and risks within the resident group and what is being done to support each person. The report was found to be detailed with clear analysis / actions.

Feedback can also be given via complaints or compliments, and information on how to make a complaint is included in the welcome pack for residents. There is also a suggestion box in the foyer. The Registered Manager had also reinstated staff meetings and there had been two in each of June and October of 2021.

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 12.3 To be completed by: with immediate effect.	The registered provider must ensure that regular fire drills are carried out with all staff in accordance with the statutory regulations and requirements set by the States of Jersey Fire and Rescue Service.
	Response by registered provider: Thank you for the completion of your inspection. Pinewood Residential Care Home can assure that these statutory regulations and requirements have been immediately completed.

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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