



Jersey Care
Commission

INSPECTION REPORT

Sanctuary House

Care Home Service

**Sanctuary House
La Rue du Croquet
St Brelade JE3 8BZ**

11 and 18 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 Sanctuary House care home. The service is situated on the High Street in St Aubin, close to shops, cafes and with good transport links to St Helier. The service became registered with the Jersey Care Commission ('the Commission') on 17 February 2020.

Regulated Activity	
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Personal support</p> <p>Category of care: Homelessness, mental health, substance misuse, domestic violence</p> <p>Maximum number of care receivers: 10</p> <p>Maximum number in receipt of personal support: 10</p> <p>Age range of care receivers: 18 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-10: One person</p> <p><u>Discretionary</u></p> <p>Sarah Tumelty, as Registered Manager, must complete a Level 5 Diploma in Leadership in Health and Social Care by 22 October 2024.</p>
Dates and times of Inspection	<p>11 November 2021 – 10.30am to 12.30pm</p> <p>18 November 2021 – 9.30am to 12 noon</p>
Type of Inspection	First visit was unannounced

Number of areas for improvement	Six
Number of care receivers accommodated on the day of the inspection	Eight – with one new care receiver arriving on the day of first inspection

Sanctuary House is operated by Sanctuary Trust and the Registered Manager is Sarah Tumelty. Ms Tumelty was registered as Manager on 22 October 2021.

The discretionary condition on the service’s registration was discussed and evidence has been provided to the Regulation Officer that Sarah Tumelty is working towards a Regulated Qualification Framework (RQF) Level 5 Leadership Diploma.

Since the last inspection on 4 November 2020, the Commission received an application to vary conditions on 21 October 2021 to include domestic violence as a category of care provided. At the same time, the Commission took the opportunity to update the categories of care in line with all care homes.

An updated Statement of Purpose was submitted at the time of inspection which reflects the categories of care provided and change of 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.

The Regulation Officer reviewed two areas for improvement which were identified at the last inspection in 2020. There had been insufficient action taken either in providing appropriate training for staff, or in completing robust monthly reports to assure the Registered Manager that the Standards are met between inspections. These both remain areas for improvement.

Although there are several areas of improvement, overall, the quality of support provided at this service was good. The areas of improvement will ensure that the service complies with the Standards for Care Homes.

It was noted that care receivers were keen to give their views as part of the inspection. The feedback received demonstrated that care receivers feel well supported. It is positive to note that care receivers remain welcome after they have left this care home. This was also confirmed in feedback given by professionals. This was an area of good practice.

Staff have not been provided with mandatory training or with a qualification which enables them to appropriately meet the needs of the care receivers. This is an area for improvement.

There is a good induction plan in place with shadowing of experienced staff. Staff were all positive about the atmosphere and new management in place. Well-being

support is offered, and this is an area of good practice. However, there is currently no formal supervision or annual appraisal process, and this is an area for improvement.

Care planning demonstrates that the independence of care receivers is promoted, and care plans reflect only those areas where they require additional support. The Registered Manager had recognised that a more robust system of care planning is needed, and some staff members were on a training course at the time of the second inspection visit. Care planning has not been made an area for improvement as plans are in place to address this. The new care planning system must include regular reviews which are kept on record.

Notifications are not made to the Commission when the accommodation agreement with a care receiver is terminated. This is an area for improvement.

The Provider must set up a system of monthly reporting which is shared with the Registered Manager to assure them that the Standards are being met. This is an area for improvement.

There is no safe recruitment policy in place. All policies are currently being updated. A complaints policy and guide for care receivers needs to be produced which informs care receivers of their right to escalate issues to the Commission if they are not satisfied with the response. This is an area for improvement.

INSPECTION PROCESS

The first day of inspection was unannounced on 11 November 2021, with a further date arranged on 18 November 2021 to complete the inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training, and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**

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

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

The Regulation Officer sought the views of one care receiver present at the time of the inspection, and left feedback forms to be given to all care receivers. Forms were returned by six people who currently live at this home, and two people who continue to visit the home for advice and support.

The Regulation Officer contacted eight professionals for their views on the service. Three provided feedback by telephone. Two members of staff provided feedback by telephone and one by email.

During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

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, two areas for improvement were identified and an improvement plan was submitted to the Commission by the registered provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection and it was concerning to note that insufficient progress had been made to address any of the areas for improvement. This means that the Registered Provider has not met the Standards in relation to training for staff and the monthly reporting is not completed to a sufficient standard to enable the Registered Manager to be assured that the Standards are being met between inspections.

The current Registered Manager has only been in post since 22 October 2021, and it was evident that they had identified some of the areas where the Standards are not met and had put plans in place to address these. However, to ensure robust action, the areas for improvement identified in last year's inspection report, will be included this year.

Staff recruitment, training, and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The Registered Manager acknowledged that no training plan had been put in place since the time of the last inspection. The Provider had committed to providing Level 3 Diploma training in Health and Social Care to the previous Registered Manager.

Additionally, there was a commitment for all staff to be trained to at least RQF (Regulated Qualification Framework) Level 2 Diploma in Health and Social Care. However, there had been a change in management and, in a small staff team, only one member of staff has an appropriate qualification.

It is acknowledged that members of staff are not providing personal care or administering medication to care receivers. However, the service needs to ensure that a qualification appropriate and equivalent to the RQF Level 2 Health and Social Care Diploma is provided to at least 50% of staff on duty. In practice, all staff would need to have this qualification as staff members often need to work alone. By the second inspection visit, the Registered Manager had been proactive in making enquiries and sourcing appropriate training.

All full-time staff have completed Safeguarding Adults and First Aid training. However, staff have not completed all areas of statutory training requirements including Data Protection, Infection Control and Food Hygiene. To respond to the needs of this client group, mandatory training would also be expected for substance misuse, mental health, and domestic violence. Training should be offered to both bank staff and full-time staff. This is an area for improvement.

There is no safe recruitment policy. There had been an occasion since the last inspection when a member of staff was recruited before the Disclosure and Barring Service (DBS) check had been received. The Regulation Officer is confident that the Registered Manager now understands their responsibilities in this regard. This is an area for improvement.

The Regulation Officer spoke with a member of staff who had recently started with the service and was informed of an induction process which included shadowing and working with other more experienced members of staff for the first few weeks. The induction process also includes support to meet with care receivers to carry out assessments and care plans before they are assessed as being able to complete this task alone.

Support is offered to staff each month by an independent counsellor. One member of staff reported how useful they had found this. However, there is currently no process in place for regular supervision with a line manager to discuss performance, development and reflection on roles and responsibilities. Standards for Care Homes state that this needs to be “carried out at least four times a year, records of supervision will be retained within personnel files.” In addition to this, appraisals must be completed and recorded at least annually. This is an area for improvement.

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.”

All care receivers who returned feedback forms were positive about the support provided by the staff team. Two care receivers commented on the welcoming

atmosphere in the home when they first arrived and that they had been supported with their emotional wellbeing during their time at this care home. There is no time limit to staying at the home, but two care receivers had responded although they are now living independently. It was positive to note that care receivers return to the home for advice and support.

Other positive comments made by care receivers were:

The team is *“first class”, “very good”, “helpful” “always ready to listen”*. One care receiver stated that staff are *“basically helping me piece my life back together.”*

All professionals were positive about the quality of support offered to care receivers. One professional commented that the small size of the home offers a higher level of personal support, and that the care receivers are *“regarded as individuals”*. One professional stated that having an out-of-town location was positive for the care receivers. All professionals felt that care receivers are aware of the rules regarding no alcohol at this care home and that where care receivers have been asked to leave, they have continued to be well supported by staff as outreach, with the option of returning later. The positive emotional well-being support provided and reported by both care receivers and professionals is an area of good practice.

There was evidence of a robust assessment process and multi-agency working prior to a care receiver admission. An action plan is completed with each care receiver shortly after arriving at the home. Support is offered in the areas of counselling, legal advice, tax advice, money management and personal debt.

Care planning demonstrates that the wishes of each care receiver are promoted, with support being provided according to each person's needs. However, currently the care plans are not robust. At the time of the second inspection visit, staff were on a training course for a new care planning system, and this will be a positive improvement to the current system.

There is a strong ethos within this care home about the independence of care receivers. An evening meal is provided but care receivers are also encouraged to cook for themselves and others and there was evidence that this occurs.

There are strict rules in this home regarding curfew and no alcohol. All care receivers are informed of these rules at the time of admission. If care receivers do not adhere to the rules, the service terminates the accommodation agreement. It is noted that the Commission has received no notifications in this regard, and this is an area for improvement.

There is positive multi-agency working in respect of supporting care receivers to move on from this care home to independent living. The staff at Sanctuary House continue to support care receivers once they have moved into their own accommodation.

Photographs in the hallway provide evidence of activities which are organised by the staff at Sanctuary House, such as working on an allotment and a trip to the zoo.

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.”

All new support staff complete an induction period which includes shadowing more experienced members of the team. New staff shadow at least two evening shifts before taking on this responsibility alone.

One member of staff described this as a “*lovely place to work*”. They felt that the induction process had been positive and had given them relevant information to provide support to care receivers.

All medication is self-managed by care receivers and this can be kept in a locked safe in their room.

The Registered Manager understands the need to provide specific training in the areas of mental health and substance misuse and had made enquiries regarding this at the time of the second inspection visit.

All professionals consulted were positive about the multi-agency working. Care receivers are always part of these meetings and their information is only shared with their agreement.

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 accommodation’s location is a positive feature of this service. It is based outside of St Helier but with good transport links into the centre.

The building is traditional and there are some challenges regarding sizes of rooms. However, it is noted that the two smallest rooms are only used as and when all other rooms are occupied, and that care receivers are moved from those rooms to larger accommodation as soon as this becomes practicable. There are shared bathroom facilities on each floor.

There is a lounge area and a kitchen, both of which are well maintained. Care receivers all have keys to their bedrooms and are requested to keep these locked when not in use to protect their personal items. There is a small outside area, and this has recently been decorated.

The Regulation Officer did not note any specific issues with the environment.

Management of services

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

This is a small service with a client team appropriate to the number and complexity of needs of the care receivers. There are long-standing members of staff who provide advice and support to a relatively new staff team.

There is no system in place to provide robust monthly reports which are shared with the Registered Manager. This process is designed to support the Registered Manager to understand if the service is meeting the Standards for Care Homes throughout the year. This remains an area for improvement.

The Registered Manager stated that the staff handbook is currently being updated. Human resources policies and procedures need to be updated and it was reported that this is currently being undertaken. The complaints policy needs to be updated to include contact details for the Commission. This is an area for improvement.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 3</p> <p>To be completed by: Plan to be in place by 30 March 2022</p>	<p>All staff, including bank staff, will be provided with training to the equivalent of Level 2 Diploma. All staff will have training in the mandatory areas of training set out in Appendix 7 of the Standards for Care Homes.</p>
	<p>Response by registered provider: A training plan with the Jersey Care College has been arranged. Registered manager – currently working towards Level 5 Leadership and Management. Deputy Manager – currently working towards Counselling diploma Level 4. Once complete in July, she will be enrolled on either a Level 3 or 5 course in line with the standards. One of our support workers has already completed the Level 3 Health and social care qualification, so will be offered other training to support his personal development. Our two other support workers are enrolled on the Jan course to start their Level 3 Diploma. The Jersey Care College have offered us an amended version of the course that includes modules that are much more relevant to our staff than the standard Health and Social diploma. We are aware of the need to train all bank staff, so the additional training costs have been put forward to our Board of Trustees to confirm how many bank staff we will have in the future, as this was not considered in our 2022 budget. The registered manager will update the Commission when we have received confirmation re. bank staff numbers and dates they will complete mandatory training. This will be before the 30th March improvement deadline. All of the team are also due to start training in the mandatory areas set out in Appendix 7. This is starting in January 2022 also with Jersey Care College.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.14</p> <p>To be completed by: Plan to be in place by 1 February 2022</p>	<p>All staff, including bank staff, will be provided with supervision at least four times a year to discuss performance, development needs and to share any issues or concerns. Appraisals will be carried out and recorded at least annually.</p> <hr/> <p>Response by registered provider: The registered manager has made a plan to provide supervision to all staff at least four times a year. Dates have been arranged in the registered manager's diary and invites have been sent to all staff for 2022. We also value outside supervision, so have included in our 2022 budget that all staff will receive external supervision. This has been a great success so far. All staff appraisals have been booked for January/February 2022.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 10.2</p> <p>To be completed by: 30 March 2022</p>	<p>There will be a complaints policy in place which is accessible to all care receivers. This will contain the contact details of Jersey Care Commission.</p> <hr/> <p>Response by registered provider: At the time of inspection, the registered manager regrettably could not find the complaints policy on our online system. However, we do have a policy in place for complaints that details that complaints can be made to the Jersey Care Commission, but contact details are not included, so this policy will be updated before the March 2022 deadline. A copy of our current complaints policy can be shared with the Jersey Care Commission upon request in the mean time.</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 3</p> <p>To be completed with immediate effect:</p>	<p>Notifications will be made to the Commission in line with Appendix 8 (notifiable incidents) – to include termination of accommodation</p> <hr/> <p>Response by registered provider: This improvement has been completed. Since the 2021 inspection, we have been using the new format to notify the Jersey Care Commission of any incidents, including termination of accommodation.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 12</p> <p>To be completed by: 30 April 2022</p>	<p>There will be policies and procedures in place to promote good practice. (Appendix 2 contains a list of policies and procedures associated with the Standards –some suggestions may not be appropriate to all settings)</p>
	<p>Response by registered provider: With help from Law At Work, we have taken part in a scoping exercise to look at our policies and see which of them require updates. This is a key focus of our management plan for 2022. We have team members working on our policies and procedures as well as a volunteer who has a compliance background helping us. A plan has been drafted by the registered manager to seek Trustee approval to hire a business co-ordinator for a 1 year project to ensure Sanctuary Trust has sufficient help with administration tasks, including policies and procedures.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 12</p> <p>To be completed with immediate effect</p>	<p>The Provider must arrange for a representative to report monthly on the quality of care provided. These reports will be shared with the Registered Manager.</p>
	<p>Response by registered provider:Diary appointments have been made for monthly reports from Jan – Dec 2022. One of our Trustees, Debbie Prosser will be responsible for the monthly reports. The management team have familiarised themselves with the Jersey Care Commission standards. Debbie will also focus on one standard each month to ensure we have worked through all 12 by the end of the year. She will be taking over from Mark Bond who was previously responsible for this task. Debbie is on holiday in January, so Mark will do the January report and Debbie will then take over. Debbie will share the reports with the registered manager each month.</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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