



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**The Diner**

**Adult Day Care Service**

**St James Lane  
St Helier  
JE2 4QQ**

**8 December 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 The Diner Day Centre. The service is in the centre of St Helier and aims to promote social inclusion for service users referred from the Community Mental Health Team (CMHT). The service's Statement of Purpose (SOP) includes providing "a building block in recovery to develop confidence and gain skills". This incorporates a focus on ensuring that both physical and mental health are supported by "providing a nutritional homemade healthy hot meal every working day".

The service was registered with the Commission on 26 February 2021 and is in part of a large single storey building which incorporates several spacious rooms including a large dining area. There is a smaller room to provide privacy for any confidential discussions and which also incorporate office space for the staff to complete relevant administration tasks and access care records.

Regulated Activity	Adult day care service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care and personal support Category of care: Mental Health

	Maximum number of care receivers: 35 Maximum number in receipt of personal care / personal support: 35 Age range of care receivers: 18 years and above
Dates of Inspection	8 December 2021
Times of Inspection	11 am – 2.30 pm
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service day of the inspection	23

The Diner Adult Day Care Service is operated by Government of Jersey, Health and Community Services and the Registered Manager is Jemma Quayle.

There is one discretionary condition made on the service’s registration. This relates to the requirement that the Manager completes a Level 5 Diploma in Leadership in Health and Social Care by 22 February 2024.

## **SUMMARY OF INSPECTION FINDINGS**

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

The day care service was observed to be delivering effective and person-centred care. Care receivers were observed to be comfortable and confident in using the centre as described in the Statement of Purpose. A small staff to care receiver ratio was noted, and this was seen to be appropriate to the centre’s focus on promoting social activities and in providing a wholesome and nutritious meal at lunchtime. During the visit, the care receivers were freely accessing all communal areas; some enjoying social activities with each other such as playing games and others engaging in social interaction. The Regulation Officer noted a variety of interactions and

engagement between the small staff team who were on duty and care receivers. This was visibly warm and supportive. In these observations, a positive and relaxed atmosphere was promoted to the apparent benefit of those accessing the service and good rapport was noted between care receivers and staff.

Engagement with six care receivers during the visit established their satisfaction with the service and that they felt that having access to it was a benefit to them. It was highlighted by some, that social isolation was an issue for them and that the service played an important role in reducing this. It was seen as a much-appreciated venue for meeting with others and for providing the opportunity to have a cooked meal.

The referral pathways for any new care receiver and record keeping systems were discussed with the Registered Manager and Senior Care Assistant (SCA), with reference to how the service operates. It was noted at this time the reported absence of Registered Manager at the Day Centre over the preceding months, this was confirmed by them during the visit. It was clarified the primary reason for this is an ongoing staffing resource issue at the care home which they also manage and requires their direct involvement and primary oversight. The Regulation Officer was assured however that the day service operates effectively and that the SCA has the necessary skills and experience to provide daily management in the absence of Registered Manager.

However, despite these arrangements, the reported absence of any managerial presence in a day centre represents a significant area of concern. It is a requirement that there is consistent presence of a manager. This is necessary to provide ongoing review of care receivers' needs, and to provide support to both care receivers and staff. This is identified as an area for improvement.

With consideration of the logistical challenges for supporting up to 35 service users (albeit restricted at this time to smaller number of 25 during the pandemic), and providing a nutritious cooked meal each lunchtime, some review of the training updates and relevant qualifications was indicated relating to both food hygiene and catering. The skills and competency of the lead "chef" who is solely responsible for the provision of the cooked meal was very evident and was of no concern. However,

an area for improvement is advised to ensure the relevant training and qualifications for this role are available to all members of staff who may need to take on this role.

Although there is no medication administration carried out, it was reported that on occasion care receivers may request that medication is stored at the centre. It was apparent that this was not being stored in a consistent way with the necessary secure and auditable process in place. This is an area for improvement.

## INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given one week before the visit. This was to ensure that the Registered Manager would be available during the visit. This was the first inspection since the service became registered and was carried out by one Regulation Officer.

The Adult Day Care Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Information about the service**
- **Planning care with care receivers**
- **Approaches to care and welfare of care receivers**
- **Activities that reflect preferences and lifestyle**
- **The service provided will be reviewed regularly**

Prior to the inspection visit, all the information held by the Commission about this service was reviewed. This included the discretionary conditions which had been imposed upon the service's registration and which had required actions within specified timelines. Furthermore, it was noted that the change of manager since initial registration was completed.

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<sup>1</sup> The Adult Day Care Standards 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 some of the people who use the service and spoke with managerial and other staff. The Regulation Officer observed how the centre operates with a focus on providing a healthy cooked meal as being one of the primary objectives and functions. The SCA who oversees the daily service, facilitated the focus of inspection process during the visit. In addition, two staff were spoken with directly about their work and their understanding of roles and responsibilities. The Registered Manager provided an overall summary of how the service operates at the commencement of the visit and clarified their limited daily involvement.

During the inspection, records were reviewed or noted from the Care Partner electronic care recording system that is available to staff. Consideration for risk assessment and care planning and the primary function of the service was given with reference to all such systems of care recording being available to staff working in the centre.

The staff induction programme and training were considered with reference to the Registered Manager's other responsibility in managing a separate care home. It was explained that, on occasions, staff from that service provide support to this one. A review of systems of governance were explored with the Registered Manager with specific attention to how they maintain appropriate oversight of the service

Reference was made to systems of safe recruitment and selection of new staff which are applied in practice by the provider as part of Human Resources policy and procedures. This had previously been reviewed for the associated care home service which is overseen by the same manager.

The day centre is a spacious environment and is accessible. Appropriate attention was given to how a person with restricted mobility would be able to successfully access the service.

The Regulation Officer spent time in the communal areas with care receivers and was also able to make observations of them participating in activities in clearly defined areas, for example an activities room separate from the main dining area.

At the conclusion of the inspection, the Regulation Officer provided some immediate feedback to the SCA and subsequently to the Registered Manager two days later.

This report sets out the 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**

### **Information about the service**

Reference was made to Standard 1 of the Adult Day 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 the service and how you will be cared for.”

The Statement of Purpose describes the nature and range of services to be provided which is consistent with the certificate of registration. A discussion with the recently appointed Registered Manager confirmed their understanding of the aims and objectives of the service.

The Registered Manager is well supported by an SCA who is very experienced in taking a lead role daily in their absence. Operationally, there is an acceptable system of staff allocation, roles, and responsibilities.

Information provided by the SCA illustrated and confirmed a good system of referral and assessment which is undertaken by key agencies and which relies on primary referral from the Community Mental Health Team (CMHT). This is usually a Community Mental Health Nurse (CMHN) but can also be from other healthcare

professionals. Crucially, it was confirmed that a care co-ordinator from one of these groups will always be in place prior to referrals being considered. It was however noted that there had been some exceptions to this in respect of a small number of service users who have benefitted from having longstanding access to this service.

One of the key considerations for the work that is undertaken to support all care receivers using the service, is that they have an overarching system of support and review of their needs carried out routinely by their Care Coordinator. In this matter, assessments, and procedures for introducing new people to the service are a collaborative process involving both their Care Coordinator and staff working in the day centre, and which forms part of the existing therapeutic relationship between the Care Coordinator and care receiver.

Assessments and decisions are jointly undertaken by the Registered Manager and SCA for new referrals. This also applies to ongoing reviews which are undertaken as routine to attendance, which take account of the presentation of individuals attending the centre. It was noted that there were five potential new care receivers on a waiting list. The restrictions on the numbers able to attend the service, imposed due to the pandemic, necessitated that this could not be progressed at this point.

The Regulation Officer was provided with, "The Diner information for new clients" booklet which sets out key information such as the function of the service, make-up of the team, opening hours and core values. It further informs care receivers of their responsibilities towards both fellow users of the service and to staff. It also sets out what care receivers can expect from the service regarding the support provided. It was acknowledged that where care receivers cannot access information in a written format, that such information would be provided verbally. It would also be a consideration to have this document in other languages format, but this was not noted as being a specific need at the time of the inspection.

An agreement record is incorporated into the information booklet, which invites the care receiver to provide a signature as an acknowledgement of the conditions to meet when accessing the service.



## Planning care with care receivers

Reference was made to Standard 2 of the Adult Day Care Standards which states:  
“You will be cared for and helped in a way which has been planned with you.”

The primary function of the service is not one which would indicate the need for there to be a significant volume of care records to be maintained. Instead, the daily register of attendance is the primary reference for auditable purposes of service and care receiver activity. Precisely how care receivers use the service is of their choosing. In practice, care receivers engage in social activity or participate in some informal games or other activities. This was observed in practice during the inspection.

It was reported that activities which are promoted and coordinated from the centre include yoga, five a side football and art groups. These activities may also take place outside of the centre, with support from volunteers from partner agencies. Staff employed in the service often take a role in arranging, promoting, and facilitating these activities, with support from the Care Coordinator, who retains clinical oversight. This mode of operation ensures that different levels of engagement to promote care planning, takes place with the care receiver, both in the day centre and/or when seeing their Care Coordinator outside of the venue.

A key focus of the work undertaken by the service is in engaging with care receivers and encouraging them to participate in meaningful activity. The purpose is to build care receivers' confidence and motivation. It was evident from an observation of the approaches and communication methods employed by staff, that the style of engagement was positively affirming and encouraging.

The SCA identified a comprehensive approach to planning that incorporates access to the electronic care records and assessments which include risk assessments. These are incorporated into the initial referral. Ongoing monitoring of individual presentations are undertaken as part of an everyday review of all those who are accessing the service. Where any concerns are noted then, where appropriate, this is addressed informally with the care receiver. If a care receiver's presentation

raises more significant concerns, the Care Coordinator or colleague in the Community Mental Health Team is contacted.

Engagement with six care receivers during the inspection visit, provided an opportunity to establish their satisfaction with the service and of how they are given options for activities and freedom of choice to participate or not. In each example, the care receivers expressed appreciation for the meals which are provided. Some identified that this was central to their reason for attending the day centre in that their motivation or ability to cater for themselves is otherwise limited.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 6 of the Adult Day Care 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."

Discussions with the Registered Manager confirmed the procedures which are in place and that are followed to ensure staff are competent and appropriately qualified to support care receivers with a range of needs. These are predominantly related to mental health and the role of staff is to promote mental wellbeing.

It was discussed with the SCA on duty, that one of their primary roles is to prepare a meal each day. They give particular attention to incorporating nutritious and healthy ingredients within the preferred and conventional options available. This approach is aligned with the aims and objectives outlined in the Statement of Purpose; to promote physical and mental well-being through nutritional support.

It was very clear to the Regulation Officer as to the skills and competency of this key member of staff. However, it was noted from discussion with them and from a review of the training log, that their last food safety course was completed in 2019. With consideration to the wide range of skills for catering of this scale, and that this staff member often works with minimal support when the service is only staffed with two, a review of this training and frequency was indicated. This also applies in respect of any other staff who may step in to cater for the care receivers in the

absence of the SCA who is the main “cook” on duty each day. This is an area for improvement.

A copy of the mandatory training profile of staff working in the service provided good evidence that the expected training requirements were being met, with updates completed. On the day of the inspection, one of the staff normally allocated to work in this service was on leave and their duty was being covered by a new inductee. This employee would otherwise have been deployed in the associate care home, which the Registered Manager also oversees. In this matter, the system for the temporary redeployment of staff from the associate home, to provide cover for annual leave, training and sickness was seen to be an effective and an appropriate mechanism.

The Registered Manager provided the duty roster which evidenced that the staffing arrangements were appropriate to enable cover for absence, whenever one of the permanent two staff members are not in work (for any reason). However, from a discussion with the Registered Manager, a significant deficit was apparent in the ability of the service to meet the terms of its registration. This was about a lack of any consistent presence and oversight of this service by the Registered Manager due to the priority which they need to provide in managing the care home of which they are also manager. While the Regulation Officer did not have any immediate concerns about how the service was operating, the wider implications in there being no managerial presence for a prolonged time was an issue that was highlighted as needing immediate attention and consideration. This is an area for improvement.

There were several roles and responsibilities delegated to appropriately trained and skilled workers in this service. This was evident during the inspection visit from observation, and it was clear that a very well informed SCA oversees day to day activity. However, it was not evidenced that the requirement that care is consistently provided by, “competent care and support workers who have the necessary training and qualifications” (as is stipulated in the Standards), was demonstrated. Specifically, there needs to be consistent management presence.

The absence of consistent management presence has an impact on the provision of adequate supervision of the staff team. It was also noted from the Statement of Purpose that the identified staff is recorded as X1 Registered Manager, full time equivalence of X3 HCA staff and an Activities Coordinator. However, the staff roster did not reflect this number is in place. Therefore, a review of the Statement of Purpose is necessary. This is an area for improvement.

In addition, the Registered Manager needs to have oversight and to undertake a systematic review of both care receivers using the service and of how the service operates. This is not achievable without consistent managerial presence.

These matters were readily acknowledged by the Registered Manager during the inspection. Equally, it is recognised that the Manager had been recently appointed at the time of the inspection and had the additional responsibility to adequately and safely staff the care home for which they were also the Manager, over a 24/7 period.

### **Activities that reflect preferences and lifestyle**

Reference was made to Standard 8 of the Adult Day Care Standards which states: “There will be a range of activities which reflect your preferences and lifestyle.”
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The overall environment was found to be in good order. It was well maintained and has generous space which was seen to be well utilised in facilitating individual and group activities, albeit very informally and often self-directed by care receivers within their social interactions.

The essence of how the service meets its aims and objectives as recorded in the Statement of Purpose and in accordance with the Standards, was well demonstrated. It was noted that the staff team provide a wide arc of support to care receivers. Examples were noted in practice during the visit and included care receivers being supported and encouraged to access charity support and Christmas appeal fund events of which they may not otherwise have been aware or been motivated to attend.

A strong theme of social inclusion and recovery-based approaches to support structure and goals within an informal, welcoming, and non-threatening environment was evident from observation and discussions that took place with care receivers and staff.

It was however noted from the scope of this inspection by the Regulation Officer as to the limitations on the service given its limited staff numbers and hours of business. However, it was also apparent that while the service runs for set times, the activities and engagement with other agencies promotes a seamless transition for activities that are promoted outside of the day service. This illustrated the very positive approach to social inclusion, service user choice and promotion of positive well-being and recovery.

### **The service provided will be reviewed regularly**

Reference was made to Standard 11 of the Adult Day Care Standards which states: "The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others."
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The quality of care and support provided is given some consideration through review and with the SCA identifying an initiative to gather care receiver feedback via a "comment box" to be situated in the centre. The Regulation Officer noted the delays and difficulty in obtaining this due to the requisition system, which appeared unduly onerous.

It was discussed with the SCA that some care receivers request that staff store medication on their behalf whilst they attend The Diner. While this is limited in number and does not involve staff needing to administer the medication, there must be an appropriate secure storage facility with clear auditable procedures in place for the signing in and out of the items. Some options for resolving this were discussed with the SCA during the inspection. This is an area for improvement.

The Registered Manager was asked about their access to budgets and money to improve services and it was not clearly evidenced that this is easily or readily

accessible to them. It was noted that the system of governance relating to this could be more streamlined to allow some greater autonomy. This would promote the making of quality improvements to the service and environment, as they become apparent. This would be worthy of further review with relevant departments.

While the managerial structure is clearly defined, and the operational systems in place appear relatively well organised and effective, the absence of managerial oversight has the impact of it not being possible to fully demonstrate that this Standard is met. This is with reference to the mandatory conditions, roles, and responsibilities inherent in the Registered Manager role. This area for improvement requires that significant investment is made or that the allocation of additional resources is granted.

## IMPROVEMENT PLAN

There were four 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> Standard 10 &amp; 11</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The Registered Manager needs to have a consistent presence in the service.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>Staff recruitment ongoing. 9 applicants from post which closed on 13/12/21. 4 SCHA posts needing to be filled. Although manager cannot attend at peak times on most weeks with current staffing at Clairvale, they will attend between 13:00-16:00 once a week at minimum. If there are enough staff on a shift at Clairvale they will attend 10-13:00 once a week until fully staffed and then review.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3 &amp; 11</p> <p><b>To be completed by:</b> within two months of the inspection (8<sup>th</sup> February 2022)</p>	<p>A review of the training needs and requirements for all staff responsible for the provision of cooked meals for care receivers, and of the training modules, must be undertaken.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>Manager to contact environmental health to ensure that SHCA's who cook at the Diner regularly have the correct training. Although they do meet the minimum standard required, more training may be appropriate. Once this has been discussed, manager to contact Training Manager if extra training required.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 4 &amp; 11</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>A safe and secure storage facility must be provided with an associated audit process.</p>
	<p><b>Response by registered provider:</b></p> <p>Audit sheet made- service user must hand in prescription medications in presence of two staff members and all parties are to print and sign their name along with the date and time. This happens when property is handed in and the same process once collected. No medications are opened on the premises and are stored in a lockable drawer- this process is only for those who have collected medications on the way to The Diner. Staff to encourage service users to collect medications on way home rather than before hand.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 6 &amp; 11</p> <p><b>To be completed by:</b> within one month of the inspection (8<sup>th</sup> January 2022)</p>	<p>A review of the Statement of Purpose must be undertaken and that reflects accurately the staff which should be employed to adequately meet the expected demands and requirements of the service</p>
	<p><b>Response by registered provider:</b></p> <p>Statement of purpose review to take place 20<sup>th</sup> and 21<sup>st</sup> Jan (20<sup>th</sup> Jan is the Team Meeting and will allow the staff to have their say regarding the statement of purpose). Likely that small changes will be required due to current staff and will be reviewed regularly as staff are appointed.</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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
St Helier, Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)