



Jersey Care
Commission

INSPECTION REPORT

Evans House Care Home

6-7 Springfield Terrace

Trinity Road

St Saviour

JE2 7NS

25 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

Evans House provides accommodation for up to 23 persons who are experiencing homelessness. On the ground floor, there are communal areas that include an entrance hallway, main reception area, lounge, study area, dining room and kitchenette area. There is also a lounge on the first floor and private rooms that can be used for personal and confidential discussions.

Five bedrooms are registered for double occupancy; however, the sharing of bedrooms will only occur for care receivers in a relationship who wish to share a room, or in the event of an emergency. At the time of inspection, due to the increase risk from the pandemic, there were no shared rooms in use. All bedrooms have coded locks and are furnished with a small safe to secure property, a kettle, television, wardrobe, easy chair and unit for storage.

The kitchen is located on the ground floor and is fitted with commercial stainless-steel equipment, open shelving and walls clad with stainless steel for easy cleaning. The food storage includes areas for cold storage with a range of fridges and freezers and dry food storage also.

The laundry is in a designated area within the rear courtyard and is equipped with one domestic washing machine and separate dryer; in addition, there is an outdoor clothesline to use.

There is inconspicuous CCTV coverage covering the entrances into the home and communal areas and stairways. Externally, there are two separate courtyard areas for care receivers to spend time outdoors.

The home was first registered with the Commission on 5 May 2020.

Registered Provider	Shelter Trust
Registered Manager	Annie McGarragle
Regulated Activity	Care home for adults
Conditions of Registration	<p>Maximum number of people who may receive personal care or personal support - 23</p> <p>Age range - 18 and above</p> <p>Homelessness</p> <p>Maximum number of care receivers - 23</p> <p>The maximum number of persons to be accommodated in the following rooms:</p> <p>Rooms 2, 3, 4, 6, 7, 8, 11, 12, 13, 14, 16, 17, 18, 19, 20, 22, 23 one person</p> <p>Rooms 1, 5, 9, 10, 15 usually one person but available for couples (but not exceeding maximum number of 23)</p>
Date of Inspection	25 November 2021
Time of Inspection	09:00 am – 12:00 am
Type of Inspection	Announced
Number of areas for improvement	One

The home is operated by Shelter Trust and the Registered Manager is Annie McGarragle. At the time of this inspection, there were 21 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of three hours by one Regulation Officer and was announced, with consideration for the restrictions imposed in response to the Covid-19 pandemic. The Care Home Standards¹ were referenced throughout the inspection, and the Regulation Officer focussed on the following areas:

- **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**
- **Homelessness category of care**

Overall, the findings from this inspection were positive; three care receivers provided some feedback and confirmed their satisfaction and appreciation of the service, and accommodation.

The Regulation Officer reviewed documents including, care plans, policies, procedures, and protocols in place for staff to follow. Consideration was also given to the measures that the home had taken during the year since last inspection and throughout the ongoing pandemic. Attention was also given to the areas for improvement that had been made at that time, and improvement was clearly evidenced.

With reference to the home's Statement of Purpose, the Regulation Officer was satisfied that the support provided is consistent with the home's aims and objectives.

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

The conditions on registration continue to apply and remain appropriate. The home has well-established policies and procedures for staff to follow and comprehensive systems of governance are in place.

It was highlighted by the Registered Manager that the service has had to make some adjustments in how they process referrals, which typically come from an associate home. Due to the pressures on that service, referrals and assessments of persons are submitted at an earlier stage than was usual. This has been considered necessary to meet an increasing demand on the wider organisation's resources.

Approaches taken to support care receivers were discussed and brief case summaries were provided by the Registered Manager and Deputy. This was supplemented by sourcing additional feedback from healthcare professionals who had been involved in supporting some care receivers in the home. All feedback received was positive and confirmed that good practice is followed in providing support in line with the home's category of care.

Training and development of the staff team was discussed or reviewed with key persons including the Training Co-ordinator. Training initiatives provided this year evidenced that a considered approach is taken in supporting all staff during the unprecedented and stressful period of the pandemic. A review of Human Resources files relating to staff members who had recently been recruited provided confirmation that safe recruitment practices were being upheld.

The home's communal environment and a small sample of bedrooms were viewed by the Regulation Officer and care receivers confirmed that they were comfortable and satisfied with the accommodation. It was recognised by the Registered Manager that some areas of the home were in need of some redecoration, but that other matters had been given priority. The general home environment was noted to be clean and tidy and it was confirmed that it is subject to regular review as part of quality assurance checks.

It was noted from discussion about some recent events that had occurred in the home supporting one care receiver's physical health needs. Apparent from review

of this incident was that notification should have been submitted to the Commission as routine for such events, this was made an area for improvement.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since the last inspection was reviewed. This included whether any formal notifications had been received alongside whether any complaints or safeguarding referrals had been processed by the home or brought to the attention of the Commission.

The inspection was announced and undertaken in accordance with the home's infection prevention and control measures, with consideration for the Covid-19 transmission rates which were increasing in the community at this time.

Confirmation of what measures were in place and being followed to manage this specific risk was established from initial observations and enquiries.

The visit commenced at 9 am with a discussion with the Registered Manager about the staffing arrangements, allocation of roles and responsibilities and any significant changes to operational matters that may have arisen over the past year. This discussion focussed on some of the wider demands on the provider and associate homes that have had a direct impact on this service. A follow up visit to the provider's main office to review Human Resource (HR) files also gave the opportunity to discuss the wider issues of homelessness with the Director. Information about operational matters and how the home and its associate homes are meeting increasing demand and need was gathered during this meeting.

A review of the premises was undertaken during the inspection. This provided the Regulation Officer with some assurances that the home is suitably maintained and furnished with consideration of the needs of the care receivers. It also provided some opportunity to discuss how the home is currently set up to accommodate the infection control measures as advised by Public Health, which included the need to limit close contact, particularly in the busy communal areas.

A review of the care records was undertaken with the assistance of the Manager. This focussed on how these records are being maintained with reference to minimum data and review dates. A review of monthly reports was undertaken in accordance with an area for improvement that had been made in the last inspection report.

Three care receivers provided brief summaries of their experience in the home and of the support that they had received from the staff. This was positive in content and a further endorsement of how the staff team work with care receivers was provided by a healthcare professional who had been recently engaged in supporting care receivers.

The Regulation Officer invited further contact from care receivers and/or the staff team by leaving their contact details on the noticeboard for reference.

INSPECTION FINDINGS

Specific areas for the home achieving their aims and objectives and meeting Standards were given some attention as follows.

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 team is well established and stable. Only one additional staff member had been recruited since the previous inspection. A review of the due diligence that was undertaken for a new employee, which included sourcing references and Disclosure and Barring Service (DBS) checks for safe recruitment, established that this had been completed in the expected timeline before employment commenced.

It was noted that there were ongoing challenges associated with recruitment. These were compounded by the guidance and advice for care staff to adequately protect themselves and others in concordance to the recommended vaccination programme. It was clarified as to the focus and attention that has been given to this by the provider in encouraging all staff to follow Public Health guidance particularly where it is recognised that some care receivers are vulnerable due to underlying health conditions.

In this matter, the Training Coordinator provided a useful summary of the training that had been provided in the past year including the introduction of “Covid-19 prevention and PPE”. This also evidenced the attention that was given to some of the training syllabus which had been highlighted as an area for improvement in the last report.

The Manager confirmed their oversight of recruitment matters as part of their role and responsibility, although the Human Resources department has the primary role in this. It was noted that employees sometimes work in other homes operated by same provider. From a discussion with the HR manager, it was evident that there are good systems in place, which are followed to ensure the safe recruitment of all staff.

Induction for new staff is reviewed by the Training Coordinator and is supported by these staff initially working in a supernumerary capacity while covering mandatory training topics. The manager highlighted challenges in meeting this objective due to some limited staffing resources on occasion, but this remains a priority to promote a safe and helpful learning environment for any new staff employed in the home. However, it was recognised that due to the pressures of the pandemic, staffing resources have been limited on occasions. Nonetheless, it is acknowledged that the on-call system and support structure is well established and encompasses all the other homes registered by the provider.

A review of some specific modules for training provided in the last year was undertaken. One subject related to trauma-informed care and was an online module over three parts which involved “exploring complex trauma, responding to complex

trauma and the impact on professionals, and trauma informed care and toolbox". The Deputy Manager reported that this course is particularly useful, and another member of the team confirmed this. The management team had accessed training relating to the promotion of psychologically informed environments, that is to say one that the service will take the psychological and emotional needs of care receivers into account and to support their recovery.

It was evident that training is tailored to the needs of the service and the needs of care receivers. Specifically, training topics relate to issues which include homelessness, supporting people with mental health difficulties, substance misuse and supporting people to source employment.

Sample of staff rosters provided a clear summary of how staff are deployed in the home over a 24 hours period, shift times include 9-3, 10-6, 12-6 and night duty. Within these working patterns, staff are provided with opportunity for peer support or any managerial supervision. Furthermore, these shifts allow for regular review of operational matters at key parts of the day.

The home works to a minimum staffing level aligned with its Statement of Purpose (SOP). The accommodation is provided on the basis that care receivers are homeless and are in need of it. Care receivers are generally independent in most respects. For example, at the time of the inspection, four care receivers were off site and engaged in full time employment in conventional work settings.

In contrast, some care receivers require higher levels of support and assistance to attend to different aspects of their life. This includes the provision of guidance or encouragement to find employment or to access medical reviews and treatment for health conditions. Some individuals may require levels of support due to identified vulnerability related to alcohol and substance misuse. Training records reflected a wide range of subjects that related to such matters. It was noted that training accessed by staff included the following subjects:

- Capacity and self determination

- Staff supervision skills
- Supporting women experiencing homelessness
- “Naloxone save lives” (medication used in opioid overdose)
- Emergency First Aid at work
- Supervising food safety in catering
- Covid-19 essentials: infection control and PPE
- Boots care of medicines
- Outcome Star training (evidence-based tool designed to support positive change and wellbeing)

It was confirmed that the necessary support systems are in place to safely monitor and manage the minimum staffing levels. On-call contacts are available during shifts and there are procedures in place that are followed for sourcing additional staff if required.

A discussion with the Manager, Deputy and a care worker established that a well-organised team is in place with a wealth of experience, and that staff members were well informed of individual needs and presentations.

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 records were reviewed with reference to the ‘Harmonia electronic care records system’. These demonstrated the underpinning approach which is applied in practice in supporting care receivers. This works within a model of signposting outcomes for the individual to work toward and is undertaken with the support of a keyworker. In this working relationship, the key worker will engage at regular intervals to identify the care receiver’s own aims and objectives and the Outcome Star is utilised as a helpful point of reference for progress.

It was highlighted that the allocation of keyworkers is to be undertaken in the context of determining which member of staff may be best suited to provide the necessary level of support. In practice, this role may actually be generated from first contact as when a new care receiver enters into the service, they will be supported by staff involved in the admission procedure. They may subsequently be best placed to continue to foster good working relationships that provides some comfort and reassurance. In the event of any difficulties with such working relationships, an alternative keyworker will be sourced from the Team.

The approach to support individuals to make their own decisions is embedded in this system of record keeping for all support provided. This was seen from a review of evaluations that had taken place in the previous three months, with routine entries made in a consistent manner. This was reviewed with reference to the last inspection, when an area for improvement was made at that time about minimum data being recorded consistently. It was noted from this review, that a systematic approach is in place which provides a clear standard for review and evaluation of the support provided.

Care planning and the use of 'Outcome Star' will also be aligned to the agreement that each care receiver is required to adhere to, on admission. This will relate to expected behaviour and concordance with any policies and procedures and this is also referenced in the licence agreement. In the event that any issues arise, this is subject to further considerations in line with the agreement. Daily records were also noted to be made in a consistent way which referenced relevant information and signposted any issue of concern for further consideration.

Three care receivers were spoken to briefly during the inspection visit and each confirmed their satisfaction with the support and accommodation they were receiving. It was discussed with one care receiver as to the pathway which they were following and how staff support them. As part of this discussion, discharge planning was also mentioned but the care receiver expressed some reluctance to pursue this area at that time.

It was also noted from a discussion with the Manager, that a small number of care receivers had been supported in the home for a prolonged period. This was explored with reference to their long-standing involvement with the Shelter Trust and it was acknowledged that their needs were being adequately and appropriately met in the home. It was however highlighted that due to their underlying health conditions they sometimes require a medical review. The most recent instance of this required that an emergency call was made to the ambulance service. This drew attention to the home having failed to notify the Commission of this notifiable incident.

In discussion with the manager, it was confirmed that systems should be in place to ensure all notifiable incidents are submitted to the Commission. Information about the definite notifiable incidents, was subsequently provided for reference. This is an area for improvement.

Engagement with one healthcare professional who had been recently involved in supporting the home and the staff team in the care they were providing, established some very positive feedback. It was recorded that, “the staff at Evans House have been brilliant at communicating with me”. In addition, they noted that when staff had noticed some changes and possible physical and mental distress they had, “ensured the client was seen as a matter of urgency and that I had been updated with relevant information”. Furthermore, they highlighted the contribution made by staff to supporting their own work when overseeing care plans considered necessary to improve the care receiver’s poor health. In summary, they indicated that the staff had been impressive in their overall communication and that staff engage in, “joint working in the best interests of the clients”.

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.”

Staff competence is well demonstrated from a review of the training log and in the ways of working as explored with the Manager, Deputy, and healthcare professionals. Care receivers who were spoken with, indicated their satisfaction and confidence in the staff employed in the home and were able to identify as to whom they would approach if they needed additional support.

Recruitment and selection procedures for all new employees intend to establish their skills and experience. Potential new recruits are required to discuss their understanding of the range of circumstances which may lead to a person experiencing homelessness. Training is then used to ensure that new staff members are appropriately equipped to support people experiencing homelessness.

A Community Pharmacy inspection was undertaken on 18th November 2021 and a report was produced. The report included a number of areas where action was advised to improve medications management. It was confirmed that this had happened but also noted by the Manager that relevant policies were already in place, but which had not been readily available to staff on duty to provide for the purposes of the pharmacy inspection. This was addressed immediately by communication with the staff team. Furthermore, the process and procedures were clarified which are followed for daily audit of medication stock and administration; to meet the expected practice for medication management.

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.”

Some discussion of how the home has adapted the use of the communal spaces established the best practice approaches which have been followed to minimise risk of infection during the pandemic. All care receivers have been discouraged from congregating in large groups, and mealtimes have also been adjusted to reduce footfall.

It was identified by the manager that some areas of the home were in need of some redecoration and attention was given to this during a walkthrough of the main parts of the home by the Regulation Officer. Although some areas of the home needed attention, any deficits were not considered to be adversely affecting the comfort and wellbeing of the care receivers at this time. Therefore, although this is not recorded as an area for improvement, it would nonetheless be expected that this will be given some attention in the near future.

One communal lounge was noted to be being utilised as a temporary storage area for a range of items owned by current and previous care receivers living in the home. It was clarified with the management team that this was not an issue of concern with reference to available space elsewhere. It was suggested that this should nonetheless be monitored and addressed routinely as part of the monthly quality assurance review. It was acknowledged by the Regulation Officer as to the level of support which was being provided in this way to care receivers awaiting their own accommodation, who had limited options for the storage of items when homeless. This was seen as a positive action without any negative impact on accommodation and it was apparent that sufficient communal space was still available to the care receivers.

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 are clearly defined managerial structures within the team which are supported by a robust system of governance, which applies to other associated homes. This

includes the use of on-call manager resources, staff sharing with other homes if any are under resourced, and the oversight of the Human Resources Officer who is based in the Provider's head office.

During the course of the past year, the Commission has also been contacted by Provider representatives for consultation about management and employment issues. This has demonstrated the attention which is given to a range of challenging issues relating to the pandemic, and that the Provider has established appropriate safeguards to manage risk to vulnerable care receivers living in the homes.

There are nominated persons who have a primary role in assessing any developing issues which may require escalation to external agencies. An example would be where any safeguarding concerns are reported or observed in practice. There are also clear protocols for staff to reference that include supporting care receivers with financial matters. Management of such activity is clearly auditable, with electronic transfers utilised for transactions wherever practical. A Cash Handling Policy is in place which staff are required to follow.

The home environment is monitored routinely with reference to a template for checks that are undertaken by responsible staff. These checks include fire safety and legionella. Risk assessments are in place for both. Auditable processes were seen on file, including the most recent certificates for fire safety equipment, which had been recently serviced. This included reference to the three most recent quality assurance monthly reports, and which had represented an area for improvement at the last inspection.

The Standard being met for managing the service was well demonstrated throughout the inspection.

Homeless category of care

Reference was made to Standard 4 of the Care Home Standards which states:
“You will feel safe”

There was limited opportunity to meet with many care receivers during the inspection but those spoken with confirmed that they felt comfortable and well supported in the home.

The provider has well-defined ways of working to support the category of care for which the home is registered. It was acknowledged that some care receivers have complex care needs and have resided in the home for varying lengths of time.

Attention is given to ensuring that care receivers receive regular and readily accessible support from nominated keyworkers or from staff on duty. The nature of support will vary depending on the issues that a care receiver is experiencing at a given time. The home promotes the use of ‘Outcome Star’ care planning principles and these are applied in a way that is both user friendly and easily measurable.

The absence of any notifications received by the Commission during the past year was discussed. It was apparent that there may have been a range of incidents that would have necessitated the submission of notifications. It is positive that there are internal reporting mechanisms and that risk assessment and management processes are well embedded in the provider’s overarching governance. However, the submission of notifications ensures transparency and enables audit of actions taken. It also informs best practice by inviting external enquiry and scrutiny.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection and an Improvement Plan provided as below.

<p>Area for Improvement 1</p> <p>Ref: Standard 21</p> <p>To be completed by: With immediate effect</p>	<p>To put in place suitable measures to ensure that notifications of accidents, incidents and other significant events are reported to the Commission in a timely manner and in accordance with the Regulations and Standards.</p> <p>Response by registered provider:</p> <p><i>The Commission did not receive a response from the Provider to this area for improvement within the 28 day timeframe.</i></p>
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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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