



**Jersey Care
Commission**

INSPECTION REPORT

THOMAS HOUSE

**Care Home Service
(Supported Accommodation)**

**21 Kensington Place
St Helier
JE2 3PA**

13 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 Thomas House care home which provides supported accommodation to young adults. Based in a terraced house, the service is registered to provide residential care for seven young adults. It has five bedrooms and two training flats, two lounges, a dining room/kitchen, conservatory/gym area, small outside courtyard, and a laundry. There is also a downstairs office and an upstairs sleep-in room for staff.

The service became registered with the Commission on 4 December 2019.

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| Registered Provider | Government of Jersey Children's Services Accountable Officer: Mark Rogers (Director General Children, Young People, Education and Skills) |
| Registered Manager | The Registered Manager is Fiona O'Brien |
| Regulated Activity | Care Home (supported accommodation) for young adults |
| Mandatory conditions of registration | Type of care: personal care and personal support Category of care: Young adults (19 to 25) Age range: 18 to 21 Maximum number: 7 |

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| | <p>Rooms:</p> <p>First Floor front: Rooms 1, 2, and 3.</p> <p>First floor rear: Rooms 4 and 5 or self-contained flat</p> <p>Top floor: Rooms 6, and 7 or self-contained flat</p> |
| Discretionary conditions | The registered manager Fiona O'Brien must obtain a Level 5 Diploma in Leadership in Health and Social Care by 19 February 2024. |
| Dates of Inspection | 13 December 2021 |
| Type of Inspection | Announced |
| Number of areas for improvement | None |

At the time of this inspection, there were five young adults accommodated in the home.

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.

Overall, the inspection was positive. Care receivers are supported by an experienced and dedicated staff team who are passionate and skilled in the work they undertake.

The Regulation Officer followed up on five areas for improvement noted during the last inspection and found that improvements had been made in respect of each of these areas.

There was evidence that safe recruitment processes are followed and that the staff team is well established, stable and appropriately qualified. This includes some bank staff who have also been working at the home for a number of years which ensures stability for the care receivers. Members of staff confirmed that training is continuous and that they had welcomed specialist training in trauma informed care and restorative practice. The home has a Statement of Purpose which accurately

reflects the operation of the home. It confirms that 50% of the staff on duty will hold a level 3 RQF (Regulated Qualification Framework), and this is being achieved. The Registered Manager confirmed that staff supervision records are up to date. The staff team will be further enhanced by the recruitment of an experienced Manager who will assume the post of Senior Shift Leader in February 2022.

Care receivers have individual support from a key worker and also from a personal advisor (PA). Care receivers are positive in relation to these relationships.

Training records indicate that mandatory training is up to date.

The views of care receivers are sought and respected. Where necessary, additional support or advocacy is provided.

The Registered Manager described a number of transitions for young people into independence. This included the seeking of an age variation to enable a more suitable accommodation offer to be provided for the care receiver. The work around ongoing support through transition for care receivers is an area of good practice.

Care receivers also spoke positively about 'cook ins'. This was developed by the staff team and involves care receivers working together a couple of times a week to prepare a house meal.

It is positive to note that the Provider has now secured a new nine-year lease for the property. This will ensure stability for the current care receivers and will allow the Provider time to update in the facilities of the home.

INSPECTION PROCESS

Prior to the inspection, the Commission reviewed a range of information submitted by the service since it became registered. This included any notifications and any changes to the service's Statement of Purpose.

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

During the inspection, records including policies, care records, incidents and complaints were examined.

During the inspection visit and at the conclusion of the visit, the Regulation Officer provided feedback to the Registered Manager.

This report sets out the findings of the inspection and includes areas of good practice which were identified. 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

This inspection focussed on the following lines of enquiry:

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

At the last inspection, five 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 positive to note that there had been significant progress in all areas.

The following is an update to the areas for improvement:

Area for Improvement 1: The provider must have a written development plan for the future of the service. The plan will either identify any planned changes in the operation or resources of the service or confirm continuation of the service's current operation and resources. It should include an evaluation of operations and resources and be reviewed annually.

The Registered Manager confirmed that a new nine-year lease has been signed for the property. This will provide security for the service and allow them to proceed with

upgrades to various elements of the property. These are detailed later in the report. The provision of Supported Accommodation will continue from Thomas House.

Area for Improvement 2: Following any incident, accident or event, registered persons will ensure that a record is kept of all communication with care receivers, the results of investigations, action taken and the level of the care receiver's satisfaction with the outcome.

Details of accidents, incidents or events are recorded in the care receivers electronic file. The Commission also receives notifications in relation to certain events and incidents.

Area for Improvement 3: Registered persons will ensure that a record is kept of all communication with complainants, the results of investigations, action taken and the level of a complainant's satisfaction with the outcome. Care receivers will be encouraged to sign where appropriate or indicate their satisfaction or otherwise with the management and outcome of the complaint.

The Registered Manager referenced the complaints policy and advised of the process for recording and responding to complaints. A care receiver who was spoken with, confirmed that they fully understood how to make a complaint about their care and confirmed they would also seek support from their PA (Personal Advisor) or advocacy if they had a concern.

Area for Improvement 4: All existing staff HR records from past appointments are transferred to and kept by the Registered Manager.

The Registered Manager confirmed that she has access to all HR records which are held centrally with the Government of Jersey's People Hub. Training and supervision records are held by the manager.

Area for Improvement 5: Registered persons will appoint a staffing structure more in line with the original (registered) Statement of Purpose, and to achieve a staff to children ratio that does not fall below 2 members of staff on duty at all times.

The Provider has an ongoing recruitment campaign which has seen a number of residential staff recruited across the service. This service has a settled and experienced staff team which includes bank staff, who are familiar with both the home and its residents. Issues in the past year in relation to the impact of Covid 19 meant that on occasion, staff worked extra shifts to ensure the home had two members of staff on shift at all times.

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 provider is the Government of Jersey, and the home is part of CYPES (Children Young People Education and Skills). The service has very clear policies and procedures in relation to the recruitment of its staff. Records are held centrally in the People Hub and the Registered Manager has access to all records for her staff team.

The Regulation Officer viewed a number of staff records held at People Hub. These included an application, Enhanced DBS (Disclosure and Barring Service) certificate, interview notes and references.

Once recruited, staff undertake a detailed induction programme which includes a range of online and face to face training. Mandatory training includes:

- First Aid
- Safe / Manual Handling
- Safeguarding
- Infection Control
- Data Protection
- Fire Safety
- Food Hygiene

The staff team have also undertaken specialist training in Maybo (conflict and behaviour resolution), and trauma informed practice which is being rolled out across the service and which is especially relevant to care receivers in this home. The Registered Manager is also keen to access specialist training from UK providers including Shelter and YMCA.

Members of staff also spoke about training in building relationships that create and inspire positive change (restorative practice). They felt that this had been really positive for relationship building with their care receivers.

The Registered Manager confirmed ongoing challenges in relation to recruitment. Vacancies tend to be filled internally which can create challenges in other homes. Recent recruitment campaigns have been positive. The staff team in this home have been stable for a number of years with some transferring as a group from another home. As a staff team they are passionate and positive in the work that they do. This was reflected in their comments about the work that they do. One spoke positively about the transition work that they had undertaken with a care receiver to support them successfully into independence. The Registered Manager advised that they are mindful of the individual needs of care receivers and sort an age variation for a care receiver to continue to remain in the home until fully prepared for independence.

The Statement of Purpose sets out the staffing requirements for the safe operation of this home. It states that there will always be two members of staff on duty. This includes overnight when one of the staff will be on a sleep in. Rotas indicate that this is being achieved consistently. The Registered Manager added that the home employs a small number of bank staff who are familiar with the care receivers and the home environment.

The Regulation Officer looked at the training records held by the Registered Manager. These indicate that over 50% of the staff team hold a Level 3 RQF (Regulated Qualification Framework) in Health and Social care. Two members of staff have just completed their Level 3 qualification and are awaiting certificates. The Provider had booked a number of placements for its residential staff team with a local provider on the NCFE CACHE Level 3 Diploma for Residential Childcare.

Records indicate that supervision occurs regularly, and this was confirmed by members of the staff team.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."

The home uses an electronic recording system called MOSIAC. This system is used throughout Children's Service and allows for the prompt and efficient sharing of information between social workers, personal advisors and home care staff. The records contain detailed assessments, care plans and transition plans. The Regulation Officer looked at a number of these records which were found to care receiver led, encompassing their own wishes and hopes for their transition to independence. Records include detailed daily contact notes of events and achievements for care receivers.

Staff in the home are keyworkers for individual care receivers. Through these sessions care receivers are supported to develop their independence. The Registered Manager described the recent development of cook-in's where meals are prepared with care receivers and shared as a group 'dinner'. These sessions are currently occurring on two evenings a week and care receivers are very positive about these.

Care receivers advise that they like the keyworker system, as it allows them to develop positive relationships without the need 'to continually tell their story'.

The Registered Manager is committed to the principles of care receiver led support and shares this with her staff team. She has demonstrated this commitment in her advocacy for a care receiver moving to independence. This included challenging the offer of accommodation, which was felt to be inappropriate, instead postponing transition to ensure that the most appropriate accommodation is sourced for individual care receivers.

The Registered Manager is clear in relation their responsibilities pertaining to notifications of incidents that need to be sent to the Commission. It is noted that a number of reports were sent to the Commission since the last inspection. The Regulation Officer gave some advice on the development of these notifications which the Registered Manager accepted. The Commission received a number of

notifications in relation to self-harm incidents. Considering these records in more detail gave the Regulation Officer an assurance that care receivers were supported appropriately following these incidents. It is noted that due to the age of the residents, determinations in relation to missing episodes are considered differently to other Children's Service homes. Care receivers are encouraged to share their plans for staying out with staff to help ensure their safety. It was apparent that care receivers responded well to this level of support. The policy in this home refers to care receivers 'not seen or heard from in 24 hours', which then requires care home staff to attempt contact with the care receiver. If there has been no contact the care home staff will contact the care receiver's next of kin and then a decision will be taken in relation to making a missing report to the Police.

A Social Care Professional confirmed that they 'felt care receivers in the home are well supported into independence and the wishes of care receivers are central to care planning. Work in relation to healthy lifestyles is promoted by the staff team'. They added that healthy lifestyle work is delivered in a non-judgemental way.

The Registered Manager described the admission process for care receivers into the home. She carefully considers the impact of any admission to the home on the other care receivers. She explained her plans for the development of compatibility risk assessments which will be introduced in the near future.

The Registered Manager confirmed that the care receivers in this home look after their own medication. The Registered Manager is aware of all medication currently being used by care receivers. There are no controlled drugs at present.

Care home environment

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| 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." |
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The property sits within a terrace of similar properties in a busy street to the West of St Helier. The property was originally a guest house before being used as a hostel by another provider. Many of the features are original including the bathroom suites.

The Provider has now secured a new nine-year lease which will provide some stability for the current care receivers as well as giving the Provider the opportunity to undertake further cosmetic updates to the home to further improve the home environment.

Externally, the property is in a good state of repair. Once inside the property, a long hallway leads through to a dining area with a kitchen to the rear. To the front of the property is a very comfortable residents lounge and a staff office. The ground floor is brightly decorated. The upper floors contain the bedrooms which are en suite. To the upper floor are rooms which can be adapted to form one-bedroom units to support care receivers transitioning into independence while retaining some support from the staff team. The bathrooms would benefit from updating. Rooms are decorated between a care receiver moving out and a new arrival. Care receivers are able to decorate their own rooms. The staff team encourage care receivers in the care of their rooms as preparation for their transition to independence. The Regulation Officer viewed a number of bedrooms which were vacant prior to new admissions being facilitated. They were found to be clean and well presented. The staff sleep in room was also well presented with an en-suite bathroom.

A care receiver spoken to by the Regulation Officer confirmed that they felt safe in the home and were positive about the environment.

Management of services

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| Reference was made to Standard 11 of the Care Home Standards which states: "The care service will be well managed." |
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The Registered Manager confirmed that she is still regarded as the interim manager although registered with the Commission as the manager. The Provider has advised that they hope to formally correct this in the near future with Fiona becoming the permanent Manager. The Provider has also confirmed the appointment of a level 3 RCCO (Residential Child Care Officer) to support the Registered Manager as a Senior Shift Leader. The new appointee is a very experienced manager and will enhance the management oversight in the home, providing supervision support to the staff team.

The Registered Manager confirmed support and oversight arrangements from the Provider on a daily basis from the operational leads within the service. The Registered Manager believes this is supportive. The Provider has comprehensive policies and procedures in place to help staff operate a 'safe' service. These policies and procedures are reviewed regularly. The Regulation Officer also noted a visual display of the Commission's Standards on the office wall together with clear interpretation of each Standard. The Registered Manager advised that a Standard is discussed with the staff team each month to check for compliance and of how they can demonstrate that the home meets the Standard.

The home has a Statement of Purpose which sets out the complaints policy for care receivers to follow. One care receiver confirmed that they were fully aware of the complaints process and knew where to seek further support if required to do this. On admission, care receivers are advised of the house code. This document sets the 'rules for residence in the home'. This is discussed with a key worker and care receiver to ensure understanding. Elements of the house code are like a lease with the addition to certain behaviours which are not tolerated. This includes the use of drugs and legal highs which is not permitted. It also makes reference to room searches and other behaviours which are not tolerated including violence towards staff and other residents.

The home completes a number of regular checks on safety systems including fire alarms and drills and these are documented in maintenance logs. The home has an insurance certificate which is displayed in the office.

The Commission has received monthly reports from the Provider's Independent Person. The report should give a view on how the home is managed, quality of care provided and should include discussion with care receivers. The visits should be unannounced. The Registered Manager and the Registered Provider must consider whether to act on any recommendations made by the Independent Person. The Regulation Officer notes that due to the age of the home's care receivers this is an extra level of oversight.

The Care Commission has received reports from the providers Independent Person since the last inspection in September 2020. It is noted that, due to Covid 19 restrictions, a number of virtual visits were undertaken in the early part of 2021. The Registered Provider appointed a new Independent Person in June 2021 and physical visits were completed from July until December. Reports from these visits have been reviewed by a Regulation Officer. The last visit was on December 18, 2021 and the Commission has received this report. The reports are detailed and its positive to note that recommendations made are followed through in subsequent visits to ensure completion or progress.

The Registered Manager also completes monthly quality assurance reports for the Provider.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection

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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