



Jersey Care
Commission

INSPECTION REPORT

Glenferrie House

Care Home Service

**24 Pierson Road,
St Helier
JE2 3PD**

2 March 2022

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 Glenferrie House Care Home. The service is situated in the parish of St Helier and is close to town, the park and beachfront. The service became registered with the Jersey Care Commission on 1 January 2019

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support.</p> <p>Category of care: mental health</p> <p>Maximum number of care receivers: 9</p> <p>Age range of care receivers: 50 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms 1, 4 and 6 – one person Rooms 2,3 and 5 – two people</p> <p><u>Discretionary</u></p> <p>With reference to, the premises and grounds, communal space, bedrooms, toilet and washing facilities, medicine storage, clinical or treatment room, infection prevention and control, sluice</p>

	<p>room, laundry, catering areas; storage and staff facilities within Glenferrie House care home must meet the requirements of the Jersey Care Commission Care Standards Care Homes (2019) by 1 November 2022.</p> <p>A project plan should be submitted to the Commission within 3 months from the date of the proposal (by 1 February 2020), outlining how the refurbishment will be planned, managed and coordinated and confirmation as to whether the necessary works will be carried out within a fully operational home.</p>
Dates of Inspection	2 March 2022
Times of Inspection	11:30-5:50
Type of Inspection	Unannounced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Five

Personal Care Limited operates the Care Home Service, and the registered manager is Linda Green.

Since the last inspection on 3 February 2021, the discretionary condition of registration as outlined below has been met and removed from the register:

2. *Architectural plans should be submitted to the Commission within 3 months from the date of this proposal (by 1st February 2020) along with confirmation of having been submitted to the Planning Department for approval.*

The remaining discretionary conditions on the service's registration (as outlined in the table above), were discussed with the Registered Manager with regard to the premises and planned extension which is due to be completed by 1 November 2022. The Registered Manager explained that the extension plans had not yet been approved by Planning and that even if they are approved, the work is unlikely to be completed by 1 November 2022. It was agreed immediately after the inspection, that the Commission would seek further information from the Provider to formalise their position with respect to the planned extension and the above discretionary conditions.

The Regulation Officer reviewed a copy of the Statement of Purpose as part of the inspection process. It was discussed that this would require updating regarding staff changes within the home and that some of the language used was out of date. It was agreed with the Registered Manager that an updated version would be submitted to the Commission as part of the inspection process.

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.

A brief review of recruitment practices confirmed that the appropriate safe recruitment checks had been undertaken prior to any staff commencing employment, although only one new staff member had been recruited since the previous inspection in February 2021.

There were also appropriate measures and policies in place to ensure the safety of the home, for example with respect to fire safety and infection control.

An area of focus under the heading of safety was medication storage, administration and policy. The Regulation Officer chose this as an area of focus as several of the residents are prescribed multiple medications, and this area had not been explored during the previous inspection in February 2021.

There was evidence of an assessment process being in place prior to admission to the home and of the home being person-centred in their care and support. This was confirmed in the extremely positive feedback received from the two health professionals and the three care receivers consulted as part of the inspection process. The feedback from the health professionals also provided evidence of collaborative working to achieve the best outcomes for residents.

A sample of two care plans was examined as part of the inspection process; these were found to be detailed and particularly insightful regarding the mental health needs of care receivers. Care receivers were also able to access activities and clubs that supported wellbeing and individual choice.

There was evidence of adequate staff induction, training and appraisal. However, it was noted that staff supervision was taking place too infrequently (at six-monthly intervals). This is not in accordance with the Standards, and it was discussed with the Registered Manager that this would be an area for improvement.

There was a blended approach to training that was consistent with the Standards between elearning and classroom / face-to-face. Both statutory and mandatory training requirements were up to date.

INSPECTION PROCESS

This inspection was unannounced and was completed on 2 March 2022. The inspection was conducted in accordance with the Government of Jersey's guidance and the home's infection control measures in relation to Covid-19.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

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

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

correspondence and communications between the Registered Provider, Registered Manager and the Commission.

The Regulation Officer sought the views of the people who use the service, and of their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with three care receivers and one staff member in addition to the Registered Manager on the day of the inspection.

Further to the inspection visit, the Regulation Officer made contact with one relative and one further member of staff by phone on 7 March 2022.

The views of two health professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records, incidents and complaints were examined. The Regulation Officer was able to spend some time in the communal areas of the home and chatting face to face with residents in their bedrooms.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

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

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

There was evidence of relevant policies and procedures in place to protect the safety of care receivers. The staff carry out regular checks and audits, examples of these include the daily staff-cleaning rota, three monthly fire drills and weekly alarm test, medication audits and monthly reporting.

Notification of incidents was discussed with the Registered Manager. There had been notifications made to the Commission since the previous inspection, although there had been no notifications to the Commission in respect of Covid-19. The Registered Manager confirmed that none of the home's care receivers had tested positive to Covid-19 but confirmed that some staff had tested positive. The Registered Manager was not aware of the requirement to notify the Commission regarding members of staff and agreed to ensure that this happened in the future.

The Safeguarding Policy (2019) was under review at the time of inspection. The policy outlines the escalation process and staff are clear of their responsibilities in this regard. The staff are also up to date with their safeguarding training. The complaints log and policy were reviewed during the inspection visit. There had been no formal complaints since the last inspection. The complaints policy included the updated contact details for the Commission.

The procedures in place for the safe storage and administration of medications were reviewed. Medications are stored in a locked cupboard and controlled drugs are stored in a lockable safe inside this. At the time of the inspection, there was only one controlled drug prescribed. The Regulation Officer and the Registered Manger checked and confirmed that the number correlated with the stock recorded in the controlled drug book.

Medications are stored in boxes that are individually labelled with the care receiver's name within the cupboard. A sample of MAR charts (medication administration

records), from the 31 January 2022 were reviewed. There were no missing signatures for the administration of medicines. Care receivers' allergies are recorded in a box on the front of the medication chart. One care receiver's chart was left blank in relation to any allergies. This was brought to the attention of the Registered Manager who confirmed that the care receiver concerned did not have any known allergies but agreed that this fact should still be recorded on the chart. One medication that had to be transcribed from a hospital only prescription, had been signed by the transcriber on the chart but not by a second person to provide a check as per the transcribing guidance for care homes. This was also discussed with the Manager and the Regulation Officer agreed to send the transcribing advice to the Registered Manager after the inspection.

There was an additional check for any 'as required' (PRN) medication that may be administered (such as paracetamol), with an additional record kept of the name of the PRN medication given and for what reason (for example, back pain). This is an example of good practice, as it demonstrates that staff engage care receivers in a discussion around PRN medication.

The Registered manager, prefers all carers working in the home to be trained in medicine management prior to employment within the home. In addition to this, all staff undertake a yearly medication competency within the home or more frequently if required.

It was discussed with the Registered Manager whether any of the care receivers were self-medicating, but the Registered Manager confirmed that this was not appropriate for any of the care receivers within the home at the time of inspection.

The Regulation Officer also contacted the Senior Pharmacist, to ask if they might undertake a medicines management inspection in 2022. This was also discussed and agreed with the Registered Manager.

There was evidence of safe recruitment practices within the home from an examination of staff personnel files and from discussions with staff and the Registered Manager. The newest member of staff was able to confirm to the

Regulation Officer that they had experienced a suitable induction process and that they felt confident and well supported in their new role. The process included shadow shifts, mandatory training and protected time to read and understand policies.

The monthly reports from the two months prior to the inspection were reviewed. It was positive to note that these included positive feedback in the form of questionnaires from service users, relatives and health professionals.

Whilst the Regulation Officer recognised that the property would certainly benefit from some internal modernisation, the environment at the time of the inspection was found to be clean, homely, and welcoming. The care receivers confirmed to the Regulation Officer that they liked their surroundings, in particular their bedrooms and did not see it as a great disadvantage that none of the bedrooms have on suite provision. Most said that they would still welcome the planned extension to the building but seemed slightly sceptical about the timeline for this given the number of delays.

Although the home did not have need of many pieces of equipment, it has two stair lifts and a bath hoist. The bath hoist is not currently in use, as all residents currently prefer using a shower for their personal hygiene needs. This equipment is checked / serviced twice yearly to ensure safety.

A review of maintenance schedules throughout the home provided further assurance of the safety of both care receivers and staff within the home.

Care staff also currently undertake the cooking, cleaning and laundry. The care receivers all confirmed the variety and their enjoyment of the food provided which included a Friday night Chinese take away. There is a small kitchen and a separate small laundry to the rear of the home.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

Care receivers are usually admitted into the home following an assessment carried out by the Registered Manager. The admission assessment is then filed in the care plan alongside the resident's life story and preferred activities. A sample of two care plans was reviewed during the inspection visit. These were found to be detailed and up to date. There was evidence of monthly reviews and evidence of updates to the care plans following the monthly review. The care receiver's contract was also contained within the care plan and any end of life wishes.

The Regulation Officer spoke with several care receivers who spoke positively of the care and attention they received and were complimentary of the staff team. The following are examples of what was directly reported:

'I feel listened to' 'I am treated with dignity and respect'

'I am very happy with my room'

'I like the staff'

'The staff are good and approachable'

'I enjoy the food and how different staff members are responsible for the cooking'

One relative also confirmed to the Regulation Officer how they are kept informed and updated by staff.

Further positive feedback was received from the two health professionals consulted by the Regulation Officer as part of the inspection. One health professional described the staff members as caring and compassionate and of positively

engaging with health care professionals. The second health professional commented that staff understand the unique needs of each resident 'incredibly well', and strive to improve residents' quality of life and independence.

The Registered Manager provided the Regulation Officer with four weeks of duty rota immediately after the inspection visit. This confirmed that there was adequate staffing levels within the home and that all staff are trained to Regulation Quality Framework (RQF) Level 2 or above. The staff team consists of three day staff (including the Registered Manager), three night staff and a small number of relief staff.

On the day of the inspection, three of the residents were attending a local club; the home strives to ensure that care receivers are supported to access activities and clubs that enhance their well-being and independence if they so wish. One staff member also discussed positively trying to engage with a resident who chose to spend much of their time in their room whilst respecting their choice.

The Regulation Officer observed staff fostering good relationships with care receivers. This was easily recognisable by the positive rapport and good humour seen between staff and those whom they were supporting. One staff member commented positively on the importance placed by the Registered Manager on 'taking time to sit and chat' with residents, for example, at mealtimes. Staff and a health professional spoken with at the time of inspection, commented positively regarding the homely and family atmosphere within the home. Good communication within the home was a recurring comment during this inspection from relatives, staff, care receivers and visiting health professionals.

The two health professionals also commented positively concerning their interactions with staff and of staff recognising when outside support is required to support the holistic needs of care receivers.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

One staff member was able to describe their recent induction programme to the Regulation Officer that included shadow shifts on the rota to begin with and an assessment of their competencies including medication and fire safety. In addition, protected time to read through and understand the home's policies and procedures was provided.

Medication training and competencies are discussed under the earlier heading of 'Safety'. The medication policy and procedure (updated 9/2020) was reviewed as evidence. This needed to be updated with respect to the address of the Commission and the Registered Manager was informed of this during the inspection.

The statutory and mandatory training requirements for the home were discussed with the Registered Manager; there was a blended approach to education with both online learning and face-to-face training.

The home has a subscription with 'Social Care TV' online training, which provides a number of online resources that include one free training course each month. Examples of these in 2021 included, skin care, panic attacks, wound care and cognitive behaviour therapy. The home also has access to another online, local provider of education. The quality of the online provision was discussed with the Registered Manager who was able to describe how they assured themselves of positive learning outcomes for staff.

Face-to-face training is often carried out at another home carried on by the same Provider. First aid training is provided by an accredited training provider and includes basic life support skills (BLS). Manual handling, infection control, capacity, and self-determination training are all also conducted in the same way.

All staff undertake a half-day adult mental health course as part of their induction and aim to update this every 2-3 years. As part of this half-day course, staff are given a

workbook to use to aid learning. As a follow up to the course, staff can work through a mental health awareness book to consolidate their learning. The Registered Manager has also enrolled in a two-day mental health first aid course, after which they intend to disseminate this learning to the rest of the staff team.

All staff, including both day and night staff, undertake three monthly fire drills and there are clear instructions in both English and Portuguese regarding the fire procedure.

The Registered Manager undertakes annual appraisals with staff and six-monthly supervision. The Regulation Officer discussed with the Registered Manager that a requirement of the Standards is that supervision:

'Will be carried out at least four times a year, records of supervision will be retained within personnel files'.

This is an area for improvement and the Regulation Officer discussed with the Registered Manager how this could be managed moving forward. It was discussed how additional supervision sessions might easily be incorporated for both staff and the Registered Manager. Staff spoken with during inspection generally welcomed supervision and appraisal and commented that they felt able to speak their mind and well supported by the Registered Manager.

Staff meetings are conducted every six months and the minutes from the last staff meeting (February 2022), were examined on the day of inspection. Topics discussed included well-being, complaints and medication training. Staff are also given the opportunity to complete staff questionnaires, which include questions around job enjoyment and training. The Registered Manager recently trialled a joint staff and resident meeting but had decided on reflection that it was probably better to keep the meetings separate.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.14</p> <p>To be completed by: three months from the date of the inspection.</p>	<p>The registered provider must ensure that all staff are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.</p> <p>Supervision: <i>Will be carried out at least four times a year, records of supervision will be retained within personnel files</i></p>
	<p>Response by registered provider:</p> <p>We comply with the request and will ensure that all staff are given quarterly appraisals via formal supervision. All meeting notes will be detailed in staff personnel files.</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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