



**Jersey Care
Commission**

INSPECTION REPORT

Rosemary Cottage Care Home

La Rue De La Vallee

St Mary

JE3 3DL

24th February 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

Rosemary Cottage is in a rural location, the building is of a bungalow design with a courtyard area to the side and rear of the building which incorporates a detached utility room and additional chalet style office/activity room. There is ramped access to the front door with handrails in place to support those with impaired mobility.

While the home is relatively isolated in its location, this is seen as a positive aspect in how it operates, being situated in a quiet and peaceful environment to support care receivers during their recovery. The home is on a regular bus route and the care receivers also have access to transport by car, which is facilitated by staff if necessary, as part of the support provided. There is adequate parking accessible for staff and visitors.

The home was first registered with the Commission on 8 November 2019; however, it was subject to regulatory inspections under the preceding law.

Regulated Activity	Care home for adults
Conditions of Registration	<u>Mandatory</u> Maximum number of care receivers - 7 Number in receipt of personal care/support - 7 Age range – 40 years and above

	<p>Categories of care: Mental Health, Substance Misuse (drug and/or alcohol) Rooms 1-7 one person in each</p> <p><u>Discretionary Condition</u></p> <p>A condition of registration is that Noel Leonard registered as manager of Rosemary Cottage Care Home must complete a Level 5 Diploma in Leadership in Health and Social Care to be completed by 30th November 2023.</p>
Dates of Inspection	24 th February 2022
Times of Inspection	1pm – 4.30 pm
Type of Inspection	Unannounced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	6

The Care Home is operated by LV Care Group and the registered manager is Noel Leonard. The discretionary condition on the service’s registration was discussed with the registered manager. It was clarified that progress in meeting this condition has been delayed to some degree by the challenges arising from the pandemic. Nonetheless, the registered manager confirmed that they expected to meet this condition within the identified timeline.

Since the last inspection, the Commission has had the opportunity to review the service with the registered manager when operational issues have arisen. No issues of concern arose as a result of this.

SUMMARY OF INSPECTION FINDINGS

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

The inspection was unannounced. The home environment was found in very good order and care receivers were being appropriately supported by a single staff member who was present in the home at the time of arrival. Four care receivers

were present during the course of the visit, and it was clearly apparent that a range of activities were being supported or encouraged in accordance with the Statement of Purpose.

Feedback from care receivers was positive and the opportunity to speak with the staff member elicited some helpful information about care receivers' presentations and care needs. The opportunity was taken to explore with them how the home operates with the staffing resources available. The ways of working that take into account individuals' care needs and any challenges that may arise to meet these needs was also discussed. This provided good evidence of the safe systems and flexible ways of working which are incorporated into how the home best supports all care receivers with a range of support needs.

Engagement with the registered manager provided further confirmation and evidence of the best practice approaches that are promoted to support the range of care needs set out in the mandatory conditions. Supporting information was also gathered from other external sources, which provided a consistent body of evidence to demonstrate the home was operating safely and effectively and that it was consistently meeting the Standards.

INSPECTION PROCESS

This inspection visit was unannounced and was completed over the course of the three and a half hours which were spent in the home. Follow up engagement with others including healthcare professionals took place to gather feedback about their views and observations about the service.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

- **Safety**
- **Care and support**
- **Training**
- **Capacity and Self Determination Law (2016) and mental health needs supported in the home**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report recorded as 25th January 2021.

The Regulation Officer sought the views of four of the six care receivers using the service, four members of the staff team (which included the Registered Manager, Deputy Manager and two care staff). Supporting information was also requested of two healthcare professionals who were noted to have recently been involved with supporting care receivers and the staff team.

During the inspection, records including policies, care records, incidents and other documentation relating to both care receivers and the home environment was reviewed. The inspection included a review of all communal areas and outdoor spaces which are freely available for care receivers to use at their leisure.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager about the findings. They also liaised with the Provider's administrative team after the visit, to obtain information relating to the training log, as this was unavailable at the time of inspection due to a technical issue. This information was also corroborated with two members of the staff team who were contacted a few days later. A poster providing contact details of how to contact the Regulation Officer, was left in the home for reference by visitors and staff encouraging them to contact the Commission to provide any feedback as part of the inspection process.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit. Prior to commencing the inspection, some review of all correspondence between the Provider and the Commission, including statutory notifications received as routine, were considered. This provided good evidence of the home working effectively and appropriately to ensure the expected standards and quality of care were maintained.

An examination of the various enquiries and communication between the Registered Manager and regulation officers over the previous six months confirmed the attention that is given to risk management for any issues of concern that may arise about care receivers' welfare. Aspects of such risk management were the focus of enquiry when engaging with staff on duty and subsequently with two others contacted following the visit. During these discussions, the ways of working and of how staff are available to support each other, were explored. It was noted that the shift patterns include the provision of sleep-in shifts, as an additional resource to manage and support any potential risk for lone workers on night duties.

It was highlighted from discussion with care receivers and staff, that the care team is well established, and that there have been no recently recruited staff to the team. This consistency of carers working in the home was seen as being a very positive factor in maintaining strong and comfortable working relationships with care receivers. This was very well evidenced in the observed interactions between staff and care receivers. The benefits of an established team was also highlighted in the positive feedback received from healthcare professionals who had been supporting the home for specific care packages.

The environment was comfortable and homely. This is further promoted by the occasional presence of some pets within the home. It was an observation shared

with the Registered Manager that the home was found in very good order. It was noted that the home has a new conservatory roof and new carpets and that general refurbishment has taken place to maintain the home to a very good standard. It was positive to note that the kitchen environment has multiple uses in that care receivers engagement with staff to prepare meals and that this has significant therapeutic benefits. Some upgrade of this area might be of benefit especially given how regularly it is used.

Observations and comments made by four care receivers who spoke with the Regulation Officer provided unreserved positive feedback about their home environment and the support they receive. This was provided by care receivers who had been resident in the home for at least a year and in some cases much longer. The positive interactions and relaxed demeanour of all care receivers when freely engaging with staff on duty and with the Regulation Officer was apparent.

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.

Some attention was given to policies and procedures which are in place, to ensure the home environment and any equipment used when supporting care receivers is appropriately maintained and checks routinely carried out. This was well evidenced from a log of such checks relating to legionella checks, cleaning schedules, cutlery check (safe storage), fire drills, medication audit and car maintenance checks.

The nature of risk in respect of individuals living in the home, some of whom were living with a range of mental health conditions which may potentially increase their risk of some misadventure, possibly due to distressed behaviours or relapse, was discussed in some detail with all staff. Ways of working and the systems of support that are provided to individuals based on their presenting needs and/or historical mental health or substance misuse evidenced good practice, with a risk-based person-centred approach clearly followed.

The care team were able to convey a clear understanding of their primary roles and responsibilities in supporting all individuals living in the home. They were also able to provide examples of a variety of risks which they had to take into account on a daily basis. This is to ensure that each care receiver was provided with the appropriate and relevant levels of support and encouragement to meet the aims and objectives identified in their care plans.

One specific case summary was provided by the Registered Manager and which the relevant care record was subsequently reviewed. This evidenced appropriate interventions to manage some heightened distress and associated behaviour where there had been a clearly recognised risk of harm to the care receiver. All actions and prior consultation with external agencies as part of formal assessment requested were noted to have been undertaken in a timely manner prior to the exacerbation of distress.

One episode of care was also referenced in feedback from a healthcare professional who reported, "The home has a good understanding of law, legislation and policy and have had recent interface with SROL [Significant Restriction of Liberty] and Safeguarding. They managed this appropriately making referrals when it seems residents lack capacity or are unsafe to be left alone/unsupported – they are very sensitive around the legalities of restrictive practice balancing human rights and risk appropriately".

In addition, another source of external feedback reported that the home had provided a support for someone, "with complex needs and behaviours that challenge, and, in my opinion, Rosemary Cottage have done exceptionally well to have managed Xxx's care until now".

Some recent incidents which had been noted and highlighted by the Registered Manager evidenced that policies and procedures are well-embedded into practice and that best practice is consistently demonstrated. It was apparent that the home fully recognises that the categories of care which are supported may have associated risk; given that mental health presentation can deteriorate particularly if there is not appropriate monitoring, review and if necessary, interventions from

external sources i.e., Community Mental Health Teams and Alcohol and Drugs Services. Proactive engagement with healthcare professionals when consultation or formal assessment is required, demonstrated the ongoing attention which the home provides in ensuring that care receivers' needs are comprehensively met.

Medication management and storage was discussed with the Registered Manager, and it was confirmed that there is very limited self-medication promoted in the home to minimise any potential risk to care receivers. However, this is discussed and agreed with care receivers during the engagement which takes place prior to a placement being commissioned. It was evident that support and guidance is provided as part of discharge planning to ensure that care receivers are adequately prepared to manage their medications upon discharge.

Medication audits are carried out daily to ensure that safe practice in medication management is maintained and that medication is stored safely. This is subject to routine audit trails. All staff administering medication complete the necessary medication competency framework prior to administering medication. This is subject to annual (or more frequent) review as necessary.

Staffing rosters were provided for review and those members of staff who spoke with the Regulation Officer reported a very positive working environment which places a high level of emphasis on safe working practices. On occasions, lone working takes place at times when staff are escorting individuals or small groups to social activities. Generally, the home is able to maintain a minimum of two staff members on site. In addition, the staff confirmed that a specific resource is provided to support night staff with the provision of sleep-in duty who will be readily available to support colleague if untoward events arise that may require additional staff presence.

All care receivers who were spoken with, reported that they feel comfortable in the home environment and that a good sense of security is promoted. This was also endorsed by staff who highlighted the flexible working practices which are encouraged and facilitated and that allows the team to work around any unforeseen events, such as a care receiver becoming unwell or the requirement to escort care receivers to urgent appointments at short notice. In these matters, the Regulation

Officer was able to note a very positive team culture with one employee stating, “best job I’ve ever had” and this is “a great team”. Such testimony was encouraging, reflecting a harmonious and safe working environment where good practice is promoted to the benefit of all care receivers.

It was also noted from feedback received from a healthcare professional as to their observations about the approach the home takes to promoting a safe working environment, “The cottage are working hard to get the client out and engaging in the community when safe and appropriate, demonstrating a commitment to the overall holistic health and wellbeing of their residents”.

Care and support

<p>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.</p>

On arrival to the home, it was noted that some care receivers were returning independently to the home by use of public transport. In discussion with them, it was apparent that they are encouraged to pursue a range of interests and to attend various activities as part of a weekly routine. In addition, it was noted that staff members also provided positive feedback about how the service supports care receivers to meet their personal goals and to achieve an optimum level of independence.

General interactions observed between staff on duty with care receivers conveyed a very respectful and genuine level of communication that demonstrated positive therapeutic relationships having been formed. A discussion with one support worker demonstrated a good level of understanding of individual care receiver need. This was conveyed in a way that illuminated a compassionate and empathic view held by that support worker of the personal journey which some care receivers may have taken to require the support now provided to them in the home.

It was identified that four of the care receivers were involved in a range of different activities and occupation in the local community. One care receiver had chosen to

engage with one of Jersey's largest social enterprises, providing employment and training for people with disabilities and long-term health conditions. One care receiver had made significant progress over the past year of living in the home to the point that they were able to support care receivers in another home environment, this including involvement in supporting social activities.

The example above provided good evidence of care receivers being supported to undertake activities in the wider community that are inclusive and promote equal opportunities to find gainful employment. This demonstrating in practice the mental health recovery model of care which is promoted within the home.

The ethos and underpinning philosophy of the home is described in the Provider's online brochures as "reablement and skills development" and "we encourage the development of former skills and interests, as well as providing opportunities for new experiences to enrich residents' lives". From some of the examples described above and the testimony provided by the care receivers who spoke with the Regulation Officer it was apparent that this is demonstrated in practice.

Supporting testimony received from healthcare professionals included the following observations about how the home promotes compassion, dignity and respect:

"In more general terms, I find the staff of Rosemary Cottage to be caring, attentive, and respectful of their service user's needs"

"The highly skilled management and staff team have showed compassionate and empathy towards this client in difficult circumstances and their resilience and hands on approach have made the placement sustainable preventing a potential long stay inpatient admission"

"Rosemary Cottage have demonstrated creativity and person-centred practice by taking all practicable steps to make the environment friendly to the needs of my clients including a calm, lower arousal environment".

The home comes across as warm and welcoming with residents seeming settled and comfortable. The residents maintain good relationships with the staff upon my observation and they are friendly and approachable”.

The Registered Manager explained how care needs are reviewed and demonstrated how this operates with the use of the electronic care recording system, which enables data to be analysed each month as part of quality assurance principles. This ensures that the care and support provided remains appropriate. It was evident that care plans are developed and that care provision is delivered in agreement with care receivers. It was discussed that care receivers are able to access their own care records if they wish. However, staff are mindful of the sensitive nature of the recordings which are made and work closely with care receivers to check and clarify their understanding of and agreement with all aspects of the care plans that are in place.

Training

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.

Aspects of training were discussed with the Registered Manager, Deputy Manager and two carers. Supporting documentation was provided by the administrative team which is located at the Provider’s headquarters off site. The summary of training log provided evidence of the attention that is given to training and development of the established staff team.

In addition, a training report provided evidence that all mandatory topics are consistently covered. The Regulation Officer noted 25 topics covered in the Provider’s syllabus that included a range of subjects which were specific to the categories of care which are supported in the home. These included:

- Recognising and escalating deterioration in health care
- Privacy and dignity
- Food safety
- Equality and Diversity and Human Rights

- Dementia
- Capacity and Restrictions of Liberty
- Awareness in Learning Disabilities, Dementia and Mental Health

It was discussed with the Registered Manager that although a range of training modules are provided digitally, that some aspects of training are likely to be better delivered in a classroom setting. This would be particularly apparent in respect of training relating to mental health needs and substance misuse, which directly relate to the categories of care provided in the home.

The Deputy Manager clarified that two staff members are facilitators in delivering the SMART training model. This a recovery tools-based approach used to support those residents, who had experienced substance misuse (both drugs and alcohol). It was acknowledged that there had been some challenges in delivering this training during the height of the pandemic but that this is to be revisited.

The Deputy Manager also highlighted the attention which would be given to revisiting aspects of addiction support, including an updating of motivation interviewing skills. This would form part of the cycle of re-evaluation of training needs undertaken by the management team relating to specific support interventions that may be required for individuals in receipt of care or for potential new referrals from services such as the Alcohol and Drugs Service.

There is an appropriate skill mix of Regulated Qualifications Framework (RQF) in the team. One carer spoke of their progress in obtaining the Level 3 accreditation and that another member of the team has already achieved this. Clear career progression is identified from supervision and appraisals which are overseen by both the Registered Manager and the Deputy.

The range of skills which the staff team possess are varied. These include food preparation and assistance or observation of care receivers who each participate in the cooking of meals over the course of the week. It was positive to note that the Providers' Executive Chef has responsibility and oversight in respect of meal

provision across all of the care home services operated by the group. They had recently advised about menu options in the home. Furthermore, they had made themselves available to provide some further training and guidance for this important aspect of care. This was highlighted in some of the feedback received which included, “the home is organised and maintains presence at meetings, appointments for the client and my observations are that the client is looking and seeming so much physically healthier since having a regular and structured nutrition, hydration and medication regime”.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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