



Jersey Care  
Commission

## **Summary Report**

**Glenferrie House Care Home**

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

**2 March 2022**

## 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.

## 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.

<b>Area for Improvement 1</b> <b>Ref:</b> Standard 3.14 <b>To be completed by:</b> three months from the date of inspection.	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.  Supervision: <i>Will be carried out at least four times a year, records of supervision will be retained within personnel files.</i>
	<b>Response by registered provider:</b>  <b>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.</b>

The full report can be access from [here](#).