



**Jersey Care
Commission**

Summary Report

Clairvale Road Recovery Unit

Care Home Service

**Government of Jersey – Health and
Community Services
19-21 Broad Street
St Helier, JE2 3RR**

21 & 22 April 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.

The inspection was unannounced on the first day and pre-arranged for the second. The home environment was found in reasonable order. It was noted that a schedule of works for redecoration of communal areas was in progress. On arrival, care receivers were being appropriately supported by two staff members present in the home at the time. Three care receivers were available to meet with the Regulation Officer during the two visits. Feedback from care receivers was positive and there was the opportunity to speak with the staff team which elicited helpful information about how the home supports care receivers.

The opportunity was also taken to explore with the Registered Manager the ways of working, staffing levels and the culture of care that is promoted within the service, to promote the wellbeing of care receivers. The Regulation Officer noted the positive support which the Registered Manager reported that they received from their line management, particularly in respect of how the service could further develop in supporting care receivers in line with recovery approaches.

Ways of working which consider individuals' care needs and any challenges that may arise to meet these needs was also discussed during the inspection. Reference to incidents which had been brought to the attention of the Commission in recent months, provided good evidence that there are safe systems incorporated into how the home supports care receivers with a range of needs.

There were positive interactions and a relaxed demeanour of care receivers when engaging with staff on duty. Care receivers and staff who spoke with the Regulation Officer, confirmed they had good opportunity to engage freely with the Registered Manager if they wished and that they were regularly available.

Following the inspection, the Registered Manager was informed of five areas for improvement, which were identified alongside various areas of good practice. Improvements related to the care planning process, how induction of new staff is documented, records around fire safety, attention required for medication management policy and the requirement of risk assessments for specific aspects of safety of the building.

IMPROVEMENT PLAN

There were five areas 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 2.4, 2.5, 2.6, 2.7, 6.5</p> <p>To be completed by: within 2 months of inspection date.</p>	<p>The Registered Provider must ensure that care plans are systematically reviewed with a clear audit trail demonstrating this is undertaken routinely. Consideration as to how this is best achieved within the recovery-focussed approach and collaboratively with others is also required.</p> <p>Response by registered provider:</p> <p>Each resident has now been allocated and informed of their two key workers. Recovery based care plans will be produced by the keyworkers with resident involvement, overseen by Registered Manager by 22nd June 2022. Each resident currently has a weekly activity planner uploaded to the Care Partner system which will work in conjunction with the care plan. These are reviewed with the clients on a specific week day and an evaluation is written up. Care plans to be reviewed every 3 months unless changes/concerns require this sooner.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 3.10</p>	<p>The Registered Provider must ensure that comprehensive induction of any new staff recorded for reference</p>
<p>To be completed by: within 2 months of inspection date.</p>	<p>Response by registered provider:</p> <p>Registered Manager currently creating an induction pack for new starters that includes evacuation procedures, mandatory/induction training required, equipment needed, set up of States of Jersey profile etc. This will be signed and dated by Employee and Registered Manager when completed.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 4.2</p>	<p>The Registered Provider must ensure that relevant documentation concerning fire safety training is recorded in the fire logbook and as scheduled in this document.</p>
<p>To be completed by: with immediate effect</p>	<p>Response by registered provider:</p> <p>Fire Warden has recently completed a 1:1 session with health and safety compliance officer. Registered Manager and Fire Warden are now aware of documentation and how to record and will ensure this is completed.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 4.7, 5.2, 6.7</p>	<p>Revision/composition of medication management policy and associated procedures should be undertaken</p>
<p>To be completed by: within 2 months of inspection date.</p>	<p>Response by registered provider:</p> <p>Registered Manager arranged a meeting with SL (Pharmacist) on 1st June 2022 to discuss policy and procedures regarding medications in the care home.</p>

Area for Improvement 5	The Registered Provider must ensure that relevant risk assessment/plans are in place where specific requirements for premises are not in place or cannot be suitably met as set out in Appendix 10 (13)
Ref: Standard	
To be completed by: within 2 months of inspection date.	<p>Response by registered provider:</p> <p>Registered Manager to create risk assessments/plans as and when needed and update if/when required if not in place or not suitably met in regarding to Appendix 10.</p> <p>Any pending risk assessments to be complete before 22nd June 2022.</p>

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