



**Jersey Care  
Commission**

## **INSPECTION 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**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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 Clairvale Road Recovery Unit. The service is based at a property which is situated on the outskirts of town in a quiet residential area of St Helier. The service became registered with the Commission on 26 February 2021 and provides accommodation for care receivers requiring support for mental ill health and their ongoing recovery.

Regulated Activity	Care home for adults
Conditions of Registration	<u>Mandatory</u> Type of care: Personal support  Category of care: Mental Health  Maximum number of care receivers: Ten  Maximum number in receipt of personal care / personal support: Ten  Age range of care receivers: 18 and over  Maximum number of care receivers that can be accommodated in the following rooms: Bedroom 1-10: One person

	<u>Discretionary Condition</u> As the Registered Manager Jemma Quayle must complete a Level 5 Diploma in Leadership in Health and Social Care by 10 <sup>th</sup> November 2024
Dates of Inspection	21 & 22 April 2022
Times of Inspection	9.30 am – 1 pm & 10 am – 11.30 am
Type of Inspection	Unannounced & announced
Number of areas for improvement	Five
Number of care receivers accommodated on the day of the inspection	Seven

Clairvale Road Recovery Unit is operated by Government of Jersey – Health and Community Services, the Registered Manager is Jemma Quayle. The discretionary condition on the service’s registration was discussed and the Registered Manager clarified their progress in meeting this condition. It was confirmed that they expected to meet this within the identified timeline.

The home has been subject to one previous inspection carried out 8 June 2021. Since the last inspection, the Commission has had opportunity to review the service with the Registered Manager (newly appointed since that time), when operational issues have arisen. No issues of concern arose because 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 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.

## **INSPECTION PROCESS**

The inspection visit was unannounced on the first day, prearranged for the second day and incorporated four and a half hours in total spent in the home. A poster was left for care receivers and staff, which invited engagement with the Regulation Officer

as part of the inspection. An information leaflet was also provided for display in the home informing care receivers and staff of the role and function of the Commission.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **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 carried out 8 June 2021.

The Regulation Officer sought the views of three of the seven care receivers currently using the service, three members of the staff team (which included the Registered Manager, and two care staff). Following the visit, supporting information was also requested of relatives, and two healthcare professionals.

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

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

## INSPECTION FINDINGS

At the last inspection, three areas for improvement were identified that required routine follow up on this visit. It was noted the responses received to the inspection report at the time recorded appropriate and acceptable action plans. However, it was evident that one area of practice concerning care planning, has still not been resolved to an acceptable standard. From a review of the current care planning procedures, there remain significant gaps and failures in the composition and review of these documents. This is an area for improvement.

The second area for improvement made at the previous inspection concerned the training log. This was noted to have been significantly improved. The Registered Manager has further revised templates and procedures.

Although the third area for improvement recorded in the previous inspection was addressed within the expected timeframe, it was disappointing to note the quality of the equipment (beds) was of such poor quality they now require further replacement. However, while the new equipment (10 beds), is still on order, the Regulation Officer was assured that this would not impact on the home functioning effectively if an admission to maximum occupancy was to occur. It was confirmed that all rooms could be suitably furnished by temporary arrangements if required.

Prior to commencing this inspection, a review of all the correspondence and contact between the Provider and the Commission was undertaken. This included statutory notifications which were received as routine. This provided good evidence and reference for how the home manages care effectively to ensure that the expected standards are maintained and with appropriate actions taken where necessary. The Regulation Officer noted the positive engagement with the Registered Manager since they took up this role in November 2021 and of their initiating appropriate contact with the Commission when indicated.

A review of the enquiries and communication between the Registered Manager and the Commission over the previous six months, confirmed that action is taken where

incidents arise, which may place other care receivers or staff at risk. Examples were reviewed and discussed which confirmed and illustrated a risk-based and proportionate approach to matters where unacceptable or disruptive behaviour may have a detrimental impact on other care receivers' mental health.

Ways of working and staff support each other was discussed. It was apparent that there was a minimum of two staff on duty over a 24-hour period. The requirements for minimum staffing levels were discussed and clarified with the Registered Manager.

It was highlighted that the category of care and type of care registered with the Commission, relates to personal care/support and not nursing care.

During discussions and observations, it was evident that the care team remains a well-established one, with a wealth of experience available to promote a 'recovery-based approach'. This is a well-established model of providing mental health care and is based on two premises: that recovery from a mental health condition is achievable and that recovery must be directed by the care receiver.

There had recently been some new recruitment to the team and these staff members had experience of working in a different role within other healthcare settings. As such, this represented an enhancement of the existing skill mix. The Regulation Officer spoke with staff, and who demonstrated a good understanding of recovery-based approaches, which the home aims to further integrate into its ways of working. The Registered Manager conveyed some specific aims and objectives which would contribute to this.

The environment was clean and tidy, although there was wear and tear to the fabric of the building and areas required re-decoration. This had already been identified by the home, with a work schedule established to redecorate all communal areas. It is expected that this will proceed as soon as agreed, by the departments overseeing funding for such matters.

It was highlighted to the Regulation Officer during a discussion with the Registered Manager, and with one of the care receivers, of an issue relating to the storage for food items, which has on occasion placed some restriction on access. This is due to a split of bedsits which may have fridges, and single rooms where the large communal fridges are only available. On occasions, the sharing of facilities had led to friction between care receivers. While the measures taken to mitigate this, were seen to be acceptable in the short term, it was highlighted that the locking of storage facilities should be minimised and not become custom and practice.

Three care receivers who spoke with the Regulation Officer, provided positive feedback about their home environment and the support they receive. Care receivers appeared comfortable to bring to the attention of staff and/or the Registered Manager, any issues of concern.

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. This was positive to note, particularly given their dual role in managing an associated day centre.

## **Safety**

<p>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.</p>
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Attention was given to policies and procedures in place, to ensure that the home environment and any equipment used when supporting care receivers is appropriately maintained and checks are routinely carried out. Although there was no specialist equipment in use at the time of the inspection, the home benefits from a governance and support structure to oversee all aspects of health and safety. It was highlighted that a Training Needs Analysis (TNA) was undertaken for this area of practice in November 2021, with all areas met.



The lone working policy, the safety of care receivers and staff group was reviewed. The policy specifically includes alarms and fobs being incorporated into GPS tracker systems as well as the use of 'Screech alarms' and 'Reliance' alarms. The Regulation Officer queried the appropriateness of this type of equipment as these are normally associated with in-patient settings, where a larger staff presence would be expected and available, to manage instances of risk. In a care home environment, which provided supported accommodation as part of recovery-based approach, such equipment is likely to be less appropriate. However, it is acknowledged that these resources are included as part of the wider service policy.

It was clarified with the Registered Manager as to the expectation for specific training agendas, to incorporate face to face training as set out in the Standards. This was particularly important in respect of both First Aid and Safe Handling modules. It was noted from this discussion that there were limited training resources available and/or long waiting lists. Such matters need to be addressed and should be brought to the attention of senior managers.

A review of the fire log found gaps in the expected record keeping, the expected three monthly or six-monthly fire drills were not evidenced. It was noted that the home benefits from having two fire wardens and that these staff members may be best placed to address this matter. Despite this issue, there were no concerns about the attention given to this key area of safety. This an area for improvement

The home has engaged with relevant departments throughout the pandemic to clarify best practice and safe working conditions, which included contact with a Community Infection Control Nurse when necessary.

Clarification about medication management highlighted gaps in the governance arrangements. The current system lacks clear policy and procedures. Staff only, provide prompts and observations for medication concordance and while this is not in itself of concern in situations where care receivers are able to self-administer, the absence of clear roles and accountability in this matter was of concern. Whilst it was apparent that medication is safely stored, this offers a limited example of good practice to meet the Standard. Although the recovery model is promoted within the

home, the lack of flexibility in respect of medicine management, was apparent. It was noted that there were no safe storage facilities available in individual rooms, whereas some care receivers would benefit from this, as part of their transition to independent living. A revision of the medication management policy and associated procedures is needed. Medication management is an area for improvement.

Despite this, it was reassuring to note that many the staff group have the relevant medication competency. This would enable any refinement or adaptations to safe working practices to be incorporated seamlessly once policy and procedures have been ratified within this service. The Regulation Officer highlighted within their feedback that a model for medication management within a recovery-based service, as the home aspires to provide, should incorporate some flexibility of approach that best serves the individual needs. However, this will need to be balanced against any risks and the Registered Manager rightfully highlighted some historical concerns which has led to storage of all medications being overseen by staff. However, the absence of clear policy and procedure and potential failures in accountability requires attention and was acknowledged by the Registered Manager.

Safe recruitment practices were clarified with the Registered Manager, and they confirmed their direct involvement in all aspects of this process, including sight of Disclosure and Barring Service criminal record checks and references. The Commission has recently reviewed documentation and procedures for safe recruitment practice at the Provider's Human Resources Department and these were found to be in good order. It was reassuring to note that the Registered Manager's understanding of their key role in ensuring they had opportunity and right of access to see any recruitment records.

Specific risk assessments for individual care receivers based on their mental health needs and care planning principles were explored. This highlighted that appropriate systems were in place and that accountability is defined and recorded. These assessments are recorded within the electronic care record system known as Care Partner which staff in the home reference as part of care plans. While this was not of concern, the absence of direct involvement and ongoing reviews of care plans by

the Registered Manager and staff in the home was. This is explored further in the next section.

There are few restrictions imposed at the home and this corresponds to the type of care which is provided. The service promotes recovery from mental ill health and the transition of care receivers to independent living. However, it is to be acknowledged that there is a risk associated with relapse and the experiencing of mental distress. One healthcare professional cited the limited number of restrictions as representing a potential risk. This is acknowledged although there were no concerns arising from the inspection process.

The Care Commission's Standards for premises specify "window openings will be controlled to a safe point of opening of no more than 100mm and cannot be overridden". However, it was acknowledged this may be potentially detrimental for care receivers' comfort to apply this in practice in this home. This is with reference to the specific category of care, levels of independence and autonomy that should be available to care receivers alongside consideration of the building design. It was therefore advised that this should be reviewed with formal risk assessments and associated policy to be devised. This is an area for improvement.

## **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>
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Three care receivers were spoken with during the inspection visits, and all provided positive feedback about the home and staff group.

It was noted however that key workers were not readily identified by care receivers. It is important that where key working arrangements operate, that care receivers are informed of who their key worker is and are able to build positive relationships with them. Despite this, it was positive to note that care receivers cited that all staff are available to support them as or when required. The Regulation Officer noted the

positive aspects of the relatively small team, where such a flexible approach would be helpful.

With reference to the systematic approach to managing and supporting care planning principles (which should include regular review and evaluation), there were some gaps in this process, which was a source of concern. It was disappointing to note, in discussion with the Registered Manager and with reference to the previous report, the lack of progress in addressing one area for improvement as was recorded at that time. However, it was also to be acknowledged that there had been some changes in personnel since that time, which included the employing of a new manager.

In the last report, it was recorded that, “The registered provider must ensure that care plans are systematically reviewed with a clear audit trail demonstrating this is undertaken routinely. Some consideration and attention to how this is best achieved within the recovery focussed approach is also indicated”. The subsequent response received by the Commission recorded, *“Care Coordinators have been allocated to each service user and a deadline of Tuesday 24th August has been issued to complete a Continuing Care – Recovery Care Plan. Moving forward training to develop Clairvale staff to be able to devise Care Plans is being considered with a recovery focused approach. The care planning process and review will be subject to internal audit and assurance by the registered manager on a three-monthly basis.”* Unfortunately, this was not well evidenced at this inspection.

The Regulation Officer was reassured that the new Registered Manager in post since November 2021 had an appreciation and understanding of the current care planning process being inadequate. Specifically, that accountability and roles and responsibilities were unacceptably blurred between Clairvale staff and colleagues in CMHT. This view was reinforced by some helpful feedback provided by a Care Coordinator who made observations as below which mirrored that of the Regulation Officer:

*‘It was highlighted that care receivers should have their own care plans that incorporate the service provided in the home and which does not rely on the Care*

*Coordinator to write such a plan. Without such direct involvement by care receiver and staff it is questionable how the home can measure progress.*

*Recording of notes (Care Partner) should be improved with more structure and justification as for any reason for why this information is being recorded. Examples were provided highlighting entries “for information like ate, slept, went out etc with no relevance to the care plan or reason why the patient is there in the first place”. It was also highlighted that the notes should be linked with care plans and risk assessment and mental state’.*

Further discussion with the Registered Manager about care planning principles, highlighted the opportunity for refinement of the current care plans and keyworker role. This might include increasing keyworker involvement in activity scheduling and weekly reviews with care receivers. It was also discussed that some of the primary care planning and risk assessments /plans may be populated onto Care Partner for reference by care coordinators. However, a primary “care plan/activity plan” should be clearly defined, recorded, and reviewed by the staff working in the home with care receivers.

Supporting feedback received from relatives included, “*Staff are absolutely lovely, they have been brilliant*” and reference to “how their loved one had benefitted from the safe and nurturing environment that is promoted in the home.” One identified that staff were “skilled and knowledgeable about how best to intervene and support, by accounting for the individuals’ particular needs, personality and history of mental illness.” “The team responded to need and encouraged activities and the promotion of independence in a helpful and considered way. Feedback on how the home operates and care receivers’ abilities and tolerance for stress was also highlighted. This is especially important in supporting those experiencing chronic and enduring mental health difficulties.

## Training

<p>The Standards always outline that there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>
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Training needs were discussed with the Registered Manager and one member of the team on duty at the time of the visit. Supporting documentation was provided, which demonstrated an improved approach in ensuring that mandatory training needs are being met and updated. It was positive to note the improvements have been made in relation to auditable records since the last inspection.

While it was not of concern that induction takes place to a good standard, (as was confirmed by a recently recruited member of staff), the absence of a structured and auditable record was an issue for attention. The Registered Manager was advised of the specific nuances of the care home environment, care receiver needs and ways of working which are applied in practice and which should be incorporated into such induction records as routine. An area for improvement was identified concerning formalised records for induction of new staff to the service.

A discussion took place about the specific training provided for the category of care supported in the home and it was highlighted attention should be given to this. There were limited records for any specific subjects relating to mental health covered outside of mandatory training, which would be expected for a service so closely aligned with Mental Health Services. However, the Regulation Officer acknowledged that informal training occurred within team discussions and handovers, particularly when discussing care receivers' needs and presentations. Alongside these forums, resources, and information available from professional colleagues in the CMHT were identified as a helpful resource.

The Regulation Officer noted the Registered Manager's approach to supervision which they provide to the team. An appraisal process is also in place. It was also noted that staff are encouraged to seek clinical supervision from registered nurses in the CMHT, when issues arise relating to aspects of best practice.

It would not be an expectation that the home has any Significant Restriction of Liberty (SROL) authorisations in place to support any care receivers deemed to lack capacity to make decisions for themselves. However, it was advised that the Registered Manager engages with the Legislation Team administering the Capacity and Self-Determination (Jersey) Law 2016, as required. This is to ensure that they have a clear understanding of law, legislation and policy and any role and potential responsibility they could have to submit authorisation requests if necessary.

There is an appropriate skill mix relating to the completion of the Regulated Qualifications Framework (RQF) in the team, although it was noted by the Regulation Officer that there have been some delays relating to completion of/or commencing courses. It was advised that if protracted delays in staff achieving identified learning needs/qualifications occur, then some alternative training resources should be sourced to ensure that the Standards are suitably met.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 2.4, 2.5, 2.6, 2.7, 6.5</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><b>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 22<sup>nd</sup> 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.</b></p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.10</p> <p><b>To be completed by:</b> within 2 months of inspection date.</p>	<p>The Registered Provider must ensure that comprehensive induction of any new staff recorded for reference</p>
	<p><b>Response by registered provider:</b></p> <p><b>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.</b></p>



<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> 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><b>To be completed by:</b> with immediate effect</p>	<p><b>Response by registered provider:</b></p> <p><b>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.</b></p>

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

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard</p>	<p>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)</p>
<p><b>To be completed by:</b> within 2 months of inspection date.</p>	<p><b>Response by registered provider:</b></p> <p><b>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.</b></p> <p><b>Any pending risk assessments to be complete before 22<sup>nd</sup> June 2022.</b></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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