



**Jersey Care
Commission**

INSPECTION REPORT

Jersey Cheshire Home

Care Home Service

**Eric Young House
Rope Walk
St Helier
JE2 4UU**

13, 14 and 20 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 Jersey Cheshire Care Home. The home's registration conditions allow nursing and personal care to be provided to a maximum of 29 care receivers over eighteen years of age. Care receivers have a range of care needs, which include physical disabilities and disorders of the nervous system which differ enormously from person to person.

The service is situated in St Helier and provides accommodation in a two-storey building which provides single bedroom accommodation over both floors. The majority of bedrooms have en-suite provisions and for those without, there are adequate communal facilities provided. A variety of communal areas are provided on both floors, including a lounge, dining room, gym and hydrotherapy pool.

There are registered nurses working over the 24-hour period, who are supported by a team of care assistants, therapy staff, catering, housekeeping and administration staff. The aim of the home as described in the Statement of Purpose is *'to provide residential accommodation or help for the care, general well-being and, where possible, rehabilitation of residents who are physically disabled or who, as a result of physical injury or illness, are in need of rehabilitation or are in necessitous circumstances'*.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: nursing care and personal care/ personal support</p> <p>Category of care: Physical disability Maximum number of care receivers: 29</p> <p>Maximum number in receipt of nursing care: 29 Maximum number in receipt of personal care: 29 Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1 – 12 and 14 – 29: one person Room 1a: one person for respite care for a maximum of three months</p> <p><u>Discretionary</u></p> <p>As the Registered Manager, Steve Martin must complete a Level 5 Diploma in Leadership in Health and Social Care by 11 October 2024.</p>
Dates of Inspection	13, 14 and 20 April 2022
Times of Inspection	1.00pm – 6.00pm 9.15am – 12.15 pm 11am – 12.30pm
Type of Inspection	Unannounced on 13 April 2022 Announced on 14 and 20 April 2022
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	27 (on 13 April)

Since the last inspection, which was completed on 16 February 2021, there has been a change in Registered Manager. Steve Martin is a physiotherapist, who works full time in the home, was appointed into the role on 1 July 2021 and became registered with the Commission on 11 October 2021.

The Commission also received an application from the Provider to vary a condition on the home's registration. This related to increasing the provision of a new bedroom on the ground floor which, following a visit by the Regulation Officer, was approved to be used for respite care only for a maximum period of three months.

The Commission received a revised copy of the service's Statement of Purpose on 6 April 2022 which describes the management structure, facilities and services provided.

In addition to the Registered Manager and Chief Executive Officer (CEO) making contact with the Commission to discuss matters relating to the home's operation, the Regulation Officer visited the home on two separate occasions in between inspection visits. Both of these visits were pre-arranged and related to reviewing aspects of the environment and to meet with the newly appointed Registered Manager.

The discretionary condition on the service's registration was discussed and the Registered Manager advised that he is progressing through the Level 5 Diploma and expects to complete it within the expected timeframe.

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 home is well managed by health professionals who have relevant experience and qualifications; which results in strong leadership and a good level of clinical oversight to monitor the standards of care. There was evidence during this inspection that the home is operating in line with its conditions of registration and in accordance with the Statement of Purpose. The home has demonstrated a commitment to improving standards to benefit care receivers, this included for example the creation of a sensory room and the appointment of an Occupational Therapist (OT) since the last inspection.

New staff are recruited safely and go through a detailed induction programme and are provided with relevant training thereafter which is informed by regulatory requirements. Relevant neurological training is now also provided for all staff which has helped to aid staff understanding and knowledge of certain health conditions.

Care receivers' dependencies, care and support needs vary widely and due to the range of neurological conditions and level of disability, there are some care receivers who require a comprehensive level of nursing care to be provided. The staffing levels are higher on weekdays in comparison to the weekends and this should be further reviewed, on the basis that care receivers' needs do not change to ensure that care and opportunities for social outings are not compromised as a result.

Care receivers spoke positively of their experiences of the home, were complimentary of the staff and described them as kind and attentive. They described that they were supported in a way that was respectful of their wishes and choices. Family members also described general contentment with the standards of care provided, although highlighted the continued visiting restrictions in place were impacting negatively upon their quality of life.

There are two areas for improvement identified which relates to the provision of fire safety training and the duty to submit all notifiable events to the Commission in a timely manner.

INSPECTION PROCESS

This inspection consisted of three separate visits to the home at various times of the day and was undertaken by one Regulation Officer. The first visit was unannounced and took place during one afternoon and the second visit took place the following day. The final visit was pre-arranged in order to meet with the Registered Manager, who had been unavailable during the first two visits. The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

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

The Regulation Officer sought the views of the people who use the service, and their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with six care receivers and spoke with three relatives. A poster was displayed in the home, informing visitors that an inspection was underway, which invited people to contact the Regulation Officer to share their views, if they wished.

The views of four health and social care professionals were requested as part of the inspection process and one person provided a response.

During the inspection, samples of records including care records, pre assessment records, training records, personnel files, minutes of meetings and staffing rosters were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Clinical Lead. This was followed with a written summary of the areas for improvement that were identified during the inspection.

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, three areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed. It was pleasing to see that the Provider had made significant efforts to address the areas for improvement, by making some improvements to the environment and sourcing extra training for the staff team.

Since the last inspection, a new sensory room has been created which includes the provision of bubble columns, fibre optic bundles, wall projector and an aromatherapy oil diffuser. Staff reported that the room is well used and has been of benefit to some care receivers and their families to spend time in. Additional training relating to the management of neurological conditions has also been provided for the whole staff team and several staff told the Regulation Officer that they had learned a lot from it. There are plans to transfer care receivers' care records to an alternative electronic system and there was also good evidence of care receiver/ family contribution to care planning and evaluations.

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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Prior to accepting care receivers into the home, the Clinical Lead undertakes an initial assessment of their care needs which considers care receivers' vulnerabilities and risks of harm, so that they can be identified and managed appropriately. A sample pre-assessment record was examined which related to a care receiver who was admitted during the inspection; this contained information about their previous and current health condition, identified risks and also included referral information, an initial assessment by the Social Worker. The Clinical Lead described how this information was shared with the rest of the team, in order to facilitate a smooth admission into the home.

A discussion with the Clinical Lead related to an example where one individual was referred into the home, and the home's assessment taken in conjunction with information from the referrer determined that admission into the home was not considered to be appropriate. This was based upon the home's recognition that they were unable to meet the individual's needs and the other risks to existing care receivers in the home.

Some care receivers, due to the nature of their condition are unable to maintain their own safety and foresee risks. Examples were provided which confirmed how their safety is maintained by staff in the home, which was directly observed by the Regulation Officer during the inspection. This included, close observation of care receivers, location of clinical and monitoring equipment and the knowledge of the staff team relating to complications associated with spinal injuries. Samples of care receivers' care records included risk assessments, to identify and determine the level of risk for various issues and how these could be managed.

The home's procedure for recruitment and induction of new staff was discussed and samples of staff personnel files examined. The files evidenced all pre-employment checks, including enhanced criminal records check, references, verification of identity and job descriptions in advance of staff taking up employment in the home. Safe recruitment procedures and checks are also in place in respect of volunteers.

There are registered nurses on duty over the 24-hour period who are supported by care assistants to support the delivery of care. Samples of staffing rosters were examined, which showed that overall the staffing levels meet the minimum standards. The staffing levels remain consistent through the week and overnight, however they are reduced on some shifts at weekends. A discussion with some staff highlighted that this reduction is noticeable in terms of their inability to offer care receivers the opportunity for spontaneous outings.

Through an analysis of care receivers' needs and interventions it was noted that, at the time of inspection seven care receivers had pressure ulcers. Some care receivers had been admitted into the home from other care establishments with skin damage, however, other such damage had developed in the home. For those care receivers who had been admitted into the home with pressure ulcers, some had improved, and one other has deteriorated. The deterioration triggered a review with the community tissue viability nurse, who provided specialist advice and guidance regarding the management.

There is a range of equipment provided in the home, including overhead ceiling hoists, chairs, profile beds and mattresses which are subject to routine and regular servicing by qualified contractors. In addition, there is emergency clinical equipment provided for individual care receiver use which is also checked on a weekly basis by the registered nurses to ensure it is functional. There are water safety checks in place for all water outlets in the home and the therapy pool to mitigate risks to care receivers and records of all checks are kept.

The fire certificate was displayed in the main entrance to the home and arrangements are in place to carry out regular checks of all firefighting equipment, which includes weekly checking of the fire alarm and routine servicing of emergency fire equipment by an external contractor. The Regulation Officer noted through discussions with care staff that there were some inconsistencies in the type of fire training provided for staff. They all described having access to online fire safety awareness. However, it was apparent that some staff members had not been provided with simulated evacuation drills in order to test the efficacy of emergency procedures. This is an area for improvement in order to meet the Standards and the requirements set by the Fire and Rescue Service.

The home was found to provide care receivers with a hygienic, comfortable, odour free and accessible environment. The home was visibly clean throughout and decorated to a good standard. Samples of bedrooms were found to have been recently decorated in line with individual preferences and taste. Housekeeping staff were observed cleaning both the communal areas and care receivers' bedrooms. A member of staff told the Regulation Officer that they followed a cleaning schedule and strived to achieve high standards of cleanliness and hygiene to support care receivers' dignity and safety. They confirmed an understanding of the risks and hazards associated with their role and the measures in place so that care receivers are protected from potentially hazardous substances.

The home arranged for an infection control audit which was undertaken by the Community Infection Control Nurse during March 2022 which found a good level of overall compliance with infection control and prevention practices.

There was evidence of a positive approach to risk by examples of risk assessments confirming care receivers' abilities to self-medicate and spend time outside of the home. Samples of minutes from leadership meetings were examined which showed that information relating to the home's operation is discussed weekly to ensure good communication and oversight of the service by the management team.

A discussion was held with the Clinical Lead in relation to Significant Restrictions on Liberty (SRoL) authorisations in respect of two care receivers. The Clinical Lead had already highlighted this issue as part of the vaccination programme and is aware of the responsibilities under the Capacity and Self-Determination (Jersey) Law 2016. If there are to be any authorisations made under this law, the home is aware of their responsibility to notify the Commission.

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>

Since the last inspection was completed, a sensory room has been created which provides equipment including bubble columns, fibre optic bundles, a wall projector and an aromatherapy oil diffuser. Staff reported that the room has been of significant benefit to some care receivers and their families to relax and enjoy and has been a positive development.

Care receivers are provided with opportunities to engage in social activities of interest to them and to retain or regain their independence. During the inspection visits, care receivers were observed doing different things in the communal areas, their bedrooms, sitting in the gardens and others were out in the community. A screening process remains in place in respect of Covid-19 which includes booking visits before coming into the home and dedicating the communal areas for people to spend time.

Feedback from family members and one care receiver indicated that whilst they understood the reason behind having visiting limitations in place throughout the

pandemic, they described that they were eager for visits to resume without any restrictions. Some family members described the invaluable support that they had received from each other because of unrestricted visiting before the pandemic as it allowed them to build relationships with one another and share their experiences. This was communicated to the Registered Manager for their consideration to resume a more open style of visiting to facilitate more natural contact.

The Regulation Officer spoke with several staff who have various roles within the home in order to find out how they plan, deliver and monitor care and support that is provided to care receivers. It was evident that the staff team had a detailed working knowledge of care receivers' needs, their preferences and their past lifestyles and interests. The staff team described various approaches to care depending upon care receiver abilities which ranged from providing full assistance to encouraging and supporting independence where possible. Care staff were knowledgeable regarding care receivers' rights to make specific decisions depending upon their capacity to do so. They were also clear about practices that may constitute restraint.

A review of a sample of care receivers' care records showed a diverse range of needs which included for example supporting mild physical disability to complete dependence upon care staff due to physical immobility, sensory problems, cognitive function, communication and other activities of daily living. This was also highlighted from an analysis of care needs which was provided by the Clinical Lead. Examples of interventions including, but not limited to, support with sensory stimulation, communication, nutrition and hydration, mobility, continence and medication administration. Some care receivers also have intermittent and unpredictable conditions that require frequent monitoring and review in order to prevent complications.

The care records were developed based on assessed needs and outlined support required in areas such as personal care, daily routine, nutrition, moving and handling, incontinence, activities, personal relationships, and promotion of self-care. The care plans were individualised and clearly demonstrated a wide variance in abilities and evidenced that where possible, care receivers were encouraged and supported to make choices and decisions in respect of their care. Samples of

records showed that family members are consulted with regarding care and support provided to their relatives. Further consideration should be given to linking these records to the care planning system, so that all aspects of care and review are held together.

Recognised tools were in place to identify care receivers' ongoing risks of developing pressure ulcers. Samples of completed assessments found that where there was an increased risk, there were corresponding care plans in place to show how risks are minimised. The prevention of pressure ulceration was described by the staff team as an important priority for them and they described that many care receivers are unable to change their position independently. One of the registered nurses also told the Regulation Officer of an increased prevalence of pressure ulcers and recognised that this was an area of practice that could potentially be improved upon. The Clinical Lead confirmed that, at the time of inspection, three care receivers had either grade 3 or grade 4 pressure damage which was present upon their admission into the home. Some care receivers had either grade 1 damage or moisture lesions which have since healed.

The home has notified the Commission of some of these incidences, except for two which had not been reported at the time of their occurrence. Notifications were submitted retrospectively and the all staff made aware of the responsibility to notify the Commission. This is an area for improvement.

The home has regular support from external health professionals, including medical specialist and therapeutic services. One care receiver was observed to be having a foot massage during the inspection and one family member commented that their relative had benefitted from, and enjoyed, reflexology treatments. One health and social care professional who visits the home regularly commented that they always find "a very caring atmosphere, with clients' needs and wishes listened to. The staff are caring and compassionate".

One family member also commented that the appointment of an OT had been an added strength to the team. Palliative care services are made available when

necessary and end of life wishes discussed and recorded as part of the care planning process as appropriate.

The Regulation Officer spoke with care receivers and family members to gain their views and experiences of the home. In summary, care receivers described that their well-being is promoted and supported in a way that respects their individual identities and preferences. They said that they have opportunities to make choices and decisions in their lives and activities that they pursue. They described that they have built professional, trusting relationships with the staff team.

Some of the comments made are as follows:

“It’s not bad at all, the staff are a good bunch and they’re very hard working and they help me. I’ve never had Thai food before, but it was marvellous today and we had a great party. I’ve got my call bell, but they always check on you. I go out every week and the staff make sure I’m dressed to go out and I love the pool too”

“It’s a really good home, there’s lots going on. There’s always laughter and dancing and the food is very good. The nurses are lovely”

“It’s a really good place, not bad at all and I’ve got no worries. The food is very good and it’s very tasty. Sometimes it’s a bit noisy in the dining room and I don’t like it. The staff are gems they are great, nothing is a problem”

“It’s great I’ve got no problems at all; we have a good laugh, and you chat with the staff. I’m quite happy here; I can do what I want”

“The care is really good and it’s a good home, everyone is really nice and caring and I feel like I’m getting stronger and improving each day. My pressure sore [that I was admitted with] is healing well and the food is lovely. I have lots of privacy here, I can just shut my door and lie in peace and quiet”

“It’s lovely and I love my room and I see lots going on. The girls are really nice, they help you a lot. I’m very happy here and I know it’s my home”.

Three relatives spoke positively about the care team and standards of care provided and the home's layout providing care receivers with a comfortable, accessible and therapeutic environment. They described the unique circumstances of their relative's condition and how their lives had been affected due to illness. One person told the Regulation Officer of the significant progress their relative had made since moving into the home, which allowed them to regain a degree of independence.

Another relative said they found the staff team to be approachable and felt their views and wishes were always taken into account and considered. Another person said that they had noted improvements had been made over the last couple of years, including more visible leadership and noting that staff appear to be more focused on their roles.

Some of the relatives' comments included:

"It's hard to find perfect, but I'd say 95% and Cheshire is our lifeline and I see good leadership from the staff"

"The shining stars of the home are also the physio, pool and the OT now and there's lots of unsung heroes around the home, specifically the laundry and housekeeping staff"

"I'm very pleased with the care and feel as though X is looked after very well, and the staff seem to understand X needs well and understand X. I've got no real concerns and overall there's a good spirit within the team".

Other observations relating to day-to-day operational issues that family members brought to the Regulation Officer's attention were then discussed with the Registered Manager to be explored further. Relatives consistently described the negative impact relating to the visiting restrictions that remain to be in place. They spoke of their previous experiences and freedoms to come and go and see their relatives at their leisure, which included having evening meals together prior to the pandemic.

Relatives also described the support they gained from one another when in the home visiting and described a sense of loss as the opportunity to meet with others is no longer possible due to having to book visits. One relative said, “we would appreciate the return of open visiting again as we found the freedom pre-Covid very helpful”. Another relative felt that there has been a decline in opportunistic communication overall, compared to what they had experienced prior to the pandemic, which they attributed to the lack of open visiting. They described that they benefitted from the support provided by meeting other relatives in the home and hoped it could be resumed in the not-too-distant future.

The need for care receivers and their relatives to enjoy everyday freedom in their day to day lives was subsequently discussed with the Registered Manager for further review, who indicated that they would reconsider and review the current visiting practices in place. During inspection discussions, the Registered Manager and Clinical Lead expressed a strong commitment to driving continuous improvement in relation to outcomes for care receivers.

The Regulation Officer observed care receivers laughing and joking with staff and staff interactions were noted to be dignified and courteous. During the inspection, care receivers were observed going about their days in ways that met their preferences. Examples of progressive outcomes in care receivers’ lives were shared with the Regulation Officer which included developments in physical abilities, confidence in using spoken language and embracing opportunities to participate in social outings.

Care receivers have been supported by a volunteer artist to create a painting of a local scene on one of walls in the home. One relative described the joy that this had brought to their relative as they had been able to use their artistic skills in its development. Resident meetings are held on a regular basis as confirmed by a review of samples of minutes.

Since the last inspection, a bedroom has been created which is registered for respite care only. This has been used to accommodate short stays in the home although was not in use at the time of inspection. There are plans to increase the home’s

occupancy in the very near future by two, with the creation of two new single en suite bedrooms which are nearing completion.

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.

The records relating to the home's induction process were examined and discussed with one member of care staff who had recently started work in the home who said that they had no previous experience of care. They described having a paced, planned, clear and well-organized induction programme which was reflected in the records. The induction programme covered fundamental aspects of the role to include communication, rights and choices, nutrition and personal hygiene, with evidence of a probationary review discussion to assess and monitor performance. The staff member described that they worked alongside a more experienced member of staff and said that they felt very well supported into their new role.

The staff member who had supported the induction process told the Regulation Officer about their role and the importance of sharing information to ensure safety. They described having completed a mental health diploma last year and how their knowledge and awareness of certain stressors in the workplace has increased as a result.

The training records were examined and discussed with the Clinical Lead, who explained that an external local training provider is arranging a bespoke training programme for the home's staff. This will include mandatory training subjects and additional learning as necessary. The training records showed that staff are provided with ongoing training relevant to their role. Care staff are provided with opportunities to complete vocational training and some staff told the Regulation Officer they were starting a Level 2 Regulated Qualifications Framework (RQF) in health and social care in September. At the time of the inspection, three staff had completed a Level 3 award, and 14 had completed a Level 2 award. Three staff were also working towards Levels 2 and 3.

The Registered Manager is a qualified physiotherapist, works full time and has many years' experience of working in the home as a manager, prior to this managerial appointment. The manager is undertaking a Level 5 Diploma in Leadership and Management for Adult Care and they explained their progress to date.

One of the registered nurses explained that over the last couple of years, training has mainly been delivered by way of E-learning and had recognised that this is not as effective in some areas as face-to-face learning. The Clinical Lead explained that arrangements were being put in place so that registered nurses, particularly could benefit from practical training in areas such as bowel, bladder and wound management. Whilst e-Learning is a more common way of learning, the need for registered nurses to evidence participatory learning is a key requirement for revalidation with the Nursing and Midwifery Council (NMC). One health professional commented "the home is always willing to enhance the staff team's knowledge with the diseases that they deal with and arrange educational sessions".

Since the last inspection training in neurological conditions and care has been provided to all staff. Several staff told the Regulation Officer that it had been very useful and that it increased their knowledgeable and confidence when providing care and support. One staff member described that they were aware of the reasons behind one care receiver's physical symptoms as a result of the training.

Another staff member described that their understanding of speech difficulties had improved and gave an example of how they had adapted their approach to one specific care receiver as a result. A member of care staff gave an example where they had recognised a change in one care receiver's condition which they reported to the registered nurse, which resulted in a medical assessment of their condition.

Staff are provided with one-to-one formal supervision routinely and records of discussions are held. A discussion with one senior carer and the Clinical Lead and samples of records confirmed this although the records were not examined in any detail. A discussion was held with one of the senior carers who facilitates supervision for care staff to consider ways of making it more meaningful and effective to keep staff engaged.

IMPROVEMENT PLAN

There were two 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 4.2</p> <p>To be completed by: with immediate effect</p>	<p>All staff must be provided with fire safety training that meets the requirements set by the Fire and Rescue Service.</p> <hr/> <p>Response by registered provider:</p> <p>Jersey Cheshire Home have now taken actions to meet these requirements.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.3</p> <p>To be completed by: with immediate effect</p>	<p>The Provider must ensure that the Commission is made aware of all notifiable events within two working days of the event.</p> <hr/> <p>Response by registered provider:</p> <p>Jersey Cheshire Home will ensure that the notification process is followed in a timely manner.</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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