



Jersey Care
Commission

INSPECTION REPORT

Secure Children's Home

Care Home Service

9 and 24 March 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

This is a report of the inspection of a Secure Children's Home. The service is provided in a single storey building which surrounds a courtyard. There is a large communal lounge, separate dining area, kitchen, quiet room and a visitors' area. There is a large office which is located just off the communal lounge area. The home also has a gym, an education/school area and a large sports hall.

There are currently building works ongoing to make changes to the environment which is in line with the improvement plan advised in November 2021. Plans include smaller lounge areas, removal of the office from the communal lounge area and removal of the wall which separates the dining area from the lounge. Additionally, there was considerable damage to the premises in February 2022 and building work has been ongoing for some weeks to remedy this. The Regulation Officer has also had sight of plans to create a separate bedroom, lounge and bathroom area in the current visiting area which will enable one young person to move from the main building to this suite.

The service became registered with the Commission on 6 December 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care and personal support Category of care: Children and young people Maximum number of care receivers: Four Maximum number in receipt of personal care / support: Four (temporarily reduced to 3) Age range of care receivers: 10-18 years Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1, 2, 3, 4 – one person (Temporary variation to reduce to Rooms 1, 3 and 6 pending building work on 23/2/2022)
Dates and times of Inspection	9 March 2022 – 10.45am – 2:45pm – unannounced 24 March 2022 – 3.00pm – 4.30pm – announced
Number of areas for improvement	12
Number of care receivers accommodated on the day of the inspection	Three

The Secure Children’s Home is operated by Children’s Service, Government of Jersey and there is currently an Interim Manager. There has been no permanent Registered Manager since September 2021, and this is an area for improvement.

Following the last inspection, an Improvement Notice was served to the Provider on 8 November 2021. This notice set out that Regulation 5 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 had been contravened. The Commission was not assured that proper provision had been made for care receivers of the Secure Children’s Home and was concerned about risks to their safety and wellbeing. Specifically, this related to the lack of trained and experienced staff to meet the complex and challenging needs of the young people residing at the Secure Children’s Home.

A review meeting was held on 15 December 2021 at which the Director of Children's Service reported that the issuing of the Improvement Notice had led to the formation of a Minister-led Improvement Board. The issues raised in the Improvement Notice were acknowledged in the meeting. A full response to the areas for improvement identified in the inspection report was received and these are explored more fully below.

A request to vary conditions was received on 18 February 2022 to register a visiting area as a bedroom to accommodate the admission of a young person on that afternoon. Earlier that week, the Commission had received notifications which indicated that there had been considerable damage caused to the property. A Regulation Officer visited the premises to fully understand the proposed plan. During this visit, the Regulation Officer concluded that the visiting area was not appropriate to be used as a bedroom. The request to vary conditions was declined by the Commission. However, the young person was still admitted to the premises and a letter was sent to the Provider by the Commission on 21 February 2022 stating that they were in breach of registration conditions. This was the second time that the Regulations had been breached in the use of the visiting room as a bedroom.

A response was received from the Provider on 22 February 2022 which confirmed that work had been completed to bring a bedroom up to standard and that the young person was moving to a registered bedroom on that date, meaning that the service was no longer in breach of registration conditions.

Since the last inspection on 5, 7 and 12 November 2021, the Commission received an application from the Registered Provider to vary a condition on the service's registration on 23 February 2022 to reduce the number of bedrooms and the number of young people who can be in receipt of care. Based on this application, the maximum number of care receivers is currently three, with bedrooms 1, 3 and 6 registered for use. This was expected to be a temporary arrangement and the Commission would expect to receive an application to increase the number of registered bedrooms once the building work has been completed. During the second visit of this inspection on 24 November 2021, the Regulation Officer was informed that a young person had been moved to Room 4. This room is not

currently registered, and its use represents a further breach of conditions on registration. Following a reminder, an application to vary conditions for the use of Room 4 was received on 25 November 2021.

In January 2022, the Commission received a copy of an updated Statement of Purpose. This was submitted following an area for improvement identified at the last inspection regarding the staffing ratio to be provided. However, while the staffing ratio had been updated, the Statement of Purpose should always reflect what is currently in place, rather than identifying proposals for future planning.

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.

There were eight areas for improvement at the last inspection in November 2021, and these had not all been resolved. It is of concern that there has been no improvement in many areas since the last inspection. Further detail is provided in the report.

Overall, the Regulation Officer was concerned about the safety and wellbeing of both young people and staff at this secure children's home. There has been no Registered Manager since September 2021, and the Interim Manager has no authority for decision making. This has contributed to the development of a chaotic culture with varied levels of understanding and interpretation of the guidelines and routines for the young people in the home. This is an area for improvement.

Staff consulted were motivated and wanted to promote positive outcomes for young people. However, there was a lack of induction programme for new staff and staff seemed uncertain of their roles and responsibilities. To ensure the safety of both staff and young people at this home, the Provider should review the Statement of Purpose to consider whether the current ratio of four staff for all care receivers is appropriate for this group of young people. At times, it was reported that there are

less than four staff on duty, due to the low number of staff in the team. Staff are currently spending time away from supporting the young people when answering the door or telephone and this leaves a reduced number of staff on duty. This is an area for improvement.

It was identified during the previous inspection that the environment is not homely. This remains the case. There has been ongoing damage to the environment. Damaged fixtures, furnishings, fittings and structures are often not repaired in a timely manner. The doors to bedrooms resemble prison doors. These have not been changed despite the assurance provided at the last inspection. Staff did not feel that they had sufficient training to enable them to feel confident in managing challenging behaviour. This is an area for improvement.

A medications inspection was completed by the Lead Pharmacist which did not indicate any concerns. However, there is no medications policy. Policies for admissions, restraint, searches, and visiting should also be in place. This is an area for improvement.

It is acknowledged that there has been an improvement in the number and quality of notification of incidents submitted to the Commission since the previous inspection. This is not always consistent or timely and this was discussed and acknowledged by the Interim Manager.

The inspection in November 2021 included a requirement that the Young People's Guide be reviewed and updated to more fully reflect how the service operates. This remains outstanding and must be resolved as an action from this report.

This Secure Children's Home has to meet the needs of a variety of young people. As part of the Statement of Purpose, all young people should receive an assessment from the Child and Adolescent Mental Health Service (CAMHS), within 72 hours of admission. The Interim Manager was unable to confirm that this had happened for the last young person admitted to this service. Additionally, CAMHS need a robust role in care planning for some of the young people in this home. Some of the staff

did not attend clinical supervision and there was confusion regarding the care plan for one young person. This is an area for improvement.

Young people are supported to access support from an advocacy provider. It was evident that complaints are taken seriously and are thoroughly investigated. There are regular visits from a Children's Rights Officer. This is an area of good practice.

The sports hall is currently used by an external organisation for a significant part of the week. This means that young people cannot use this facility when they are motivated to do so. The Standards state that facilities cannot be used for other purposes. It is an area for improvement that the external organisation is given notice to quit and that these facilities be for the sole use of care receivers.

All staff members need to receive regular structured supervision. As a result of the low staff numbers, it is not practicable for supervision to be provided. Were it to take place, it would interfere with the capacity of staff to undertake their duties in supporting the young people and could potentially place both care receivers and staff at risk. This matter must be addressed, and supervision must be provided. Additionally, the challenging nature of the work at this home indicates that supervision should be given on a more regular basis than the minimum set out in the Standards.

INSPECTION PROCESS

This inspection was initially unannounced on 9 March 2022 and was completed on 24 March 2022. The Interim Manager was not present at the time of the initial visit and a separate meeting was held with him and the Service Lead on 22 March 2022.

The Standards for Children and Young People Residential Care were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report from November 2021.

The Regulation Officer sought the views of two young people who are currently in receipt of a service by visiting the Secure Children's Home and by requesting that staff advise them of the reason for the visit. They spoke with the Interim Manager and Service Lead and with five members of staff.

The views of five professionals were also requested as part of the inspection process and two responded with telephone feedback.

During the inspection, records including care records, incidents and complaints were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager and Service Lead.

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

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, eight 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.

The Improvement Plan was discussed during this inspection, and it was concerning to note that insufficient progress had been made to address some of the areas of improvement. For clarity, each point is set out below, with the response from the Provider and the current situation.

Area for improvement 1:

Ensure that there are sufficient numbers of suitably qualified, skilled, competent and experienced staff on duty at any one time to meet the needs and ensure health, welfare and safety of care receivers.

Response: Measures are being taken to supplement and strengthen the team. Acknowledged that working at the Secure Children's Home is challenging and complex and a shortage of staff will have a greater effect on the wellbeing and safety of care receivers. There had been a number of resignations from the staff team and some staff had also requested internal transfers which had been facilitated. Two members of staff had been transferred from other residential children's homes in November 2021. There had been a successful recruitment campaign and this would also be ongoing. There had been an adaptation to the rota pattern to release senior members of staff from working 'waking nights' permitting more time to be spent directly with children, young people and colleagues.

Current situation: No improvement in numbers of staff as either those recruited have since left, or pre-existing staff have left. Further information below.

Area for improvement 2: There must be a clear and robust plan, with appropriate timescales to address the current and ongoing deficits associated with staff training.

Response: A robust and comprehensive training plan is being implemented for the staff team, this training offer will extend to all permanent and zero hour staff and will include training in all corporate and mandatory training generic to the role of a Residential Childcare Officer in addition to some of the specialist training specific to work in a Secure Children's home. This includes – MAYBO (Conflict Management), Applied Therapeutic Skills Training Level 3, Secure Stairs (model) training.

Current situation: There has been some improvement in the provision of MAYBO training, but staff consulted did not feel safe when responding to challenging or aggressive behaviour. Staff did not feel that the level of therapeutic training enabled them to support the needs of the young people in the home. This remains an area for improvement.

Area for Improvement 3: The Provider must review the Statement of Purpose to ensure that it reflects any operational changes to the home. Specifically, it must be explicit in documenting the staffing ratio which is provided.

Response: Review of Statement of Purpose which outlined the commitment from partner agencies and staffing provisions/ratios, among other requirements would be collated at the Improvement Board and made available to the Commission in January 2022.

Current situation: A reviewed Statement of Purpose was received in January 2022. The Statement of Purpose remains aspirational, eg Secure Stairs Model and GGGRRAAACCEEESS (not a typo, an acronym) are not delivered as staff have not been trained. (The GGGRRAAACCEEESS model is designed to help staff to talk through the elements of identity and how they might impact on how we relate to others.) The Statement of Purpose must constitute a summary of the tangible reality, rather than be a series of objectives for the future. There continue to be concerns regarding the stated staffing levels which is explored in more detail in this report.

Area for Improvement 4: The Young Person's Guide to be reviewed to ensure it clearly sets out exactly what young people can expect in relation to the care they will receive.

Response: *This was due to be reviewed and revised in January 2022.*

Current situation: A revised Guide has not been received by the Commission, and this continues to be an area for improvement.

Area for improvement 5: The Interim Manager must ensure that children and young people have consistent access to education.

Response: *The Interim Manager will work with colleagues within CYPES to ensure that children and young people have consistent access to education.*

Current situation: Education is offered to young people through the provision of the school which they attended prior to admission to the secure children's home. Further information on this is provided below and this remains an area for improvement.

Area for improvement 6: The Interim Manager to ensure notifications of incidents in the home are sent to the Commission.

Response: *The Interim Manager will ensure that the Commission are notified of all incidents.*

Current situation: The Commission has been notified of incidents and, following a discussion with the Interim Manager and Service Lead, the Regulation Officer was satisfied that notifications will be made in a timely manner.

Area for improvement 7: The Interim Manager must ensure that improvements are made to the care home environment to make it more homely. Repairs to be undertaken in a timely manner.

Response: *The Interim Manager will ensure any repairs are undertaken in a timely manner. Plans will be shared with the Commission that detail the proposed works.*

Current situation: There are significant works being undertaken. While this work continues, this remains an area for improvement.

Area for improvement 8: The Interim Manager must ensure that care records include summaries, assessments of needs and risks and consider any care practices that impact on the rights of children and young people. All members of staff employed to work at the home must have access to all relevant documentation to enable them to fully support care receivers.

Response: *The Interim Manager will ensure that all members of staff have access to relevant documentation as required. All care records will encompass summaries, assessment of needs and associated risks.*

Current situation: All members of staff have access to relevant documentation. However, staff did not understand their role in the plans or feel confident in the management of risks. This is further explored in the report.

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.

On two occasions, the Regulation Officer was let into the building by a member of staff who was unknown to them. They were not asked for identification or to sign the visitor's book. There are a number of workmen currently on site and it is important that staff are vigilant when admitting people into the building. This is an area for improvement.

Since the last inspection in November 2021, three members of staff had been recruited to the service. The Regulation Officer reviewed recruitment records for all three new members of staff and found that one member of staff had started in the home before a criminal records check (DBS), had been received. A risk assessment had been completed, but it should be noted that this was not agreed with the Commission and is not in line with the Standards on safe recruitment. The Regulation Officer discussed this with both the Interim Manager and the Service Lead and was satisfied that they understood their responsibilities in this regard.

It was positive to note that all three new members of staff had a background relevant to their role and a variety of experience to bring to the team.

An area of improvement at the time of the last inspection was to review and update the Statement of Purpose, specifically relating to ensuring that there are suitably qualified, skilled, competent and experienced staff on duty at any one time to both meet the needs and ensure the health and safety of care receivers. The Commission received an updated Statement of Purpose in January 2022, which stated that there would be four members of staff on duty during the day, with one waking and one sleep in staff member during the night.

While the Statement of Purpose had been updated, it is the considered opinion of the Regulation Officer that this staffing ratio does not meet the needs of the current care receivers. Currently, staff also regularly have to leave the main area in order to

meet the requests of workmen on site, or to simply answer the door or telephone. The staffing ratio needs to be adjusted to meet the requirements of both the service and the young people. Staff reported that there had been an agreement to employ a chef, which would have supported them to spend more time with the young people. However, this decision had been overturned by senior management. The Regulation Officer understands that there is a plan to employ an administrator who will be based in the front office and able to support visitors. A review of the current staffing ratio, to meet the needs of the young people in receipt of the service is an area for improvement.

Since January 2022, two members of staff have left this home and a further member of staff, who has recently joined has already resigned. There is a lack of a consistent and experienced staff team. It is acknowledged that staffing is a challenge across the care sector. However, as a corporate parent, the Government of Jersey has a duty to provide the appropriate staff for the young people at this care home. There are currently 11 permanent staff members whereas the full-time staffing contingent is 14 staff members. Staff are frequently asked to cover shifts and often work long days. Staff expressed that they do not feel valued but despite this, it was to their credit that all presented as being motivated to support the young people.

There have been a number of incidents since the last inspection which have resulted in damage to bedrooms and the lounge area. Incidents have given cause for concern about the safety of both young people and staff. Staff consulted did not feel that they had the appropriate training to work with young people when their behaviour becomes more challenging. It is positive to note that all new staff had attended MAYBO (managing challenging behaviour) training and that there is an intention to have regular sessions to ensure that staff feel confident if they need to use these skills. However, in general, staff felt that they did not have a high enough level of training, to enable them to feel confident in managing challenging behaviour. It should also be noted that the independent monthly reports also recommend that an alternative technique of behaviour management is considered for this home. This is an area for improvement.

Some staff expressed the view that they lacked confidence when on duty at this home. During one visit prior to the inspection, the Regulation Officer noted an atmosphere of fear and concern. The Regulation Officer reviewed the staff rota for February, and with information also from staff, found that at times there had been less than four members of staff on duty. This was particularly concerning and is an area of improvement.

A medications inspection was completed on 10 March 2022 by the Lead Pharmacist. Overall, medications are stored and administered safely. However, there is currently no medications policy for this home, and this is an area for improvement. The policy needs to include competency training for all staff responsible for administering medication. A separate medications report is available on the Commission's website.

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>

At the last inspection, the requirement to notify the Commission of incidents, accidents and other notifiable events was made and significant progress has been made in this regard. The Commission has received several notifications and had noted that there was an increase in the number of notifications submitted. There was one significant event which was not notified to the Commission due to the absence of the Interim Manager. Once the Regulation Officer became aware of this incident, a request was made, and this was resolved by another member of staff. However, a process needs to be in place to ensure that notifications are made in the absence of the manager. The Regulation Officer was satisfied that the Service Lead and Interim Manager understand this.

A requirement at the last inspection was for the Young People's Guide to be reviewed and updated. It is important for young people to understand guidelines and routines while they are staying at the children's secure home and away from their

families. To date, this has not been provided to the Commission and remains an area for improvement.

There have been some changes to the building which will include a new admissions area. Understandably, the time when a young person is admitted to the secure children's home is one of stress, confusion and high emotion. This new admissions area will allow some time for staff to meet with the young person and explain their role and how they will support the young person while staying there. However, the Interim Manager is not consulted prior to a new admission and where they have expressed concerns about the levels of staffing at this home, this is not considered before a new admission is agreed. There is currently no admissions policy, and this is an area for improvement.

It is acknowledged that the secure children's home must meet a variety of different needs of young people, for example criminal justice and mental health needs. There should be some flexibility in the ways that staff work with each young person in order to improve outcomes. However, it was noted that while some of the staff could report the waking time for young people, there was a lack of robust planning in terms of what would happen to ensure that the day started on a positive note.

Staff reported that risk assessments were regularly updated, but at least two members of staff stated that they found it hard to identify the latest plan or know that it had been updated. There was evidence that some staff were not following care plans, and this had resulted in confusion in the team, with an impact on one young person for whom outcomes had not improved since their admission.

The Statement of Purpose states that CAMHS will undertake a mental health assessment for all young people within 72 hours of admission to this home. However, staff were unable to provide evidence that this had taken place for the young person most recently admitted to the home. The Provider must ensure that an assessment has been undertaken, or request this to be undertaken within one week. This is an area for improvement.

Two young people had made a complaint while at this secure children's home, one being unconnected with the care provided. It was evident that complaints were taken seriously, appropriate support was provided, and investigations were ongoing. This is an area of good practice.

Due to the issues with the provision of registered rooms, one young person currently spends the day in a separate part of the building. The room is stark and does not look homely. There is the provision of a TV and the young person reported that they mostly watch films. Education is provided and there was evidence provided by the Independent Person's report in February that one young person had engaged well with this. However, one young person does not engage with education and there is a lack of alternative activities. There is no robust consequence to the young person not attending education, and they continue to spend the majority of their time on TV-based activities. The Regulation Officer was informed by a member of staff that a cumbersome financial and leadership system had created barriers to the purchase of games, books and art materials. This is an area for improvement.

One professional reported that there was a lack of activities for children and young people. Work undertaken with young people is not task-oriented or structured. This results in the young people lacking meaningful activity and structure to their day.

Young people are unable to access the sports hall for parts of the day as an external sports club uses the facilities and keeps its own equipment there. Half the sports hall is always out of bounds to the young people. Standard 6.7 states that the premises will not be used for functions unrelated to the accommodation and the Commission requires the Provider to give notice of not more than three months to the external sports club. The sports hall must be available and form part of a programme of daily activities for the young people.

Despite challenges, there was evidence of positive, well-motivated staff who, with appropriate support and training, could be a good influence on the outcomes achieved for young people.

Training

<p>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.</p>

The Provider should undertake a review of the training for staff at this home. Specifically, staff should have a robust induction period before starting any shifts within the home and this should be in place for both permanent and temporary staff. Staff who had started work since the last inspection reported that they had received one meeting with a member of the management team, and one session of shadowing before they were part of the team on duty at this secure home.

There has been no Registered Manager since September 2021. The Interim Manager has substantial experience in working with young people in residential care, but has not been afforded sufficient authority to make significant decisions. There are a number of levels of leadership above the Interim Manager, which makes it difficult for the important day-to-day decisions to be made in the best interests of the young people. This has led to a hindering of decision-making, which has affected both the ability for change to take place and general morale/confidence in the Interim Manager.

Some staff members described a chaotic culture of leadership. A manager, whether registered or interim, must be given authority to make changes and lead the service.

Although staff had been supporting a young person with mental health needs, clinical supervision had only recently been provided by CAMHS. The purpose of clinical supervision is to afford staff time for reflection in working with a young person, and to consider what they may be finding challenging. A qualified and trained member of CAMHS staff would then provide some suggested ways of working with the young person. Some staff had not attended these regular sessions and those staff who saw themselves as being the key workers for the young person did not see the value in the clinical supervision sessions. This has led to an unacceptable situation where staff with no significant mental health training are making decisions relating to the care planning for this young person. Decisions which were made prior to the arrival of this Interim Manager has resulted in a situation where the young person has

different rules and guidelines applied to them, in contrast to the rules and guidelines applied to other young people. The young person is not supported in positive risk taking and this has reduced the possibility of positive outcomes being achieved for them. The independent person who visits and reports monthly to the Provider was concerned about the lack of therapeutic care being given to this young person. CAMHS must be given a central role in the care planning for this young person and oversee the care plans and support provided by this staff team. All staff working at this home should attend clinical supervision from CAMHS and this should be offered at a variety of times to ensure that staff can attend. This is an area for improvement.

Staff generally reported not knowing their responsibilities. There were a lack of policies and procedures to support staff to know how they could support the young people to make positive choices. Staff were unaware of the 'GRRRAACCEESSS' framework which is detailed in the Statement of Purpose. Similarly, the Secure Stairs model, which is also detailed in the Statement of Purpose, has not yet been implemented. In summary, the Statement of Purpose remains an aspirational document rather than one which is properly reflective of day-to-day practice. This is an area for improvement.

Staff reported that they had received supervision, but that this had taken place during their shift. This would not be appropriate as this would take two people away from the support of young people. Staff should have protected time for supervision and should not be expected to be on duty at the same time.

Through a discussion with one professional, it appears that staff do not understand their role as part of a multi-agency team around the child. The professional had given staff programmes which could be undertaken with the young person, but these did not appear to be part of a daily programme of activities. The professional reported that communication was poor, and that they had not been informed of significant events for the young person.

IMPROVEMENT PLAN

There were 12 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: Regulation 5, 16 and 17</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>The Registered Provider must review the recruitment and staffing arrangements in respect of training and competency. There must be a robust induction period for all new staff. The service must follow safe recruitment processes. The required number of staff must be on duty at all times.</p> <p>Response by registered provider:</p> <p>We note the Jersey Care Commission acknowledges that recruitment and retention challenges across the sector remain prevalent. The Secure Children's Home has a clear intention of substantive recruitment of a skilled workforce as well as ensuring additional staffing is available as the occupancy and acuity of any young persons at the unit is managed.</p> <p>The Commission is aware that we have recently undertaken a recruitment campaign that is ongoing at this time.</p> <p>An expression of interest is also due to go out on 25th April to all residential homes across CYPES to provide further support to the Secure Children's Home. However, we are aware of concerns around risks and impact to other homes and so are working closely with Managers to ensure that any risks are mitigated.</p> <p>As part of the Improvement Plan we are also in the process of reviewing the staffing model and profile of staff required for the unit. Our aim is to ensure staffing reflects both the secure and therapeutic functions at the unit.</p> <p>We are also undertaking exit interviews with the most recent staff who have resigned in order to understand their reasons, and to inform our improvement strategies as part of our people and culture plan.</p> <p>In terms of staffing we have ensured that staffing is matched to the requirement for support of young persons at all times, and staffing levels have been maintained aligned to the level of occupancy to the unit. We are in the process of further expanding our</p>
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	<p>workforce to support in the event of higher levels of occupancy and dependency at the unit.</p> <p>Safe recruitment and induction processes are in place in line with Government of Jersey policies.</p> <p>This action is partly completed with ongoing requirements for monitoring.</p>
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<p>Area for Improvement 2</p> <p>Ref: Regulation 5</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>The Registered Provider must recruit a permanent manager to be registered. The Registered Manager must be given authority to manage the service.</p>
	<p>Response by registered provider:</p> <p>An experienced Manager has been identified and will be making an application for registration with the JCC. The Registered Manager has the full support of a dedicated Improvement Team and daily access to the Senior Leadership Team within CYPES. In addition, the Registered Manager will be supported through the weekly Operational Oversight and Improvement Group.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 6.7</p> <p>To be completed by: Action required by 4 April 2022</p>	<p>The Registered Provider to give notice to the club using the sports hall with not longer than three months to vacate the building.</p>
	<p>Response by registered provider:</p> <p>We can confirm that notice has been served and acknowledged. Sports Jersey is working with the club to identify alternative accommodation. The notice period is 3 months, but we anticipate the club will identify a suitable alternative by the end of May. Notice had already been provided by the end of March 2022.</p> <p>This action is completed.</p>

<p>Area for Improvement 4</p> <p>Ref: Regulation 3</p> <p>To be completed by: Action required by 29 March 2022</p>	<p>The Registered Provider must provide an assurance that unregistered rooms will not be used and that young people will not be admitted to the home unless a registered room and appropriate staffing is available.</p>
	<p>Response by registered provider:</p> <p>No further admissions have taken place since the Improvement Notice has been issued. Any further requests for admission can only be considered into regulated rooms at the unit. There is only one room available (25th April 2022) that could accept an admission at the current time.</p> <p>There is no intention to utilise unregulated capacity within the facility, but it should be noted this may increase the risk of off-island placement should there be the requirement for custodial pathway or pathways consistent with Secure Accommodation Orders.</p> <p>This action is completed.</p>

<p>Area for Improvement 5</p> <p>Ref: Regulation 20</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>The Registered Provider must review the Statement of Purpose and ensure that it reflects the service currently provided.</p>
	<p>Response by registered provider:</p> <p>A copy of the revised Statement of Purpose has been sent to the Commission, and this will remain under constant review. The newly appointed Director General for CYPES has commissioned a task and finish group to review the model of service at the Secure Children's Home, and specifically to focus on the 2 predominant pathways to the unit which have been in place for the past 2 years. These being a custodial pathway and a secure accommodation order pathway.</p> <p>In terms of dedicated Child and Adolescent Mental Health support for the unit I can confirm that our Head of Service, Darren Bowring has provided a revised structure of support that is included in the revised Statement of Purpose. I can also confirm a meeting is taking place on 27th April to finalise these arrangements</p>

	<p>Young persons currently accommodated at the unit have dedicated access to CAMHS support which includes a Consultant Psychiatrist who subsequently discusses the recommended care planning and interventions with staff.</p> <p>This action is completed.</p>
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<p>Area for Improvement 6</p> <p>Ref: Standard 1</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>The Young Person's Guide must be reviewed to ensure it clearly sets out exactly what young people can expect in relation to the care they will receive.</p>
	<p>Response by registered provider:</p> <p>A young person's guide has been reviewed and further developed, and a copy has been submitted to the Commission. We consider this piece of work to be ongoing as the Improvement Plan continues at the unit, meaning that additional functions such as access to the gym, crafts and arts support and other therapeutic activities are increased. We are also engaging with the Office of the Children's Commissioner in the ongoing development of the guide.</p> <p>The Children's Guide is in place and will have further development.</p>

<p>Area for Improvement 7</p> <p>Ref: Standard 6, Regulation 18</p> <p>To be completed by: Plan of action required by 25 April 2022</p>	<p>The Registered Provider must ensure that improvements are made to the care home environment to make it more homely. Repairs must be undertaken in a timely manner.</p>
	<p>Response by registered provider:</p> <p>This home is a secure unit and we acknowledge that physical improvements are required at the unit, whilst also ensuring the unit is able to operate in its intention to provide secure accommodation and custodial sentence. The unit therefore requires a high level of security consistent with other secure units, but, also further developments with therapeutic conditions.</p> <p>The repairs and maintenance improvements to the premises remain ongoing. Through the direction of the Operational Oversight and Improvement Group</p>

	<p>there is a dedicated capital plan being developed for longer term changes needed as well as a reactive plan in place for more immediate changes.</p> <p>The medium to longer term scheduling of works has needed to change, as new considerations and practicalities about completion of specific tasks have arisen, but the improvement team at the home continue to drive this forward.</p> <p>We are also seeking a service agreement with HMP Le Moye to provide secure maintenance services in addition to Jersey Property Holdings. Their specialist engineers have been to the unit and believe that this can be easily met. This will ensure that repairs are carried out rapidly and that the environment will be appropriately secure.</p> <p>The practicalities of fitting the bedroom doors have meant that there is a potential of further delays to completion, possibly extending into months. In order to prevent this level of delay we are again undertaking assessment of the current facilities so that short term safety and assurance can be provided before the longer term fixtures coming into place.</p> <p>Since the Improvement notice, some windows have been replaced and the remaining units are planned for completion within the next 3 weeks. Anti-ligature handles have also been fitted to external and corridor doors.</p> <p>Locks have been replaced and further repairs are continuously being implemented according to the security requirements of the unit. Broken call panels have also been made safe whilst replacement units are sought from the hospital. This should be completed by the end of April.</p> <p>Plans to finalise replacement furnishing requirements have been scheduled for 28th April.</p> <p>The required works are not fully completed at this stage. Clear plans are, however, now developed to address the issues identified by the Jersey Care Commission. We are working with Jersey Property Holdings to progress the improvement plans at pace which is dependent on maintenance supply and resourcing.</p>
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<p>Area for Improvement 8</p> <p>Ref: Standard 11</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>There will be a robust education provision at this home, to include a variety of activities if the young person does not engage in education. Young people should be able to access education at any time in the school day with a curriculum which meets their needs.</p> <p>Response by registered provider:</p> <p>If a young person is registered at a school then it is the schools responsibility to send staff to the Secure Children’s Home which is co-ordinated by our Inclusion team at CYPES. If a young person isn’t registered with a school then the inclusion team will provide direct educational support which includes the allocation of a transitional worker.</p> <p>Going forward we will introduce further transitional support for a period of up to 3 weeks prior to leaving this Secure Children’s Home.</p> <p>In terms of a future model, we are developing further plans for on and off site learning support.</p> <p>We are also developing a new learning environment (classroom at the unit). We aim to have this in place by the new term period in September.</p> <p>This action is complete and educational compliance is in place, but the further improvements outlined will be in completed by September 2022.</p>
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<p>Area for Improvement 9</p> <p>Ref: Standard 8</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>There will be policies and procedures in place to include medications, admissions and visiting. All staff will be clear as to policies to be followed and their role.</p> <p>Response by registered provider:</p> <p>Policies have been developed for medication administration, admissions and visiting. In addition the assessment area of the unit has now been refurbished.</p> <p>This action is completed.</p>
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<p>Area for Improvement 10</p> <p>Ref: Standard</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>The Registered Provider must review the training provided to all staff, in particular techniques for managing challenging behaviour and for supporting young people with mental health needs.</p>
	<p>Response by registered provider:</p> <p>In terms of staff training the most urgent focus is on induction and MAYBO training, and department plans have been shared with the Commission.</p> <p>Training plans to support young people with mental health needs have been developed and will be rolled out.</p> <p>This action is partly completed with ongoing requirements for monitoring.</p>

<p>Area for Improvement 11</p> <p>Ref: Regulation 5</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>The Registered Provider must ensure a robust service from CAMHS, ensuring that all young people have a baseline assessment on admission. Following this assessment, appropriate support and care planning must involve CAMHS and staff must attend clinical supervision sessions. For any young person in this secure home for mental health reasons, CAMHS must be a significant part of the team around the child and any changes in care plan should be agreed with them. Staff should have appropriate training to support young people with mental health needs.</p>
	<p>Response by registered provider:</p> <p>Plans have been developed with the CAMHS team to agree a framework of support for the unit. CAMHS professionals will lead the care planning requirements and, we will ensure further engagement with specialist providers within the UK regarding any specialist management and care needs.</p> <p>We will support staff to attend clinical supervision and have discussed its importance with the team. The management team at this Secure Children's Home have also met with the clinical psychologist to discuss this requirement, and to develop plans to support staff training and development.</p> <p>It should be noted that CAMHS intervention and support will reflect the bespoke needs of the young person, and whilst a universal offer of baseline</p>

	<p>assessment and access to support is now in place, the care interventions will be determined by the care planning requirement.</p> <p>This action is complete.</p>
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<p>Area for Improvement 12</p> <p>Ref: Standard 7, Regulation 17</p> <p>To be completed by: Action required by 25 April 2022</p>	<p>The Registered Provider must ensure that all staff at this home receive regular supervision at a more frequent level than that required by the Standards, due to the complex nature of the work. Supervision should not be completed during time when young people are being supported, unless there is a significant increase in the number of staff on duty.</p> <hr/> <p>Response by registered provider:</p> <p>Supervision plans for staff supporting both therapeutic and secure pathways are being developed as part of the workforce plan for the unit. For any health and care related requirements there are existing supervision policies in place.</p> <p>This action is partially completed, but there is an ongoing requirement.</p>
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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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