



Jersey Care  
Commission

# **INSPECTION REPORT**

**(update to report completed  
on 9 and 24 March 2022)**

**Secure Children's Home**

**Care Home Service**

**29 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 an update to the inspection report and improvement notice issued in March 2022. There have been no changes to registration since the last inspection visit. On the day of this inspection visit, one care receiver was accommodated.

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 inspection in March 2022, an improvement notice was served to the Provider on 28 March 2022. This notice set out that Regulation 5 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 had been contravened, with eight significant areas for improvement. A response to the improvement notice was received from the Provider on 24 April 2022. Further detail about the improvement notice, and response is contained within this inspection report.

On 3 April 2022, an application to vary conditions was received by the Commission to enable rooms 1, 2 and 6 to be used, following repairs to the damaged caused, which was agreed.

The Commission received an updated copy of the service's Statement of Purpose dated 1 April 2022.

## **INSPECTION PROCESS**

This inspection was unannounced and was completed on 29 April 2022. The purpose of the inspection was to focus specifically on the improvement notice issued on 28 March 2022 and the response.

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

The Regulation Officer met with one young person who currently uses the service and spoke with managerial and three residential childcare staff.

The views of one healthcare and one education professional were also obtained as part of the inspection process.

This inspection included a tour of the premises.

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.

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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

This purpose of this report is to focus on the eight significant areas for improvement, included in the improvement notice issued on 28 March 2022.

The eight areas in the Improvement Notice were the focus of this inspection, and whilst notable progress had been made, it was concerning to note that insufficient progress had been made to address all the areas for improvement. It should be noted that there were four additional areas for improvement which were included in the main Secure Children's Home inspection report.

The Registered Provider has not met the Standards in relation to a number of areas. There are plans in place, and assurances provided, however they have not yet resulted in tangible improvements. Where progress has been made this is acknowledged.

- 1 The Registered Person must review the recruitment and staffing, to ensure adequate staffing arrangements, in respect of both numbers and training/competency are secured.

**Action: By 25 April 2022**

**Update:**

There had been a recruitment campaign which remains ongoing due to continued vacancies in the staff team. The number of full time equivalent (FTE) staff has been increased to 18 (from 13) for this service. This includes a Registered Manager, four shift leads and 14 residential childcare officers. The Interim Manager also reported that there are two additional staff on zero hours contracts who have experience and regularly support the staff team when necessary.

An expression of interest went out to all staff working in residential children's homes to work within this home. There has been interest from experienced staff, and this will be explored further, while recognising that other care homes also need to have adequate staffing.

One new member of staff had started work since the last inspection. A check with Human Resources indicated that a full safe recruitment check had been completed. Criminal records check and two references were in place before the new employee started work at this home.

It was also positive to note, that staff rotas now ensure that a Shift Lead or Interim Manager is always on duty with less experienced members of staff.

The management team stated that they have not always had four members of staff on duty, but it is also appreciated that since the last inspection there has only been one young person accommodated within the service.

The Statement of Purpose reflects that staffing needs to be flexible according to the numbers and needs of young people accommodated within the service.

The Regulation Officer noted an improved atmosphere of engagement and motivation among the staff team and spoke with three members of staff following the inspection visit. All three staff reported feeling more positive about the proposed changes and action taken by the management team since the Improvement Notice. Staff reported that they feel listened to and are part of decision making, which has improved communication within the team. One member of staff reported that they had noticed a big change in staff engagement. Staff reported that they had found clinical supervision sessions useful and were looking forward to further training.

There has been some progress in this area of improvement, but the staff team is still incomplete, and this may cause additional stress to the system if more young people were admitted to this home.

**This action is not complete.**

- 2 The Statement of Purpose should be reviewed and amended to meet the needs of the current care receivers.

**Action: By 11 April 2022**

**Update:**

The Statement of Purpose was reviewed following the previous inspection visit. The Regulation Officer spoke with the Lead of the Improvement Team who reported that the model of service remains under review. The challenge is to have an operating model, which meets the needs of young people who may be in the Secure Children's Home as part of a custodial pathway or as a result of a secure accommodation order.

A task and finish group has been set up to consider and put in place an operating model; but at the time of the inspection no decision had yet been reached.

The role of CAMHS is now clearer within the Statement of Purpose. A Service Level Agreement has been put in place and this will ensure that the mental health needs of all young people placed at the Secure Children's Home are assessed and reviewed. It was reported by the Interim Manager that care plans and risk assessments are also jointly considered with CAMHS and where necessary, care plans written by CAMHS are shared with the staff.

The Team Manager of CAMHS reported that they would be attending weekly team meetings with residential staff at this service. This Team Manager reported that the staff are now more confident and engaged in joint care planning for one young person. It was also reported that clinical supervision provided to staff by CAMHS has been positively received and was supporting staff in their role. One member of staff reported that minutes were taken at the clinical supervision sessions, and decisions were discussed during staff handover so that all staff members were aware and included in any changes.

Since the inspection visit, there had been one new admission and the CAMHS Team Manager reported that the new system to ensure assessment or review had worked well.

The review of the care plan of one young person had visibly resulted in more opportunities for the young person accommodated at this secure children's home.

Education remains the responsibility of the school at which the young person is registered at the time of admission to the secure children's home. The Provider reported that this is co-ordinated by the Inclusion Team within Children, Young People, Education and Skills (CYPES) Department. There is a plan to introduce plans for both on and off-site learning support. A new learning environment is also being developed in preparation for the new autumn term.

An education professional reported there has been a change in the structure of the day to ensure that young people are ready for learning. They reported that this had a positive impact for young people at this home.

The provision of education to meet the needs of young people at this service will continue to be monitored by the Commission.

A young person's guide has been produced which would enable young people to understand what to expect when they are admitted to this home.

There is a plan for senior members of staff to visit other secure children's homes and for this to inform decisions about the operating model of this home.

**This action is not complete.**

- 3 The Registered Person to provide to the Jersey Care Commission detailed staffing arrangements to ensure the safety of staff and care receivers.

**Action: By 8 April 2022**

**Update:**

The Statement of Purpose has been updated and states that four staff will be on duty during the day, with one waking night staff and one sleepover. This matched the number of staff on duty at the time of the inspection visit, with one additional member of staff who was still completing an induction period.

It was positive to note that a job description for a receptionist has been agreed and this would prevent staff from leaving the main area with young people, in order to undertake tasks such as answering the door.

During the inspection visit, it was noted that a member of staff was with a young person actively engaged in art activities.

A directive had been sent to all staff to ensure that there is no lone working with young people. There was evidence that management recognise safeguarding concerns and take action where necessary.

It was positive to note that there is now a more robust system in place to ensure that staff have read policies and up to date care plans. There was evidence of staff reading and signing these policies which include medication, admissions and visiting. Shift leaders are being trained in medications management and competencies will be reviewed annually.

A new member of staff was undertaking a period of shadowing and there was now a more robust period of induction for new employees. The new employee was positive about their induction, training and the support provided. A piece of work is currently being undertaken to standardise all forms and policies and for this to form part of the induction for a new member of staff.



The management team are planning to ensure that staff can access online training including lower levels of MAYBO training prior to a new employee starting at this home.

There has been some improvement in this area with recognition of the need for an increased staff team, more robust policies, staff training and induction. However, this is at the early stages of change and remains an area for improvement.

**This action is not complete.**

- 4 The Registered Person to provide to the Jersey Care Commission a policy concerning the use of restraint and any additional training to be provided to staff at the secure children's home

**Action: By 8 April 2022**

**Update:**

There are three sections within the Children's Residential Care Policies, Procedures and Guidance which refer to the use of physical restraint. This document is dated December 2021. These policies are generalised across all residential children's care homes and are not specific enough for the needs of staff at this secure children's home. It was reported by the Improvement Lead that restraint policies are being reviewed once decisions have been made on methods of behaviour management within this home.

There is a plan for staff to attend modules on secure care jointly with staff at HMP La Moye. The Interim Manager reported positive joint working with prison staff, while still considering that this home must focus on the needs of young people.

One Shift Lead is qualified to teach MAYBO techniques. This person will be attending a refresher training course. The service will set up embedding sessions to ensure that staff use any behaviour management techniques with confidence.

The management team are reviewing previous incidents, in order to learn from these. It was positive to note a plan of action in this area and the Commission will continue to monitor both the use of behaviour management techniques and the views of staff who had expressed concern that this may not be appropriate for this setting.

**This action is not complete.**

- 5 The Registered Person to give notice to the club using the sports hall with not longer than three months to vacate the building.

**Action: By 4 April 2022**

**Update:**

Notice had been served to the sports club by the end of March 2022. Sports Jersey were supporting the process and it was hoped that the club would move before the end of the three months' notice. While this action is complete, the Commission requires confirmation that the club has vacated the hall.

**This action is completed.**

- 6 The Registered Provider to recruit a permanent manager to be registered. The Interim Manager to be given authority to manage the service.

**Action: By 25 April 2022**

**Update:**

An Interim Manager is in place who intends to make an application as Registered Manager. This person has authority for decision making and support of the Operational Oversight and Improvement Group. Additional support has been seconded from HMP La Moye and with a Consultant (Improvement Lead) with previous experience of children's residential home experience. However, at the time of the inspection, no application had been made and the Registered Manager post remains vacant. An application was made on 10 May 2022 and will be processed by the Commission.

**This action is not complete.**

- 7 The Registered Provider to take immediate action for repairs to be made internally and for this to be of a high standard, to make it more difficult for damage to be caused on a regular basis. Immediate action regarding signing in procedure.

**Action: By 11 April 2022**

**Update:**

There was evidence of ongoing work and planning regarding repairs and need for improvements to the environment. A meeting was planned for later in the day of the inspection. However, there are still damaged windows and evidence of damage both in communal and bedroom areas. This is currently preventing some of the rooms from being used and has the potential to mean that young people would have to be accommodated off island if a court order was made.

The Provider is seeking to secure a service agreement with HMP La Moye, to provide secure maintenance services alongside Jersey Property Holdings. This is intended to ensure that repairs are completed in a timely manner.

At the time of the inspection, no decision had yet been made about replacement doors. Consideration was being given to the recent damage and need to ensure that doors were robust in the event of further incidents.

There was, however, a project plan in place to redecorate all areas. This included working with Art Jersey for murals on the walls and gardening projects for the courtyard area where young people could be involved. The flooring will be replaced and there would be rugs in communal and bedroom areas which would assist in making the environment more homely. Damaged furniture could be mended, although this would need to be of a high standard.

Recent building work had identified that the sprinkler system had not been connected to the water supply. The Improvement Lead confirmed that this had now been rectified. It is of concern that regular checks had not identified that this was an issue.

**This action is not complete.**

- 8 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.

**Action: By 1 April 2022**

**Update:**

At the time of the inspection, only one young person was accommodated at this service. There was one further room suitable for use and a young person was admitted to this home on 3 May 2022.

The Registered Provider has confirmed that there is no intention to utilise unregulated capacity within the facility. The Commission will review any applications once building works have been completed and this will increase the capacity.

**This action is complete – but will remain under review with Commission.**

## IMPROVEMENT PLAN

There were eight areas identified in the Improvement Notice. Due dates previously set remain unchanged. The table below sets out all of the areas for improvement, identifies where actions have been completed and provides an updated response from the Provider.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 5, 16 and 17</p> <p><b>Action:</b> <b>By 25 April 2022</b></p>	<p>The Registered Provider must follow safe recruitment processes and ensure a robust induction period for all new staff. The required number of staff must be on duty at all times.</p> <hr/> <p><b>Response by registered provider:</b>                  Since the original inspection, recruitment at the home has been more robust and the most recent campaign has resulted in 4 new recruits all of whom have appropriate and transferable experience in secure environments, mental health and fostering. No candidates will be formally offered contracts until clear Disclosure and Barring certificates, positive references and clear health checks have been received.                  The induction process has been reviewed and strengthened with a dedicated period of time allocated to complete all online basic training before entering the home. We have aligned the induction to job descriptions, competencies and supervision and intend to robustly use the probation period to identify whether the candidate is suitable to continue in this line of work.                  Whilst some staffing shortfalls remain until the new candidates take up post, we have been able to cover shifts with regular bank and temporary staff in order to meet minimum requirements.                  We have recently employed a receptionist who is starting to alleviate some pressure from frontline staff, enabling them to better focus on the needs of the young people.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>To be completed by:</b>                  Action required by 11 April 2022</p>	<p>The Registered Provider must review the Statement of Purpose and ensure that it reflects the service currently provided.</p> <hr/> <p><b>Response by registered provider:</b>                  The Statement of Purpose has been reviewed since the original inspection and further altered to reflect all progression in the home. The current Statement</p>

	<p>accurately reflects the staffing complement, the service provided and training plan. We have provided the Care Commission with a current Statement of Purpose and will continue to review the document as and when further progress is made in the home.</p>
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<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 5, 16 and 17</p> <p><b>To be completed by:</b> Action required by 8 April 2022</p>	<p>The Registered Provider must review training provided to all staff, in particular techniques for managing challenging behaviour and for supporting young people with mental health needs. Arrangements should ensure the safety of staff and care receivers.</p> <p><b>Response by registered provider:</b> Training has been reviewed and a new training plan agreed. Staff have completed on site MAYBO training specifically focussing on the needs of Greenfield's staff and children. The training focusses on de-escalating behaviour through the recognition of triggers and signs of anxiety that may lead to dysregulated behaviour. New equipment has been purchased based on recommendations from other secure settings, and staff have received training in how to use this during physical interventions. The equipment is designed to keep young people and staff safer during any such interventions. During the most recent training session, the trainer covered support for young people with mental health needs and the impact of trauma on behaviour. Weekly follow up MAYBO sessions will take place at each staff meeting to ensure all staff are competent in applying all techniques. Further MAYBO training is planned to better understand the impact of the original training and the follow up, in-house session work. Two staff were unable to attend and arrangements have been made for them to attend the next round of training. Positive Support Plans are in place for each young person that identify the levels of support that may be needed based upon presentation. These are being developed further into Personal Safety Plans that clearly incorporate MAYBO techniques.</p>
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<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>To be completed by:</b> Action required by 8 April 2022</p>	<p>The Registered Person to provide to the Jersey Care Commission a policy concerning the use of restraint and any additional training to be provided to staff at the secure children's home</p> <hr/> <p><b>Response by registered provider:</b> The Behaviour Management Policy has been fully reviewed. This was previously 3 policies that have now been brought together and more accurately reflect the emphasis on preventative, rather than reactive work. The focus is on safety and more appropriate ways of helping young people learn to better manage their challenging behaviours, with staff support and guidance. The policy includes the MAYBO training and how that informs into safety and positive behaviour plans in the homes. We have provided the Care Commission with a copy and will again keep this under review. To support this, staff access weekly clinical supervision. This is now recognised as an important support and developmental mechanism and feedback from the psychologist demonstrates increased attendance and reflects changes in attitudes and practice.</p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 6.7</p> <p><b>To be completed by:</b> 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> <hr/> <p><b>This action is completed.</b></p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 5</p> <p><b>To be completed by:</b> 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> <hr/> <p><b>Response by registered provider:</b> A permanent Manager has been recruited. They have worked with the secure service for a number of years and have direct experience managing homes and working with complex young people. The Manager has been in post for a number of weeks and has been exercising appropriate authority in that time.</p>

<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 6, Regulation 18</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><b>To be completed by:</b> Plan of action required by 25 April 2022</p>	<p><b>Response by registered provider:</b></p> <p>Although some work remains outstanding, significant improvements have been made since the report was first published. Bedrooms and corridors were heavily damaged, and these have now all been repaired and redecorated. New flooring has been laid in each of the bedrooms and the first, major corridor. We have retained the old doors as it was felt that they offered the level of security required, but these have been redecorated and are now bright and more individual. We have purchased new bedding so that any child admitted will always have fresh new bedding.</p> <p>The Admissions Room has also been fully redecorated and refurbished. The aim was to make the area safe but non-threatening for any young person initially entering the premises. We have experienced delays in obtaining some materials such as windows and a number remain outstanding. However, a number have been replaced and we aim to have all of them in place by 6<sup>th</sup> July. Further plans are in place to remodel the communal areas although this will require a period of closure for that area. This will involve replacing the lighting, removing the main console, and refurbishing the area. Due to supply issues and the need to plan carefully, it is unlikely that this will be achieved before the end of August.</p> <p>Following the remodelling, artwork will be commissioned to brighten up the home and reduce the current, clinical presentation.</p> <p>Further plans are in place to remodel the outside area introducing a sensory garden, communal seating, opportunities to grow plants and a barbeque. The education department has plans to remodel and refurbish the classrooms and plans for the development of an arts and craft room and a quiet, possibly sensory area are also underway.</p>



<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Regulation 3</p> <p><b>To be completed by:</b> 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><b>This action is completed.</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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