



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**04 Children's Home**

**Care Home Service**

**Liberté House**

**19 – 23 La Motte Street**

**St. Helier JE2 4SY**

**26 May and 14 June 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 a Children's Home. It is one of seven Children's Homes operated by the Government of Jersey. The name and address of the home have not been included in this report. This is to preserve the privacy and confidentiality of the young person who lives there.

The home is a two-storey house and is registered to provide residential care for three children and young people. The home has three bedrooms, a large lounge/dining room, and a kitchen. The home is in a residential area with access to shops and a regular bus route to St Helier.

The service was registered with the Commission on 4 December 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: Personal care, personal support  Category of care: Children  Maximum number of care receivers: 3  Age range of care receivers: 12 to 18 years

Dates and times of Inspection:	26 May 2022 – 9.30am – 1.00pm 14 June 2022 – 3.15pm – 4.30pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	One

This Children’s Home is operated by Government of Jersey and there is currently no Registered Manager.

Since the last inspection on 2 and 7 September 2021, the Commission received a notification of absence of Manager from October 2021. This was amended on 6 April 2022 and Carl Brooks is the current Interim Manager. An application has been made and is currently in progress for Carl Brooks to be Registered Manager.

## **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.

Three areas for improvement identified at the time of the last inspection have been resolved, or there is a plan in place to address these.

There are a number of vacancies in the staff team, but it is also acknowledged that staffing is a challenge across the care sector. The Interim Manager has a plan in place to address this and was aware of the need to ensure that staff do not regularly work more than 48 hours per week.

Safe recruitment practices are in place and staff had relevant qualifications to work with young people. Staff receive regular supervision and appraisals.

Appropriate notifications are made to the Commission, where there are incidents or safeguarding concerns. However, the Regulation Officer was concerned that the

current policy regarding missing young people does not seem to be consistently followed by all agencies. This is an area for improvement.

There is a clear and easy to follow care plan, accessible to all staff.

The Young Person's Guide has been updated, and this could be further improved to include contact details of the Children's Commissioner and the Care Commission.

Young people's views are considered, and there was evidence that action had been taken as a result of young people's views being listened to. There is good communication between staff and the young person. There is a complaints book, but this had not been used as issues to date had been raised in conversations with staff and addressed.

There was evidence that the care planning is person-centred and promoted independence skills for the young people.

Overall, the feedback from professionals and from one relative was positive.

There has been an increase in the volume of training provided to the staff team. It was positive to note that this is also provided to zero hours contract staff. The Manager also identifies and provides training for this staff and is hoping to roll this out to other residential care home staff.

Weekly team meetings are held, and notes from these meetings are sent to all staff to ensure consistency of practice. This is an area of good practice.

Staff have not received training in medications management and the policy, to include regular assessment of staff competencies, needs to be updated. This is an area for improvement.

## INSPECTION PROCESS

This first inspection visit was announced and was completed on 26 May 2022. Three days' notice was given of the inspection to ensure that the Interim Manager would be available during the visit. The Interim Manager is also responsible for one other children's service care home, and it was necessary to ensure that they would be present in this home for the inspection. A second visit was made to the home on 14 June 2022 to speak with a young person.

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

This inspection focussed on the following lines of enquiry:

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

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 a young person, a family member and two allied health professionals. During the visit, the Regulation Officer spoke with two members of staff and the Interim Manager. On the second visit, the Regulation Officer spoke with a further two members of staff.

During the inspection, records including daily care plans and incidents 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.

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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.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, 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.

The improvement plan was discussed during this inspection, and it was good to note that there was evidence that there are now monthly reports conducted by an Independent Person. These reports are forwarded regularly to the Commission.

A staffing structure is now in place for two staff to be on duty for each shift. Further information on staffing and the proposed new rota is contained within this report.

The third area for improvement related to a review and plan of the home's capacity. At the time of the inspection there had been no applications to vary the conditions at this home since the last inspection. The home remained registered for three young people which would be difficult to achieve with a sleep-in room for staff. The Interim Manager agreed that it would be more appropriate for this home to be registered for two young people and informed the Regulation Officer of an intention to submit an application to vary the conditions of this home. At time of completion of the report, this application had been received, and will be processed and agreed by the Commission.

For this inspection, staffing remains a challenge. However, the Manager had consulted with the staff team to agree a new rota pattern. The Regulation Officer also reminded the Manager that staff should not be working over 48 hours per week in order to cover shifts. As there is a plan in place to address vacancies, this is not an area for improvement.

There was evidence of safe staff recruitment and training. Staff were encouraged to develop and take on responsibility. Staff reported feeling well supported.

Staff were aware of the need to notify the Commission of significant events, for example when a young person is reported as missing. However, notifications to the Commission indicated that a review of the multi-agency policy and procedures are needed to ensure a consistent response. This is an area for improvement.

There is a clear, outcome-focussed plan for young people which is available to all staff.

The Young Person's Guide for this home has been updated since the last inspection. The Manager intends to make further changes and will also add contact details for the Commission and Children's Commissioner.

There was evidence of good communication between staff and young people. Low level complaints are dealt with immediately and young people are consulted, and their views are considered. However, the young person reported that their views were not always considered and that changes in rules at the home had not always been communicated effectively.

Feedback from relatives and health and social care professionals was generally positive. In particular, the feedback regarding quality of staff and communication was good.

Training is offered to both permanent and temporary staff. All staff at this home are appropriately qualified and there was evidence of staff undertaking further qualifications. The Manager provides additional in-house training where they have identified a need. This is an area of good practice.

All staff are kept informed of changes in care plan by regular team meetings or the sharing of notes from meetings. This is an area of good practice.

## 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.

Currently this home should have ten staff, with two members of staff on duty during the day, and one sleep-in staff. However, there are four staff vacancies.

Standard 7.9 states that "care/support workers ....do not work more than 48 hours per week" and the staff member reported that they are asked to work additional hours to cover shifts and that it is likely that they exceed this number of hours on a regular basis. The Interim Manager reported a plan to redeploy staff from another home and this will ensure that staff do not need to exceed their working hours. The Provider continues to advertise for support staff for all children's service care homes.

Discussions with the Interim Manager and a member of staff indicated that staffing is flexible according to the needs of young people accommodated in the home. Where necessary, staffing has been increased to two members of staff to support one young person. This is to provide appropriate support to the young person, but also to ensure safety for both the young person and staff.

Staffing has not been made an area for improvement as the Interim Manager reported a plan in place to address this. However, the Provider is reminded of the duty of care to staff who should not regularly be working in excess of 48 hours per week.

Two new staff members have been recruited to the service since the last inspection. Discussions with the Human Resources (HR) team confirm that safe recruitment checks are in place before staff are introduced to care receivers. The Interim Manager confirmed that they would also seek to improve the recruitment process to ensure that young people are involved and that their opinion is sought as to the suitability of staff members.

Staff reported that they were aware of the need to notify the Commission of significant events. There was evidence that staff followed current procedures to notify the Out of Hours social care service, and Police where a young person was missing. These incidents had then been notified to the Commission. However, there was evidence that a review is needed of the multi-agency response when a young person is missing. This is an area for improvement.

Staff reported feeling well supported. One stated that it was “a good team.” There was evidence of regular supervision and appraisal and the Interim Manager stated that it was planned for senior support workers to have responsibility for supervision of support staff.

There was evidence that the Manager provides a robust response to safeguarding concerns and that appropriate referrals and actions are taken where necessary.

This home has the benefit of a vehicle for the benefit of care receivers. The Manager checks that staff who drive have appropriate driving licences and are covered by Government of Jersey insurance. However, where possible, staff encourage the use of public transport as part of the plan to improve independence skills.

The fire alarm is checked weekly and there is a monthly fire drill. The Regulation Officer reviewed the evacuation risk assessment which is readily available to all staff.

### **Care and support**

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>
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It was positive to note that there have been no emergency placements since the last inspection. There has been one admission of a young person in November 2021, and this was a planned move to better meet their needs.

All staff have access to a clear and easy to follow care plan for the young person currently accommodated in this care home. This plan is outcome focussed.

There is a Young Person's Guide which has been updated since the last inspection visit. This guide is clear and sets out what is expected of the young people, and what they can expect from staff. The Interim Manager has ideas to further develop this guide to include photos and images. The Guide could be further improved to include contact details for the Children's Commissioner and the Care Commission.

The young person reported that where there have been changes regarding the structure and routine at this home, these have not always been communicated effectively. The Interim Manager agreed that there had been a number of changes since they became employed at this home and that this had meant changes in the care and support offered to young people.

Staff reported that low level "complaints" are dealt with immediately, which have prevented the need for formal complaints. Examples were given about the young person expressing their views and action taken as a result. There is a complaints book available and young people can write down anything which they are unhappy with. However, this has not been necessary as there was evidence of good communication between the young people and staff, and issues are dealt with immediately. The Manager stated that decisions have sometimes been taken which are not welcomed or accepted by young people but are made to keep them safe.

The plan demonstrates that staff are encouraged to have open conversations and to role model appropriate behaviour. Young people are also encouraged to understand positive relationships and are supported to engage in work activities.

Social skills have been promoted and the young person is comfortable in bringing friends back to the house. There was also evidence of the young person being supported to learn skills in budgeting, shopping and being involved in cooking meals in the house. The environment is homely, and the young person has been consulted on the decoration.

Appropriate support is available from other health and social care professionals. Two social care professionals provided feedback by telephone as part of this inspection. Both reported that the young person currently accommodated received support appropriate to their needs. Regarding staff, one stated the team were “great” and that they worked over and above expectations. The other professional stated that the staff team were “brilliant” and that they experienced good, responsive communication to any requests. One professional reported evidence of good relationships between the staff team and young people.

A relative reported that, in general, they feel that staff are generally promoting positive outcomes. They felt that the positive relationships formed with staff were beneficial to young people. The relative reported that “I have a great relationship with the staff, and they do an amazing job. However, there can be confusion between staff and x.” In the opinion of the relative, this was at times where staffing numbers had been an issue. The relative reported good communication between themselves and the staff team.

Two members of staff were present for the second visit to speak with a young person. There was positive discussion between staff and the young person, and staff advocated on behalf of the young person.

## **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.
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The Regulation Officer spoke with one member of staff at length, and two other members of staff who were also present in the home. The staff member reported that there has been an increase in the amount and quality of training provided and they welcomed this.

The Interim Manager is currently unable to access the Government of Jersey training log but there was an in-house spreadsheet which detailed the training undertaken or planned for all staff members. It was positive to note that all training is also offered to zero-hour staff.

Amongst other standard training, the staff member reported that they had also received training in Non-Violence Resistance (NVR) and therapeutic skills. There are plans for training in managing challenging behaviour (MAYBO) for all staff at this home.

Of the current staff team, one member of staff has a Level 3 in Childcare and two have Level 2 Childcare. Two staff are studying Level 3 Childcare and two are due to start Level 3 study in September 2022. This means that staff at this home are appropriately qualified and are encouraged to develop.

The Interim Manager also ensures that staff have a good understanding of child abuse, neglect and domestic violence. Staff can also access training in awareness of autism, LGBTQ and self-harm. The Manager identifies areas for additional training, for example to ensure staff are aware of how to react to a disclosure from a young person, questions to ask and accurate recording.

There are weekly team meetings held at this care home. Where staff are unable to attend, notes are emailed to all staff members to ensure consistency and to highlight any changes to the care plan. This is an area of good practice.

The staff member consulted reported that they are also studying for the Regulated Qualification Framework (RQF) Level 3 in Residential Childcare. They reported being well supported, but it was noted that some courses also require additional work to be completed by the staff member and this can result in competing priorities. While it is positive to have these training opportunities, the Provider needs to consider this alongside requests to work additional shifts to cover vacancies.

It has been noted in inspection reports for other Government of Jersey children's homes that medications policy and training should be updated. This remains outstanding and is an area for improvement for the Provider.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 9.7</p> <p><b>To be completed by:</b> Within three month (12 September 2022)</p>	<p>The Provider will review and update the medications policy. All staff will have appropriate training and their competency will be assessed on at least an annual basis.</p>
	<p><b>Response by registered provider:</b></p> <p>Click or tap here to enter text.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 8.4</p> <p><b>To be completed by:</b> Within three month (12 September 2022)</p>	<p>There will be a policy and procedures which are in line with multi-agency procedures to support children/young people who are absent or missing. The policy will be clear and be followed by all agencies.</p>
	<p><b>Response by registered provider:</b></p> <p>Click or tap here to enter text.</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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