



**Jersey Care
Commission**

INSPECTION REPORT

Hollies Day Centre

Adult Day Care Service

**La Rue Hilgrove
Gorey Village
Grouville
JE3 9EZ**

8 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 Hollies Day Centre. The service is situated in Gorey village, with access to shops, cafes, restaurants and close to the beach. The centre is a two-storey building and has plenty of internal space, which enables a range of activities to take place at any one time. There is an enclosed outdoor balcony area where people can sit and relax or take part in gardening activities.

The day centre is open five days a week, Monday to Friday. Parking at the centre is limited but with transport to and from the centre provided if necessary. The key aim of the centre is to "work within the social model of care and provide care, support, opportunities to socialise in order to promote mental and physical stimulation".

The centre provides a service to 36 people in total. It can support 21 people at any one time; however it has been operating at a reduced capacity due to limitations with transport availability. During the week of inspection, the number of people attending varied from 11 to 16 and the Registered Manager is hopeful that the service will again operate at maximum capacity in due course.

The centre refers to people attending the day centre as ladies and gentlemen, therefore for the purpose of this inspection report the same terminology will be used.

The Adult Day Care Service is operated by Government of Jersey – Health and Community Services and the Registered Manager is Linda Byrne.

Regulated Activity	Adult day care service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care and personal support Category of care: adult 60+</p> <p>Maximum number of care receivers who may be accommodated on the premises at any one time: 21</p> <p>Age range of care receivers:60 years and above</p>
Date of Inspection	8 June 2022
Time of Inspection	10:15am – 3.00pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers using the service on the day of the inspection	14

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The day centre offers a very good level of support to the ladies and gentlemen who choose to attend. This is delivered by a motivated staff team happy in their work and who have built good relationships with ladies and gentlemen attending the centre. The leadership arrangements are clear and combined with a good level of managerial oversight, it is evident that the service operates in line with its intended aims and objectives.

There is an emphasis on providing a person-centred approach to meet individual support needs and enhancing people’s quality of life.

The centre helps ladies and gentlemen stay well by engaging them in stimulating social activities in the centre and within the community. This was evidenced on the

day of inspection where they were noted to be enjoying the various activities and discussions taking place. The ladies and gentlemen were noted to receive a lot of individual time with staff and there was a lot of laughing and joking observed. They told the Regulation Officer that they enjoyed attending the day service.

Support plans were available to reflect day centre attendance and were written in a person-centred way which evidenced that personal choices were sought from the ladies and gentlemen. They provided clear information and there was also evidence of life history work having been completed. Staff demonstrated good knowledge of this in their practice and had used this information to introduce ladies who shared similar backgrounds and life experiences.

Arising from this inspection two areas for improvement are made, one which relates to enhancing care records to provide details of goals, aims, choices with subsequent evaluation to evidence the ongoing value of the service to individuals. The other area relates to the provision of training for all staff for dementia care.

INSPECTION PROCESS

This inspection was announced and the visit was completed in one day. Notice of the inspection was given to the Registered Manager two days before the visit, which was to ensure that she would be available to provide relevant information and to support the inspection process. The Adult Day Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report. The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff.

During the inspection, records viewed and examined included minutes from team meetings, day centre plans, newsletters, quality assurance reports and feedback reports. The Registered Manager was requested to display a poster within the day centre which invited visitors to provide their views of the service to the Commission; no responses were received.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. 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, completed on 22 May 2021, two areas for improvement were identified and an improvement plan was submitted to the Commission by the Provider setting out how these areas would be addressed. One area related to maintenance works that were required and a follow up visit undertaken on 17 August 2021 confirmed that the necessary works had been completed. The other area for improvement related to formal supervision requirements, which has also been addressed.

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.

Works that were identified during the last inspection had been completed and on this occasion the premises were found to be well maintained and continued to be

suitable for the purpose of day care provision. The paintwork on the bannister surrounding the balcony is looking worn and faded and needed repainting. The Registered Manager will ensure this is addressed as part of the property maintenance plan of works. Parking at the premises is limited and the Registered Manager described the ongoing attempts being made to try and improve accessibility.

The outcome of a visit by the Community Infection Control Nurse (CICN) prior to the inspection visit, highlighted adequate infection control measures in place and staff familiar with up-to-date guidance and protocols.

The Registered Manager explained that a detailed assessment is completed in respect of every person referred into the day centre. The assessment process takes account of information, including physical, mental health and social circumstances and includes a visit to the centre where the individual can decide about attending. The Registered Manager stated that she also liaises with colleagues and managers from the wider service to determine if Hollies is the most suitable and appropriate placement.

People's circumstances including social isolation, family support provision and health needs are considered as part of the assessment process and priority for attending is given to people with the greatest needs. The centre's information leaflet provides information about the centre and is available in written format and can be provided electronically to family members.

The Registered Manager is based in the centre and has regular contact with the ladies and gentlemen who attend and explained that everyone attends based upon their capacity and choice to do so. The Statement of Purpose refers to the centre's commitment to promoting the choices, rights and freedoms of those attending and acknowledges that staff take responsibility for ensuring safety whilst in the centre.

A discussion with the Registered Manager confirmed that the centre's staffing arrangements have been assessed and determined to provide a safe service. The staffing arrangements ensure that sufficiently qualified, competent, and experienced

staff are working at all times to meet assessed needs and takes into account the size and layout of the premises and number of people attending each day.

During the inspection visit, in addition to the Registered Manager, there were four care staff working to provide support to fourteen ladies and gentlemen.

Observations included staff providing 1:1 support with activities including baking, arts and facilitating group discussions also. The planned staffing rosters show that there are always a minimum of four staff working each day and maintain a presence over both floors. The Registered Manager described the importance of planning the rosters with the right number of staff, considering their skills and abilities as being fundamental to delivering safe care and support.

The Registered Manager explained that there has been a consistent staff team working in the day centre and there is a pool of bank staff to support the permanent staff team. One member of staff told the Regulation Officer during the inspection, that they worked regular bank shifts in the centre and “felt part of the team”. They were able to confidently describe the aims and objectives of the service and ways in which staff met peoples’ needs. There have been no new staff employed since the last inspection, although the Registered Manager is fully aware of the Standards relating to safe recruitment.

There have been no notifications made to the Commission to record accidents or incidents occurring in the day centre since the previous inspection. The Registered Manager is however fully aware of their responsibility to ensure notifiable events are appropriately responded to and reported to the Commission and/or other relevant agencies.

A sample of written support plans were examined which provided detailed information about goals and outcomes. The plans showed that staff had made significant efforts to get to know the ladies and gentlemen attending and included information relating to individual needs and preferences. There was evidence of life history work having been completed and plans which identified the type of support required both within the centre and the community. One support plan was

supplemented using photographs and simple instructions which demonstrated the safe use of a piece of equipment.

Whilst the plans were very detailed, person centred and outcome focussed, there was no evidence to suggest that the ongoing benefits of attending the centre had been evaluated. This was highlighted and discussed with the Registered Manager who acknowledged that records could be expanded further to demonstrate whether individual aims, goals and choices are met and peoples' experiences of the day centre continue to be positive. This is an area for improvement.

A walk through the centre found no obvious health and safety hazards and fire exits were clear and free from obstruction. Improvements to the environment have been made since the last inspection, including the creation of a nail salon and small crafts room on the first floor.

Care and support

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.
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At the start of the day a team discussion is held which is part of the personal planning process and helps determine the social and physical activities for the day ahead. This includes planning of community involvement, in house activities, contact with friends and is respectful of choice. Examples of photographs demonstrated that social activities are not exclusively centre based.

During the inspection ladies and gentlemen stated to the Regulation Officer that they really enjoyed attending the centre and were very happy with the way that staff supported them. The Regulation Officer noted that staff were responsive to individual needs in a warm and respectful manner and good-humoured interactions were observed. It was apparent that the relaxed culture leads to positive outcomes for ladies and gentlemen, who were all involved in the events of the day and seemed to enjoy the various activities and discussions taking place.

Some comments provided to the Regulation Officer included “it’s got a nice atmosphere and everyone’s good”, “I wouldn’t come here if I didn’t enjoy it” and “it’s a happy, jolly place and it suits me right”. Another person who had just recently started attending said “this is my third time here; I like it yes and I’ll come back”.

Staff were seen to vary their approach in terms of communication styles according to individual needs which reflected a person-centred approach. Staff were knowledgeable about peoples’ needs and the support they require whilst in the centre and their background and social history. This was evidenced through discussions with care staff, review of care records and observed practice during the visit. During the inspection, staff were facilitating an interactive quiz which was stimulating and generated reminiscence discussions.

The Registered Manager provided some examples of person-centred care and support, which evidenced that the service is proactive in ensuring that attendance is meaningful for people and their health needs are addressed and responded to appropriately. One example related to a gentleman who was very gradually introduced to the service and whose attendance times have been adjusted in consultation with family members based upon an inability to tolerate a whole day’s presence. Another example included staff recognising that one lady’s nutritional intake was limited whilst in the centre, which was communicated to their case worker and family contact.

Additional examples were provided whereby staff use relevant information about peoples’ preferences, employment histories and lifestyle choices to plan and enhance their experiences. This included one gentleman having a visit to a previous place of interest and enjoying a meal there, certain peoples’ attendance days arranged based on their previous places of employment and one person having visited a pub which they had managed during their working life.

Staff routinely seek feedback about peoples’ experiences, ideas, wishes and choices and records showed that the service takes a proactive approach to participation and enjoyment and well-being is encouraged and valued.

The Registered Manager confirmed that where people are supported with medication, it is stored safely and there are clear protocols in place for the handling and administration which meet Standards.

There have been no concerns raised or complaints made about the quality of the service since the last inspection.

In summary, the evidence gathered during this inspection confirmed that the service is operating in accordance with the Statement of Purpose and it aims to support ladies and gentlemen by listening to them, involving them in decisions about the type of support they receive and which enables them to maintain certain living skills and promote their wellbeing.

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 staff team on duty during the inspection have worked in the centre for some time and with no new staff employed since the last inspection. Three staff described their roles and spoke about a culture of positivity and support from their leader which allows them to feel valued in their work. There are effective leadership arrangements in place to motivate and inspire the staff team to allow them to have a positive impact on ladies and gentlemen's attendance.

All staff have completed a Level 2 vocational training award in health and social care as a minimum and one person has a Level 3 award. Mandatory training as required by Government of Jersey policy is updated and provided with records maintained. Staff spoken with said that they had received training in dementia awareness some time ago but felt like they could benefit from an update and refresher training. This was discussed with the Registered Manager who confirmed that this had last been provided in 2019 and acknowledged that additional training would be beneficial. This is an area for improvement.

Regular team meetings are held, and scrutiny of the minutes confirmed discussions relate to operational matters and any issues that need to be addressed. Staff spoken with, including bank staff confirmed they had received regular 1:1 supervision and appraisals and most had extensive experience of the service. They said they worked well as an effective team. Whilst no new staff have been employed, the Registered Manager confirmed an appropriate induction process is in place for any new staff who may be employed.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 2.6</p> <p>To be completed by: 2 months from the date of this inspection (8 August 2022)</p>	<p>Care records should evidence the attendance at the centre by individuals is regularly reviewed and monitored and that demonstrates meaningful activities achieve the aims and objectives for that individual.</p>
	<p>Response by registered provider:</p> <p>We have created and implemented additional information to our care and support plans to include choices, interventions and outcomes. The proposal this has been shared with JCC as part of the inspection and feedback process. These are checked on an ongoing basis by the centre registered manager in daily hub meetings, monthly team meetings and through supervision of key worker roles.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.11</p> <p>To be completed by: 2 months from the date of this inspection (8 August 2022)</p>	<p>Training in aspects of care and support for people living with dementia should be provided for staff.</p>
	<p>Response by registered provider:</p> <p>Dementia Jersey have been engaged and are planning to deliver the "Dementia friendly" training. This will be offered to the whole team. We will then identify two support staff, one from Hollies and one from Sandybrook to undertake the "Understanding Dementia" course available from University of Tasmania. This is a commitment of 3 hours per week for 7 weeks and will then facilitate those individuals to become champions within the workplace. We also have the option, if needed after the above, to access our Mental Health Liaison team and the Memory Assessment Service for support.</p> <p>More widely, the annual training needs analysis (TNA) for our day service teams will commence shortly, ahead of finalising the training programme for 2023.</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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