



**Jersey Care
Commission**

INSPECTION REPORT

Pine Ridge

Care Home Service

**West Hill
St Helier
JE2 3HB**

25 May 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 Pine Ridge Care Home. The service is in a private residential area in rural St Helier. The single storey property was built in 2021 and was designed to promote ease of access for wheelchair users. There are two bedrooms with ensuite shower facilities, equipped with overhead ceiling hoist tracking systems. The communal lounge leads onto a balcony and the home provides an inclusive environment with relevant adaptations and suitable equipment to meet the needs of care receivers.

The home supports two specific individuals for planned periods of respite care and the Statement of Purpose described the aims and objectives as "*providing a holistic and person-centred approach to ensure the individuals lead fulfilling lives, ensuring they have a presence in the community*".

The service became registered with the Commission on 8 October 2021, and as part of the registration process, the Regulation Officer visited the home to meet with the Head of Learning Disability Service to review the environment before the home was registered.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Nursing care Category of care: Learning disability Maximum number of care receivers: 2 Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1 and 2: one person
Date of Inspection	25 May 2022
Time of Inspection	11:15am – 3.00pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Two

The Care Home is operated by Government of Jersey – Health and Community Services and the Interim Manager is Luis Nunes. The Commission received a notification of absence of the Registered Manager on 3 March 2022, which included details of the Provider’s interim managerial arrangements. This was the first inspection completed since the service was registered.

SUMMARY OF INSPECTION FINDINGS

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

The home was found to be comfortable, clean, well maintained, furnished, and decorated in a homely style. There were lots of photographs and possessions and items to make the home personal to the care receivers who make use of it. The layout and design of the home allows both care receivers to enjoy a variety of settings as observed during the inspection. The home was well equipped to meet

their specific needs and bedrooms are made as domestic and homely in appearance as possible. Relatives have been involved in choosing the décor, layout and furnishing of the home.

Both care receivers are supported to engage in meaningful activities during their respite stays in the home. Throughout the inspection care receivers appeared comfortable and relaxed in the company of staff and it was evident that staff had a comprehensive understanding and knowledge of their needs and preferences. There are stable staffing arrangements in place and some staff have worked with the individuals for several years.

Feedback from a family member was very positive about the atmosphere in the home and how the staff team support their relatives. They described having confidence with the staff and felt that they could discuss any issues directly with them. The staff team highlighted that an important aspect of their role is to communicate effectively with family members and involve them as much as possible to ensure respite experiences are positive. Care records are personalised and detailed to ensure that care and support is delivered in accordance with assessed needs and relatives' preferences.

There is one area for improvement relating to fire safety evacuation practices resulting from this inspection, to which the Interim Manager acknowledged and agreed to address immediately.

INSPECTION PROCESS

This inspection was announced and was completed by one Regulation Officer on 25 May 2022. The inspection was announced to ensure that the care receivers would be present in the home for planned respite at the time and to allow their relatives an opportunity to be included in the inspection process and offer their views and feedback.

The Care Home Standards 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 the information held by the Commission about this service was reviewed.

The Regulation Officer spoke with managerial, nursing and care staff and sought the views of one family member who visited the home during the inspection visit.

During the inspection, records including recruitment and training records, care plans, minutes from team meetings, quality monitoring reports, and policies were examined. The visit included an inspection of all areas of the home.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim 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

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.

New staff are recruited safely and overseen by the Human Resources (HR) team within Government of Jersey. Recruitment practices demonstrated a safe approach to recruitment as evidenced by pre-employment checks including references and

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

enhanced criminal records checks obtained in advance of staff taking up employment. Two staff have been recruited since the last inspection and the records confirmed that one reference was obtained from the applicant's current or previous employer and any gaps in employment history fully explored. The recruitment process for two staff was underway and employment start dates were to be confirmed once all checks had been obtained.

Any new staff that are introduced into the staff team are required to work alongside more experienced staff, as part of their induction and are introduced to family members also.

There are stable staffing arrangements in place and discussions with staff, confirmed that they had worked with both care receivers for several years and were well known to them and their families. The staffing levels and skill mix of care staff are planned to meet care receivers' needs and take account of certain nursing tasks that are delegated to care staff. The actual staffing levels on the day of inspection and planned staffing levels are in line with that outlined in the Statement of Purpose.

The all-female staff team is made up of registered nurses and care assistants, which respects families' preferences about staff of a specific gender delivering care and support. Nurses are available throughout the 24-hour period to support clinical decision making as a means of ensuring the safety of care receivers. The Interim Manager described the contribution of registered nurses and highlighted their strengths in understanding clinical care needs and influencing care receiver safety.

The home was found to be comfortable and homely in appearance and all areas were maintained to a high standard. The Community Infection Control Nurse (CICN) carried out an audit prior to the inspection and was satisfied with the infection prevention practices in place. Some additional safety checks, including Legionella risk management measures had been suggested by the CICN which the Interim Manager confirmed had been implemented.

The home has the required equipment to ensure that care receivers' mobility needs are safely met whilst in the home, including overhead ceiling hoists, profile beds,

pressure relieving mattresses, shower chairs and portable suction machines. The equipment is routinely serviced as part of the maintenance plan, and this was identified as next due the day following the inspection. Additional daily checks are in place which ensures that the suction equipment is safe and ready for use and an examination of records evidenced this practice.

The Provider has systems in place to monitor and review the quality and safety of care and support and has arranged for a member of health care staff from within the service to visit the home monthly as part of the governance arrangements. The reviews completed during April and May were examined. The reports were based upon a review of specific standards and which the interim Manager was fully appraised of. Formal consultation with family members is included as part of the home's approach to governance and quality assurance.

There are a range of policies available to guide staff in their practice. Samples of policies and protocols were examined and found to be informative and relevant to support the running of the home. Staff had a good understanding of these. Team meetings are held to ensure good communication takes place and minutes from the meeting of 13 May 2021 showed that issues relating to operational practices are discussed and addressed.

During the inspection, staff ending their shift were heard providing a handover to the incoming shift to include passing on essential information to promote consistency of care. Information that had been provided to staff by a family member earlier in the day was also used to inform the handover discussion.

All staff receive training in fire safety and there are routine checks in place regarding fire safety equipment, however staff had not been provided with a simulated evacuation drill. This is an area for improvement to meet the Standards and the requirements set by the Fire and Rescue Service. This was discussed with the Interim Manager during the inspection, who agreed to address it without delay.

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.

One of the care receiver's family was present during the inspection visit and was happy to offer their views and experiences of the home. They spoke in very positive terms of the environment and stated that they had been able to influence the décor, design and layout of the home which they valued. They described having faith, trust and confidence in the staff team providing support and said that they had built good relationships with them. The relative said that they were welcome to come to the home at any time and commented that they "feel at peace" when doing so and were assured that the quality of care provided is as they expect.

Both care receivers were unable to verbalise their views and feelings, however they were observed to be relaxed and appeared comfortable in their surroundings and there was a calm and welcoming atmosphere in the home. Care staff were observed to respond to and predict care receivers' needs by their early and proactive interventions and they spoke about the health needs, family and other interests in great detail. One member of care staff was observed recognising and responding effectively to one care receiver's involuntary movements. Staff were also observed supporting care receivers in line with assessed needs and preferences and were able to describe the various routines in place to manage physical needs.

Staff described various routines that are necessary to ensure fundamental aspects of care are provided, but which also will require a degree of flexibility to allow enjoyment in community social activities. An example of this related to the timing of feeding regimes, which are adapted and managed away from the home.

All staff who spoke with the Regulation Officer were knowledgeable regarding their roles and responsibilities in relation to the assessed needs of both care receivers and the care and support required. They described the importance and significance in following family directed care and sharing information with relatives to best promote care receiver's well-being. This was observed during the inspection visit,

where staff were heard discussing the need to use certain types of medication with the care receiver's relative.

The length of stay varies depending upon family requests and whilst using of the respite stays, care receivers are supported to attend day services or other events in the community. This was explained by staff and the relative who made reference to the range of activities that care receivers are offered whilst in the home. Staff had established care receivers' preferences through ongoing communication and discussion with family members. Discussions were heard between staff and the relative regarding the arrangements in place for a forthcoming party that was being planned for. Considering the feedback provided by one relative, discussions with staff, and observations made during the inspection it was evident that staff prioritised the welfare of care receivers and ensured their respite stays are positive.

Care plans examined were detailed, personalised and identified specific healthcare needs. As stays in the home were primarily for short breaks, the plans were supported by family requests and suggestions. Both care receivers had booklets entitled 'the book about me' which provided an overview of their likes, dislikes, and meaning of their non-verbal communications. Records are maintained in respect of each respite stay and examples of these were demonstrated by the Interim Manager. Risk assessments were completed in areas such as skin integrity and use of bed rails with corresponding plans to manage risks.

One registered nurse commented "it has been really encouraging to see the family heavily involved in the décor of the home and adding those finishing touches and it has been incredible to work truly in partnership with them to share their vision. It has been highly positive for the care receivers to be placed at the heart of the planning of Pine Ridge".

The Interim Manager also described how the environment was continually being improved to enhance both care receivers and their family's experiences.

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 Regulation Officer spoke with two care staff and two registered nurses during the visit, and they described their roles and responsibilities. They all appeared motivated to provide a quality service and they said they felt well supported and supervised in their roles. They spoke about the strengths and qualities of the staff team and described an open culture where they were all working towards the same goals. Staff told the Regulation Officer of a recent positive experience and benefit of an 'away day' where they reflected and discussed working practices.

Staff are provided with training relevant to their roles, including for example epilepsy, safeguarding, practical first aid training, basic life support, and practical moving and handling training. It is planned that one of the registered nurses will complete training so that she can provide in house training to the staff team. The Interim Manager highlighted that he has also been provided with training relevant to his managerial role and has found this to be useful.

All care staff, apart from one have a minimum of a Level 2 vocational qualification in care and some have completed a Level 3 award. One person who was recently recruited has completed the care certificate and will be commencing a Level 2 qualification once their probationary period ends.

Training in the application of the Capacity and Self Determination (Jersey) Law 2016 was scheduled to take place after the inspection visit. Some care staff have received training to enable them to undertake specific nursing tasks, including Percutaneous Endoscopic Gastrostomy (PEG) feeding. Annual assessments of their competency is also undertaken and records maintained.

Registered nurses receive supervision from a registered nurse within the Learning Disability team and care staff receive supervision from the Interim Manager. The Interim Manager is also provided with regular opportunities to meet with his line

manager whom he described as being knowledgeable and supportive to help develop his practice.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 4.2</p> <p>To be completed by: with immediate effect</p>	<p>All staff must be provided with fire safety drills that meet the requirements set by the Fire and Rescue Service.</p>
	<p>Response by registered provider:</p> <p>Lee Bridges (Health and Safety training and compliance Officer), delivered Fire Safety drill in line with the fire and rescue department on the 17th June, 13 staff attended and moving forward Kerry Sullivan has been designated as fire warden, who will continue to adhere to fire procedures in line with the organisation policies.</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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