



Jersey Care  
Commission

## **INSPECTION REPORT**

**03 Children's Home**

**Care Home Service**

**21 July 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 Government of Jersey. The name and address of the home has not been included in this report to preserve the privacy and confidentiality of the children and young people who live there.

The home is a two-storey building with three bedrooms, a large kitchen/diner and two lounge areas. The home is registered to provide residential care for three children and young people. The service is well located with access to shops, cafes and good transport links.

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

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| Regulated Activity         | Care home   |
| Conditions of Registration | <u>Mandatory</u><br><br>Type of care: personal care/personal support<br><br>Category of care: Children and young people<br><br>Maximum number of care receivers: 3<br><br>Age range of care receivers: 12 to 18 |

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|  | <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p><u>Discretionary</u><br/> Alison Morrison registered as manager of 03 Children’s Home must complete a Level 5 Diploma in Leadership and Management in Health and Social Care to be completed by 6 December 2022.</p> |
| Date of Inspection   | 21 July 2022   |
| Times of Inspection  | 1.30pm – 4.30pm  |
| Type of Inspection   | Announced – arranged with Service Lead on the day before   |
| Number of areas for improvement                                    | Six  |
| Number of care receivers accommodated on the day of the inspection | Two  |

At the time of this inspection, three care receivers had placements at the home, although one resided at a different address.

This Children’s Care Home is operated by Government of Jersey and the Registered Manager is Alison Morrison.

A formal notification of the absence of manager had not been received and the Service Lead was reminded of this during the period of the inspection. Interim arrangements were initially made for a manager of another Children’s Home to cover the management of this home. However, this arrangement was not able to continue and during July 2022, the Service Lead took over interim arrangements. On 16 August 2022, formal notification was received that the Service Lead would be responsible for the management of this home in the absence of the Registered Manager.

Due to the absence of the Registered Manager, it was not possible to discuss progress of discretionary conditions.

Since the last inspection, the Commission had received an updated copy of the Statement of Purpose dated 19 May 2022.

## **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 are six areas for improvement identified at this inspection. Two areas for improvement identified at the last inspection regarding the need for an appropriate staffing structure, and the plan to reduce from three care receivers to two, have not been resolved.

Staffing is problematic at this home. This includes appropriate arrangements for the absence of the Registered Manager, which has had a detrimental impact on the leadership of the staff team. Staff who did not work permanently at his home are regularly being seconded from other homes and are not able to easily access information about the care plans of young people.

The Regulation Officer noted that, as with other Children's Service homes, staff take appropriate action when young people are missing. However, there remains a lack of robust multi-agency action and, at this home, there was evidence that this placed staff at risk of harm. This is an area for improvement.

There was evidence of improvements in outcomes for one young person living at this home, although the recent admission of two further children has had a negative impact on their emotional wellbeing.

There are safe recruitment processes in place. Staff reported an increase in training provision. Medications training remains an unmet need for staff at this home. This is an area for improvement.

Staff have not received appropriate training to support the emotional wellbeing of one young person. Specific mental health training is an area for improvement.

Two children had been admitted to this home despite the outcome of an impact assessment which raised concerns for the impact this could have on the permanent resident. Following these admissions, there had been increased concerns for the safety of both care receivers and staff.

The young person who has lived for a number of years at this home stated that their emotional wellbeing had been impacted by the arrival of new children. They did not feel that their own needs were being met. There was evidence that the higher level of needs of the children were having an impact on the emotional wellbeing of others.

## INSPECTION PROCESS

This inspection was announced and was completed on 21 July 2022. Notice of the inspection visit was given to the Service Lead on the day before the inspection to ensure they would be available during the visit.

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, the information held by the Commission about this service was reviewed, including the previous inspection reports.

The Regulation Officer met with two young people who are currently living at this home and spoke with managerial and other staff during the visit.

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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/>

The views of two social care professionals were also obtained as part of the inspection process.

The Regulation Officer was given a tour of the premises by one of the children.

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

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, two 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 either of the areas for improvement. This means that the Registered Provider has not met the Standards in relation to an appropriate staffing structure, and that the plan to review the home's occupancy level to re-establish a staff sleep in room has not been put in place.

Following the inspection visit, concerns were raised with the Service Lead regarding the lack of progress for these areas and the potential impact on the young people currently in receipt of a service. As a result of this, a plan was put in place to increase staffing numbers for this home. Additionally, it was confirmed that one young person was temporarily accommodated at this home and the Statement of Purpose would be amended to reduce the home's occupancy from three rooms to two. These areas for improvement remain under review by the Commission.

## 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.

The Provider has appointed an Independent Person who visits the home and provides monthly reports to the Minister and the Commission. This provides reassurance to the Provider that they are meeting the Standards throughout the year. At the time of this inspection visit, the last report received was for May 2022 and stated that the Independent Person was satisfied that young people were being kept safe and that their wellbeing needs were being met.

Since that visit, two further young people had been admitted to the home and this has changed the dynamic, both for staff and young people. At the time of inspection, one of the children who had been admitted to this home was staying at another home.

The Independent Person raised a concern that at the time of their visit in June 2022, there was no clear strategy to manage a period of staff sickness. This included the fact that the Registered Manager was absent, with the Interim Manager also not available. The Commission had not been formally notified of the arrangements to cover management absence. The Service Lead was informed of this concern and by the completion of the inspection report, notifications had been made.

The needs of the young people at this home are now more complex, requiring increased support from the staff team. The Commission had received notifications which raised concerns for the safety of both the staff team and young people. The Service Lead had already requested an additional member of staff which has since been agreed by senior management.

Each young person has an individual missing protocol and safety plan in place which is reviewed regularly at multi-agency meetings including the police and social worker. However, there was evidence from notifications that there is a lack of a multi-agency response when young people are missing.

Staff are required to leave the home, often at night, to attempt to persuade young people to return home. It was the opinion of the Regulation Officer that this current process is placing young people and staff members at risk. A discussion with the Service Lead has confirmed that senior management have agreed to increase the staffing structure to three for every shift. A robust "Missing" policy must be put in place to ensure the safety of both care receivers and staff. This is an area for improvement.

The Service Lead has appropriately sought advice from the Health and Safety Team to manage the current risks. The security at this home was not robust and additional measures are being put in place.

All young people have a Personal Emergency Evacuation Plan (PEEP) in place in case of fire. A regular fire drill should be completed and this needs to take place whether the Registered Manager is present at the home or not. A fire drill was overdue, and the Service Lead has undertaken steps to ensure that this was completed.

The Regulation Officer has been reassured by checks with the Human Resources (HR) Department that safe recruitment processes are in place.

### **Care and support**

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| <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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The Regulation Officer was met on arrival by one of the young people, who agreed to show them around the home. This young person had not lived at the home for long but seemed at ease in the surroundings. The Regulation Officer was able to see the bedroom of this young person, which had recently been decorated, but not yet made homely as the decision had not yet been made regarding their long-term care plan.



The young person was getting ready to go out with a member of staff. There was evidence that the young person was being given choice and that the member of staff was respectful and friendly.

The last inspection completed in October 2021 highlighted the need for a staff sleep-in room which was being used as an additional room for a young person. The response to this area for improvement was that the home would become a two-bedded room to re-establish a staff sleep-in room. This was agreed by senior management with the proviso that this would not come into effect until one of the young people left at the age of 18. However, this change was not put into effect when the opportunity arose following the discharge of two young people. The Regulation Officer was concerned to note that an Impact Assessment was completed by the Service Lead, and this indicated that admission of two further young people to the home would be detrimental for a current care receiver for whom this has been a permanent home. Due to the lack of appropriate accommodation provided by Children's Services, senior management directed that the young people be admitted.

One young person who is permanently resident at this home gave feedback about the impact of the new admissions. They felt that their own needs were not being met due to the higher level of needs of the new young people. They reported that an activity had to be cancelled in the previous week due to staff pressures and the needs of the person living at the home. This young person also talked about the impact of being woken up at night by the phone ringing and by the behaviour of the other care receivers.

Further discussions at the point of inspection led to an agreement that only one of the children will remain and the Registered Manager will apply to vary conditions to reduce the number of registered beds to two. The Commission will continue to work with the Service Lead and review this situation.

One social care professional expressed the opinion that the team lacked direction because of the prolonged period without a consistent Manager presence in the home. They provided evidence that the residential care plan was not always

consistent with the social care plan for young people and that this had resulted in young people not being able to take part in activities that they had expressed a wish to. In the view of the professional, the staff team does not have the appropriate support to identify when a dynamic risk assessment is needed to inform decision making for activities.

There have been a significant number of notifications made to the Commission since one child was admitted. The Service Lead accepted that the staffing structure was not meeting the needs of the young people at this home. The Regulation Officer met with the Service Lead on 26 July 2022 to discuss concerns highlighted during the inspection visit. Following this meeting, the Service Lead confirmed that senior management had agreed to increase the staff numbers at this home which is a positive outcome of this inspection.

During the period of the inspection, the Independent Person highlighted that there was a lack of consistent support for the young person not currently staying at the home. The purpose of ongoing support is to continue with relationship building in order that the young person feels valued, and this helps when they return to the home. A member of staff reported that key workers were identified but admitted that due to issues with staffing, regular visits had not always taken place. It is hoped that the increase of staffing numbers will ensure that this type of support is part of any young person's care plan when not accommodated within the home. This was highlighted to the Service Lead.

The level of sickness and small staff numbers at this home means that at times, staff do not have a good understanding of the needs of the young people. A member of staff confirmed that there should be a copy of the residential care plan easy to access, but this was not available on the day of the inspection.

A staff sleep-in room/office is currently being used as a bedroom. A social care professional stated that this has an impact for the young person they support as it means that staff use a lounge area as an office.

The young person has reported that they are sometimes asked to leave the lounge area for staff to make phone calls or that staff are sat in the lounge working on laptops.

On a positive note, there was evidence that there had been improvement in outcomes for one young person at this home. The young person talked excitedly about a forthcoming holiday which they had planned with staff. They had been supported to go with staff and open a bank account. They stated that they feel well supported and have good relationships with some more consistent and long-term members of the team.

## **Training**

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| 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 Service Lead confirmed that there is only one staff vacancy at this home. The Regulation Officer spoke with one member of staff who had recently joined this staff team. The staff member had joined from within Government of Jersey and confirmed that there is an induction policy in place. The Service Lead also confirmed that the induction policy has recently been updated.

At the time of the inspection, there was a new member of staff who was still completing their induction period, and a member of staff from another care home. The Independent Person had also reported that they were concerned about staff working at this home who did not have a good knowledge of the needs of the young people. While it is acknowledged that there will be times that bank staff need to be used to support this home, there must be good communication and easy to access residential care plans.

All staff are allocated mandatory training through an online portal. One member of staff had received medications training prior to joining this team. Online medication training is available and mandatory for all children's residential care home staff.

It is acknowledged that the medications policy has been updated, but training and competencies of all staff must be put in place. The Service Lead reported that there it is intended for all members of staff to be trained in RQF Level 3 medications management training, with some staff being trained in the assessment of staff competencies. There will also be regular audits of medications within each care home. Although it is positive that there are planned improvements in this area, medications training is an area for improvement.

Staff reported that there has been an increase in the training provision, including for staff to have training in understanding the impact of trauma on young people. Staff will also attend Non-Violent Resistance training. However, they reported that it had been difficult for staff to attend when this had been organised at a time of increased staff sickness and annual leave.

One young person reported that the admission of two young people with a high level of need to this home had had a negative impact on their emotional wellbeing. They stated that recently it had been difficult to be able to talk to staff when they felt they needed additional support. The young person stated they felt 'forgotten about' at times. They reported that this was a significant change since the time of the new admissions. This was confirmed by their social care representative. Notifications received by the Commission in recent weeks also confirmed that there has been an impact on the emotional wellbeing of this young person. The young person was trying to see a positive side of this issue and stated that they were learning skills to cope with the change. The staff in this care home should receive bespoke mental health training to enable them to support the young person. This is an area for improvement.

Staff reported that they did receive supervision. However, due to the absence of the Registered Manager and the fact that the Interim Manager was also absent, it was not possible to confirm if these had been completed. This issue was raised with the Service Lead who agreed that they would audit staff supervision and provide sessions for staff in line with the Standards for Care Homes.

## IMPROVEMENT PLAN

There were six areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

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| <p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 8 (1)</p> <p><b>To be completed by:</b> 30 September 2022</p> | <p>The Registered Provider must ensure that care receivers are protected against the risks of receiving inappropriate or unsafe care. Impact assessments must be completed and followed before any new care receiver is admitted to the service. The Service should review its occupancy levels as agreed at the last inspection. The Registered Person must inform the Commission of arrangements to be made to ensure that the needs of all three young people currently residing at the facility are consistently met.</p>                 |
|  | <p><b>Response by registered provider:</b></p> <p>As highlighted within the report an impact risk assessment was completed prior to the admission of new care receivers. Additional risk assessments were completed that involved input from all care receivers and care staff.</p> <p>The home has changed its statement of purpose to reflect the placement of two young people, releasing the lounge/playroom for full use of the care receivers.</p> <p>Care staff attend meetings and visit a care receiver within a different home.</p> |
| <p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 2</p> <p><b>To be completed:</b> with immediate effect</p>      | <p>Compatibility risk assessments to be completed prior to all admissions. Consideration to be given to identifying how the needs of all care receivers will be met following a new admission.</p>  |
|  | <p><b>Response by registered provider:</b></p> <p>The impact risk assessment tool used prior to the admission of the new care receivers also highlighted the compatibility of all young people. A review of the tools used are underway as the service develops its referral pathway. Individual risk assessments are completed for all care receivers.</p>   |

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| <p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard</p> <p><b>To be completed by:</b> 30 September 2022</p> | <p>Bespoke mental health training should be arranged for staff at this home</p>  |
|  | <p><b>Response by registered provider:</b></p> <p>The staff team receive weekly clinical supervision from Headsight psychotherapist where reflection and learning focus on the specific needs and presentation of the care receivers and how staff respond and meets their needs.</p> <p>Bespoke DBT training has been provided from CAMHS 15<sup>th</sup> September to some staff members with further training planned in conjunction with Headsight psychotherapist 23<sup>rd</sup> September.</p> <p>Mental Health training is being sought by our Learning and Development Officer and will be part of the training and development plan for all residential staff.</p> |

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| <p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 17 (4)</p> <p><b>To be completed by:</b> 30 September 2022</p> | <p>Appropriate numbers of skilled and qualified staff must be in place to consistently meet the needs of all care receivers. A plan must be in place for a suitable interim arrangement for the management and supervision of staff in the absence of the Registered Manager.</p>  |
|   | <p><b>Response by registered provider:</b></p> <p>03 Children's Home staffing has been increased by 4.5. This increases senior staff support to two (from one) and support workers to 11.5 (from 8). This aims to provide additional management support when both the manager and senior staff are not available.</p> <p>An agency residential manager has been appointed to this home, commenced 20<sup>th</sup> September.</p> <p>6 staff hold a QCF Level 3 qualification (or equivalent) and two staff are currently completing the award, ensuring there are at least 50% of support workers on duty at any time have completed a minimum of Level 3 Diploma in Children's Residential Care (or equivalent)</p> |

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| <p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (3)</p> <p><b>To be completed by:</b> 30 September 2022</p> | <p>The medications policy has been reviewed and updated. The Provider must put in place a training programme to ensure that all staff are adequately trained and competent in the dispensing and/or management of medication.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>All staff are required to attend Medication Awareness training accessed through Virtual College. All 03 children's home staff are completing this.</p> <p>The Learning and Development Manager is sourcing additional Medication training as a stand alone unit obtained through Highlands College or the Vocational Training Centre.</p> <p>Annual competency checks will be completed by trained QCF Assessors. QCF Assessor training is underway in 2022 to increase assessor capacity. This includes 1 x senior staff at this home.</p> <p>The Medication Management and Policy and Procedure (2022) is under review with Registered Managers and CYPES Health and Safety Manager to ensure a consistent approach to medication training, care and support systems.</p> |
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| <p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 8.4</p> <p><b>To be completed by:</b> 30 September 2022</p> | <p>There will be 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> <hr/> <p><b>Response by registered provider:</b></p> <p>There is a multi-agency procedure and missing from care policy in place. The SPB commissioned a review which will be considered as part of a multi-agency workshop. This was planned 19<sup>th</sup> September 2022 however was rescheduled due to the passing of HRH.</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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