



**Jersey Care
Commission**

INSPECTION REPORT

Field View

Care Home Service

**La Grande Route de St Martin
St Saviour, JE2 7GS**

7 June and 7 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 Field View. The service is situated in the parish of St Saviour, with good transport links to St Helier. There are a number of shops and a petrol station nearby. The building is on three floors, with a garden area. The service became registered with the Commission on 6 December 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: young adults Maximum number of care receivers: 5 Maximum number in receipt of personal care/personal support: 5 Age range of care receivers: 18-21 Maximum number of care receivers that can be accommodated in the following rooms: Bedrooms 1, 2, 3, 4 and 5 = 1
Dates and times of Inspection	7 June 2022 – 11.00am – 1.00pm 7 July 2022 – 2.00pm – 5.00pm
Type of Inspection	Unannounced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	Four

Field View is operated by Government of Jersey and the Registered Manager is Anna Pospiech.

Since the last inspection in July 2021, the Commission received an application in October 2021 to vary the conditions of registration to accommodate a young person of 16. This was agreed and remains in place until 23 December 2022. It was also agreed to reduce the number of beds provided from six to five care receivers.

As part of the inspection, the Statement of Purpose was reviewed, and an updated version received by the Commission on 1 August 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.

The service has made improvements in four out of the six areas for improvement identified at the time of the last inspection.

The Young Person's Guide was updated during the period of the inspection and is no longer an area for improvement.

The Manager remains in post and the staff team are long serving and consistent. Staff felt well supported and received regular supervision. This is no longer an area for improvement.

There have been several occasions where staff have been lone working, due to sickness and annual leave. This has an impact on the quality of care provided to young people and remains an area for improvement.

The training programme for all staff has improved and is no longer an area for improvement. However, specific training and policy in medications management still needs to be updated and is an area for improvement.

There have been improvements to the design and layout of the home which has enabled the lounge to be available to all young people. This is no longer an area for improvement.

The fire alarm system is linked to two other properties which means that the service is unable to carry out individual fire drills. The Health and Safety Manager for this division of Government of Jersey is aware of this issue and consideration is being given to any necessary changes. In the meantime, the Regulation Officer was satisfied that weekly tests are completed.

There is a more robust pre-admission assessment to ensure that the needs of any new young person and the needs of the current care receivers are considered. This is an area of good practice.

There was evidence that staff promote the physical and emotional health of young people. There is an independence skills checklist for the young people and staff support them to achieve independent living once they leave this home.

The inspection feedback indicated that there is a lack of positive communication between staff at this home and one team within Children's Service. The Registered Manager agreed that this was an area that needed further development and would arrange a meeting with the relevant Team Manager.

INSPECTION PROCESS

The first inspection visit was unannounced and was completed on 7 June 2022. The Registered Manager was on annual leave and a further visit was arranged after their return on 7 July 2022. Following feedback received from social care professionals, the Regulation Officer had a discussion with the Service Lead and Registered Manager on 11 August 2022. The inspection process has been prolonged due to annual leave.

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

Staff spoke to the young people to give them an opportunity to provide feedback, but unfortunately, no young people agreed to speak with the Regulation Officer within the timescale of this inspection.

The Regulation Officer spoke with the Registered Manager and three staff as part of the inspection. Three social care professionals who provide support to young people at this care home also provided feedback.

This inspection included a tour of the premises. At the time of the inspection, four young people were accommodated at this care home.

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

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, six 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 is acknowledged that progress has been made in four of the six areas for improvement. However, it was concerning to note that insufficient progress had been made to address two of the areas for improvement.

The Young Person's Guide was updated during the period of the inspection. Sufficient progress has been made and this is no longer an area for improvement.

Staff reported that they receive regular supervision and felt well supported by the Manager. This is no longer an area for improvement.

There is an appropriate staffing structure, but current levels of annual leave and sickness have caused several times when the staffing levels do not match with the Statement of Purpose. This has an impact on the quantity and quality of care which can be provided to young people. This remains an area for improvement.

A training programme is now in place for all staff. This was welcomed by staff, but the current staffing levels make it difficult for staff to attend.

The provision of training programme to ensure staff can work positively with the young people at this home is positive. It is no longer an area for improvement, but senior management need to ensure that staff can avail of these opportunities.

Staff have still not been provided with adequate training for the administration and management of medicines. The policy has been updated but there is no plan in place for a training programme or for staff competencies to be checked at least annually. This remains an area for improvement.

It is positive to note that there are currently four care receivers at this accommodation, with a plan for one further care receiver to be admitted. This should mean that a bedroom can be used for staff 'sleepover' and for the lounge to be returned to being available for all care receivers. At the time of the two inspection visits, planned changes had not been made. However, before the report was finalised, the Registered Manager confirmed that the changes had been made and the downstairs room had been returned to appropriate use as a lounge and staff had a sleepover room. Therefore, this is no longer an area for improvement.

Safety

<p>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.</p>
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Overall, the Regulation Officer was satisfied that the care receivers are safe and that their welfare is promoted.

The home is secure, and young people need to be let into the home to ensure the safety of themselves and others. The Regulation Officer was greeted on arrival asked for ID and to sign the visitors' book.

The Registered Manager has remained in post since the last inspection. A stable and consistent staff team is a positive feature of this service. However, there was evidence that over the summer period, and with an increase in staff sickness, the Registered Manager has covered several shifts which has decreased the amount of time they are able to spend in managing the team.

There have been no new staff since the last inspection. However, it was positive to note that one member of staff who had been working on a zero hour contract is moving to a full-time, permanent contract. People Hub (human resources) have confirmed that safe recruitment practices are followed.

A Senior Pharmacist undertook a pharmacy inspection on 9 June 2022. They reported that, at the time of the inspection, the medicines management policy had not been updated to the required standard. They stated that “although the HCS medicines policy is acceptable for general reference purposes, a specific policy must be drawn up using the NICE checklist for care homes medicines policies”.

It was disappointing to note that the medications policy had only recently been updated despite this being an area for improvement at the time of the last inspection.

Additionally, the Senior Pharmacist stated that “in person” medication training, with competency assessments in accordance with professional regulations and standards must be provided to all staff and must be documented in each staff members file. The Service Lead reported that there are currently discussions regarding the provision of RQF (Regulated Qualification Framework) Level 3 medications training, but in the meantime, all staff at this care home have undertaken online training. This remains an area for improvement.

It is noted that the Senior Pharmacist reported that young people take full responsibility for their own medication management once over the age of 18 and considered competent to do so.

Where staff support young people with medications, there were two occasions where the medication sheet was not completed. This links to a lack of policy and training for staff. The policy should indicate when the prescribing professional should be notified, and this should be in an individual care plan for the young person.

The fire alarm system is attached to two other buildings on this campus. However, this means that the service is unable to carry out regular practice fire drills. The Regulation Officer raised this as a concern with the Health and Safety Manager who confirmed that the fire service inspects this home every 36 months.

It was positive to note that each young person has an individual evacuation plan, but these are not dated and there was no evidence that they had been reviewed or updated. The Regulation Officer was assured that there are weekly tests carried out by the Government of Jersey maintenance team. A review is underway to consider if the current arrangement is appropriate and the Registered Manager has been requested to provide an update once this is finalised.

Staffing levels are not in line with the Statement of Purpose which states that two members of staff will always be on duty. There is a general lone working policy within Children, Young People, Education and Skills Department, but the Regulation Officer discussed with the Registered Manager that it would be beneficial for a robust lone working policy to be in place for the protection of staff at this home. Since the last inspection, notifications to the Commission indicated that it is not appropriate for staff to be lone working at this home.

Additionally, it was evident from discussions with staff that the current staffing issues have frequently resulted in staff working additional hours. This includes the Registered Manager who reported that they are only spending approximately 50% of their time in the management of the service. The Registered Manager gave one example where they had worked throughout a weekend as there were insufficient staff available to cover. The Regulation Officer was concerned that the Manager was unable to spend sufficient time on the management of the home as they are frequently working as the second member of staff on duty.

A further discussion with the Service Lead and Registered Manager at the end of the inspection indicated that an appropriate level of staffing is in place, but that a summer holiday period of annual leave and sickness has put some strain on the ability to meet the Statement of Purpose. It is intended to recruit a further Shift Lead to support the Manager and it is hoped that the service will be able to return to expected levels in the autumn.

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>

The building is kept in good order and there have been improvements since the last inspection. There is an outside area which can be used by the young people.

There has been decoration to internal areas and a room is currently being redecorated prior to a new admission. The young person will be given an opportunity to choose a colour for their room and involved in the decoration. The Registered Manager reported that they have plans to update the kitchen area and the views of the young people have been sought regarding this.

It was positive to note that there had been no emergency admissions since the last inspection. The Registered Manager confirmed that there was now a process in place where they complete an impact assessment before agreeing to a transition plan for a young person to move to this home. The impact assessment considers the needs of the young person, and the needs of the current young people and possible challenges to introducing a new care receiver to the home. This was an example of good practice.

All staff spoke with respect and pride at the achievements of the young people and were aware of their role in supporting them to move to independent living.

Staff talked of how they had supported young people through challenging situations. There was evidence of positive relationships with young people and that by building relationships, young people had sought advice and guidance when necessary.

All young people have an individual care plan based on assessments provided by social workers before admission. Each young person's plan is focused on outcomes and working towards independence. The Registered Manager reported that all care plans are reviewed monthly. At the second inspection visit, there had been an improvement in employment status of two of the young people. It was positive to note that staff had worked with other agencies to provide support to one young person in gaining employment.

Staff had worked with one young person to build a relationship which had positive outcomes for their emotional wellbeing. The young person had input into the decoration in their bedroom and had been supported to find employment which met their preferences. According to staff, they now appeared more settled, and this was confirmed by a reduction in the number of notifications to the Commission. This demonstrated significant progress since their admission to this home.

Feedback from social care professionals indicated that there was some confusion in roles between residential childcare officers at this home and the team of personal advisors who are allocated to all care leavers. It was disappointing to note that the Registered Manager was not aware of feedback which indicated that social care professionals did not feel a satisfactory service was provided to young people at this home. It was agreed that the Service Lead would arrange to meet with the Team Manager within Children's Service to discuss how these two services could work better together for the benefit of the young people.

During the period of the inspection, changes were made to the environment for the benefit of both care receivers and staff. Following discharge of one young person, a room was redecorated in order that staff have a bedroom when sleeping overnight. This ensured that the downstairs room could be converted back to a lounge area for young people. The Regulation Officer considered that it was positive for young

people to have a choice of areas in which to meet friends or relatives, and to have a choice of lounge areas outside of their bedroom.

Staff provide a cooked meal twice a week for all young people. Staff also ensure that there is a daily cooked meal available for the young person under the age of 18. Young people over the age of 18 are supported to budget, shop and cook for themselves on all other occasions. On Sunday mornings there is also a breakfast buffet available for all young people. The young people are all consulted regarding the meal choices.

All young people have an "Independence Skills Checklist". Young people choose two key workers who work with them to increase their skills and plan for independent living. As the young people gain in their skills in areas such as budgeting, cooking, laundry, their checklist is updated to ensure that staff are aware of where support is still needed. Young people are encouraged to be independent, but support is available if requested.

All professionals who provided feedback at the time of the inspection expressed concern that the staffing levels did not provide staff with enough time to support the young people. The professionals consulted expressed the opinion that young people were not learning skills for independence, even though a checklist indicates that this is assessed by staff. As already stated, the Registered Manager reported that concerns regarding the lack of independence skills had not been raised with them previously. A meeting will be held to discuss the concerns raised. However, based on the evidence provided, the Regulation Officer did not have concerns regarding the support provided.

Staff continue to provide advice and support for young people who have left this care home. Whilst this represents an example of good practice, the Regulation Officer considered the significant challenges associated with delivering this, considering the ongoing difficulties in ensuring that the home is staffed in accordance with its Statement of Purpose.

One member of staff confirmed that it is difficult to provide sufficient support to meet the needs of the young people based on the number of staff currently working. They gave an example where the team had been unable to support a young person to resolve an issue with Income Support.

The Regulation Officer acknowledged that with a small staff team, periods of absence through sickness and annual leave have had an impact on the service provided. However, it is hoped that this will be resolved by the autumn.

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>

There has been an improvement in the quality and variety of training offered to staff at this home since the last inspection. Staff reported that while it was positive to undertake this training, it was proving challenging to cover shifts and provide the work necessary for each course.

In addition to the Registered Manager, there is one Grade 3 (senior) and six permanent staff. There are two bank staff who are used consistently and understand the needs of the young people. There is currently one vacancy for a waking night staff member. All staff, except for the new member of staff currently joining on a permanent contract, are qualified to RQF Level 3 in Childcare or equivalent. One member of staff is training to be an assessor for the Level 3 qualification.

The majority of staff have completed Non-Violence Resistance and Level 3 therapeutic training. Two staff are awaiting training on these courses. All staff will attend suicide awareness training. This care home is managed by Children's Service but provides a service to young adults. The Registered Manager reported that they had requested appropriate training in working with adults, which will include training in mental health and capacity law.

One member of staff described the recent training in Non-Violence Resistance as “priceless” and “amazing”. They felt that this had really helped them to support young people who displayed behaviours that challenge. As a result of this training, the staff member explained that risk assessments are updated on a regular basis, and these are shared with all team members.

Staff reported that they had often been notified of training at short notice. With the current staffing issues, only one member of staff could attend a recent MAYBO training course. This course supports staff to manage behaviours that challenge. Feedback had been given to the Training Manager that it had been difficult to facilitate attendance at training courses during the summer holiday period.

All staff were aware of the need to make notifications to the Commission at the time of an incident. Appropriate notifications had been made since the last inspection.

Staff consulted reported that they receive supervision on a regular basis and feel well supported. At times staff also provide support to each other and described times when handovers are also used for peer supervision or debriefs. One staff member described that they are a “good tight team” and there was evidence that team members support each other. All staff members voiced that they enjoyed working at this care home.

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 14</p> <p>To be completed by: 11 November 2022</p>	<p>The Provider must ensure that all staff are trained in medications management in accordance with the Standards and that there are regular checks on staff competence.</p>
	<p>Response by registered provider:</p> <p>All staff are required to attend Medication Awareness training accessed through Virtual College. All Fieldview staff have completed 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 Fieldview staff.</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> <p>As a Supported Accommodation home for Young Adults aged 18-21, most young people residing at Fieldview will self administer prescribed medication. Young people under 18 years of age / those in need, may be supported by staff to administer medication.</p>

<p>Area for Improvement 2</p> <p>Ref: Regulation 5</p> <p>To be completed by: 11 November 2022</p>	<p>The service must be provided in a way that is consistent with the Statement of Purpose. The Registered Manager must ensure there are sufficient bank staff to cover periods of annual leave and sickness. There should not regularly be members of staff lone working.</p>
	<p>Response by registered provider:</p> <p>Fieldview has had an increase of 1 x full time member of staff agreed 8th August 2022. This allows for sufficient cover for annual leave and staff training. This increases staff capacity from 9 to ten staff, with the Registered Manager in addition to this.</p> <p>The Registered Manager is in the process of interviewing a number of internal and external candidates for bank staff and permanent Residential Child Care Officer positions (12th-15th September).</p> <p>One member of staff previously employed as bank staff was successful at interview and is now awaiting a full time contract due to start at end of November 2022.</p> <p>The Registered Manager will ensure that ongoing recruitment is in the process for full time and bank staff roles and it is anticipated that this will enhance the quality of the service provided and permit a staffing structure consistent with the home's Statement of Purpose.</p> <p>The Registered Manager will ensure that lone working only occurs as matter of emergency. All staff will be trained in MAYBO Safer Lone Working module through Virtual College.</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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