



**Jersey Care
Commission**

INSPECTION REPORT

Sanctuary House

Care Home Service

**La Rue du Croquet
St Brelade
JE3 8BZ**

24 August 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 Sanctuary House care home. The service is situated on the High Street in St Aubin, close to shops, cafés and with good transport links to St Helier.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal support Category of care: Homelessness, mental health, substance misuse, domestic violence Maximum number of care receivers: 10 Maximum number in receipt of personal support: 10 Age range of care receivers: 18 and above Maximum number of care receivers that can be accommodated in the following rooms: 1 – 10: One person

	<u>Discretionary</u> Sarah Tumelty, as Registered Manager, must complete a Level 5 Diploma in Leadership in Health and Social Care by 22 October 2024.
Date and time of Inspection	24 August 2022 – 10.45am – 2.30pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Nine

Sanctuary House is operated by Sanctuary Trust and the Registered Manager is Sarah Tumelty.

The discretionary condition on the service's registration was discussed and the Registered Manager confirmed that they expect to complete this qualification within the current timescale. It was positive to note that the Registered Manager reported that they are allocated one study day per fortnight and have a mentor provided by a Trustee who is supporting them to meet this timescale.

Since the last inspection on 11 and 18 November 2021, the Registered Manager sent an update to the Improvement Plan to the Commission on 25 March 2022.

There have been no applications to vary conditions on the service's registration.

The Commission received an updated copy of the service's Statement of Purpose in April 2022 which assured the Regulation Officer that this was regularly reviewed.

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 had addressed all six areas for improvement, which were identified at the time of the 2021 inspection.

There are now a range of policies and procedures in place which continue to be updated.

The service has a staff team which matches the Statement of Purpose and safe recruitment practices have been followed for new staff members since the last inspection.

There is a robust training programme in place which will ensure that staff are trained to a Level 3 standard in a qualification which has been specifically devised to meet the needs of the staff working at this home. Mandatory training is also available, and the Registered Manager was aware of the need to ensure that staff complete this in a timely manner.

Staff have quarterly supervision with the Registered Manager or Deputy Manager. In addition, they are also offered monthly clinical supervision with an independent counsellor, which has been increased when necessary. This is an area of good practice.

The complaints policy has been updated and is available to all care receivers. It was noted that positive feedback was received from all care receivers.

There is now a Health and Safety representative employed who is currently reviewing any issues with the building. There are regular fire checks and evidence of recent decoration.

There has been improvement in the monthly quality reports. The Registered Manager acknowledged that this process now supports them in their role and the outcomes promote actions and are shared with the team at weekly meetings.

Care planning is person-centred and now uses a toolkit and reviews are held three monthly. All care receivers who provided feedback stated that they are well supported and that the team of staff have made a difference to their lives. Care receivers at this home are independent but there is a culture of support and provision of a variety of activities. This was an area of good practice.

INSPECTION PROCESS

This inspection was announced and was completed on 24 August 2022. The inspection date was arranged with a week's notice to ensure the presence of the Registered Manager.

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 report.

A feedback form was given to all care receivers in the week before the inspection and opportunities also given to discuss views with the Regulation Officer. Seven feedback forms were returned by care receivers.

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

An additional feedback form was provided by a former care receiver who was positive about the support that they continue to be given although they no longer live at this home.

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

During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a tour of the premises.

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.

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 was good to note that improvements had been made in all areas. All staff are provided with both mandatory training and supported to take at least a Regulated Qualifications Framework (RQF) Level 2 Diploma. Supervision and appraisals are now provided to all staff on a regular basis. The complaints policy has been updated and is available to all care receivers. Notifications are made where necessary to the Commission. Policies and procedures have been updated, and where necessary, there is a record of any reason why a policy is not appropriate for this care home. Monthly reports are now completed by a Trustee and shared with the Registered Manager. Further details of all these improvements are contained within the body of the report.

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 Regulation Officer reviewed a range of policies. These include conflict resolution, receipt of gifts and transport policy. These are all kept online, and staff are requested to review. The Registered Manager stated that there were plans to ensure that policies were consistent and that there is a system for staff to sign agreement to each one. The policies were all relevant to this service. There was a further discussion about the need for regular updates, at least every three years, for all policies.

The service is registered with the Office of the Information Commissioner and there is a Data Protection Officer in post. There is a policy regarding the long-term storage of care receiver records.

There is currently one staff vacancy. The Regulation Officer checked the recruitment records of three new staff recruited since the last inspection. This confirmed that safe recruitment practices are in place. Staff criminal records checks are updated every three years.

The need to update the complaints policy was an area for improvement at the time of the last inspection. This inspection confirmed that the policy is now available for all care receivers on a notice board in the hallway and this includes contact details for the Jersey Care Commission. The Registered Manager agreed that the policy would benefit from further work to include an easy-to-follow process, taking the care receiver from an informal complaint to a formal process with timescales. They agreed to review this prior to the next inspection.

Appropriate notifications had been made to the Commission, particularly regarding notices to terminate accommodation at this home. There is now a formal process in place in order that care receivers understand the timescales for both informal and formal warnings prior to being asked to leave the home.

There are weekly fire alarm checks and the Registered Manager discussed a future plan to request a facilities management service to undertake these checks. An evacuation plan was available in the hallway. The Registered Manager agreed that it would be beneficial for all care receivers to have a Personal Emergency Evacuation Plan (PEEP) and for staff to ensure that they understand the plan in case of fire. The Registered Manager acknowledged that this would be addressed.

Care receivers are independent and do not generally travel by car with staff. However, there is a transport policy in place and if staff are designated drivers as part of their role, then insurance and driving licences are checked.

There is a designated Health and Safety representative who is currently undertaking a review of the care home. This will be completed with a plan of action by the end of September 2022. The Regulation Officer raised a concern regarding the sleep-in room in terms of size and lighting. It is acknowledged that this room is used infrequently by staff. If staff were allocated a more appropriate room, then this would reduce the number of care receivers who could be admitted to this home. The Regulation Officer has requested an update following the outcome of the health and safety review.

This care home is situated within an old building which presents some challenges in terms of access to bathroom facilities. One bathroom needed urgent repair and redecoration as the extractor fan did not appear to be in working order. The Registered Manager stated that this would be considered as part of the health and safety review. There was evidence of redecoration of some areas of the home, including the lounge. One room was empty and had recently been redecorated in advance of a care receiver being admitted to the home.

The home is secure, with a door entry system in place. Risk assessments are in place for any staff lone working. Three care receivers all stated that they had always felt safe at this care home.

All care receivers manage their own medication. They each have a lockable safe in their own room and must be able to self-administer their own medication when necessary. No medications are kept or supported by staff at this home.

There is an appropriate management structure, with regular access to either the Manager or Deputy Manager. Weekly meetings are held, and all staff are expected to be in the office and attend for the sharing of information.

The quality of monthly reports has improved, and this is no longer an area for improvement. These reports are completed by a Trustee and shared with the Registered Manager who stated that they had found this useful. A summary of these reports is also shared with the Board of Trustees.

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>

There is a culture in this home that care is person-centred. Care planning has improved since the inspection in 2021.

Referrals are received from a number of external agencies when men have reached a crisis point in their lives and are in need of accommodation and support. The Registered Manager or Deputy Manager completes an assessment to identify the support needs. The new care receiver has a settling in period of four weeks, and is then allocated a key worker, based on their preferences.

All care receivers are given a handbook which includes rules and expectations at this home. There is now a formal procedure when care receivers do not adhere to the rules which includes both informal and formal warnings. It was positive to note that the staff at this home make every effort to support care receivers before any decision is made to terminate their contract. Where care receivers have been asked to leave the home, appropriate notifications have been made to the Commission.

Care plans are now more robust, and use a toolkit called Outcome Star to set goals. These goals are decided following discussion with the care receiver. For example, the care receiver may decide they want support with budgeting, building social networks or improving cooking skills. All care receivers have a key worker who reviews the goals every three months.

This toolkit also provides information for the Registered Manager to understand if there are themes in areas for support. An example of this was that the Registered Manager had noted that care receivers wanted to improve access to social activities. As a result, the Registered Manager applied for a grant and is now able to provide gym passes to care receivers.

A chef employed at this home provides dinner five times per week. All care receivers can use the kitchen facilities. Breakfast and lunch ingredients are available for care receivers to make their own meals. Ready meals are also available. One care receiver stated that on admission, they had completed a likes/dislikes form. It was also noted that there is a visible list of allergies in the kitchen.

The chef intends to provide cookery classes on Saturdays which will be a positive improvement to this service. The Registered Manager also reported that they have continued to provide some meals and ingredients for care receivers who have moved into their own accommodation. This service acknowledges that it can initially be difficult to move to independent living. This is an area of good practice.

Care receivers are all independent and require accommodation and support in areas identified by them. However, there are organised events which appear to be well attended by care receivers. The notice board in the hallway includes an invitation to a forthcoming trip to the zoo. There is a regular movie night and all care receivers are consulted on the monthly takeaway.

One staff member promotes "Well-being Wednesdays" where there is an organised walk, cycle or coffee and chat depending on the needs of the care receivers who attend.

The care home has the use of an allotment and there was photographic evidence on the notice board of care receivers involved in this activity. A monthly report noted that vegetables grown on the allotment are used by the chef for the evening meals.

Both professionals who provided feedback were positive about the service provided and the culture of support which exists at this home. One described a “natural concern for care receivers” which they considered to be as a result of positive management cascading through the staff team.

A professional wrote that staff showed “respect and generosity when things did not go well.” In their opinion, staff treat care receivers fairly and take proportionate action when needed.

Of note, was the overwhelmingly positive feedback given by eight care receivers. One feedback form was completed by a former care receiver who continues to visit the home for emotional support. It was positive to note that all care receivers described the positive impact that it had on their lives;

“They consistently make time to listen and make you feel heard.... It is a powerful feeling as though you’re part of a family community when going through a very difficult time I life. I will remember their kindness for the rest of my life.”

“I feel valued and comfortable and safe here. The support has been excellent. My life is night and day better compared to before I arrived.”

“All staff are supportive and caring.”

“With the help and support of the staff I find myself in a much happier mindset. Staff have been brilliant.”

“I have nothing bad to write about Sanctuary House. I fully appreciate (all the staff). I fully appreciate my experience here.”

“It’s like a second family here.”

The fact that care receivers at this home all took the time to complete a feedback form to notify the Regulation Officer of their positive experience at this care home was noted.

Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.
--

There are currently eight staff members at this home, with one current vacancy to increase the staff team.

Since the last inspection, the Registered Manager has introduced a more robust induction process. There is an assessment of competence which is signed off by the Registered Manager or Deputy Manager. New staff spend at least two weeks shadowing experienced staff and must be signed off as competent before lone working.

Training provision for all staff has been significantly improved since the inspection in 2021. All staff are now expected to undertake the mandatory areas of training and given time off as part of their rota for study. The Registered Manager agreed that timescales need to be set to ensure that all mandatory training is undertaken in a timely manner.

All staff are now offered a Level 3 course which has been specifically tailored to this service. This is a positive improvement in the area of training and development. The Registered Manager reported that they had found this useful as it supported the development of the service.

All staff have completed face-to-face First Aid and Manual Handling training.

This service will offer Mental Health First Aid and Suicide Awareness training to all staff.

There is no medical care provided at this home. The Registered Manager confirmed that, if necessary, this would be outsourced to the Family Nursing and Health Care organisation.

Staff now receive supervision at least every three months and an annual appraisal. Staff also have access to monthly clinical supervision with an independent counsellor. Where necessary, staff have been able to increase access to this service which they reported as being useful. This is evidence of good practice.

One staff member reported that they were “proud of our team”. They confirmed that regular supervision is provided, and that staff are encouraged to understand and discuss the Standards for Care Homes at team meetings.

A staff member reported that they felt “well supported”. They appreciated both the supervision sessions with the Registered Manager and the additional external counselling sessions. They had been a new staff member since the last inspection and confirmed that they felt supported through the induction process.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je