



Jersey Care
Commission

INSPECTION REPORT

St Ewold's

Care Home Service

**Balmoral Drive
La Route de la Trinite
St Helier JE2 4NJ**

24, 26 & 31 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

The service is owned and operated by the Parish of St Helier.

The home is registered by the Commission to accommodate up to 66 care receivers, including up to five who have nursing care needs. This provision enables care receivers to elect to remain in the home if they develop nursing care needs (if there is a vacancy).

The home is approached via a driveway which encircles the building with parking provided in front of the main entrance and to the rear. The main sitting room is located near the entrance on the first floor; this is equipped with a variety of comfortable seating and is an environment that can promote both social activities and relaxation. In addition, each of the three floors providing bedroom accommodation has seating areas and a kitchenette with good sized dining facilities at one end of each of these floors. The main dining room is located on the ground floor next to the main kitchen.

Registered Provider	Parish of St Helier
Regulated Activity	Care Home
Conditions of Registration	Type of care: nursing care and personal care. Category of care is Adult 60+ Maximum number of care receivers: 66 Number in receipt of personal care: 61 Maximum number in receipt of nursing care is 5 Age range of care receivers: 65 and above Maximum number of care receivers that can be accommodated in the following rooms: First Floor: 22 bedrooms 100A, 100B, 101 – 120. Second Floor: 22 bedrooms 200A, 200B, 201 – 220 Third Floor: 22 bedrooms 300A, 300B, 301 – 320
Date of Inspection	24, 26 & 31 August 2022
Time of Inspection	12.30 pm – 4.30 pm 7.45 am – 1.30 pm 10 am – 12.15 pm
Type of Inspection	Unannounced first day, announced second and third day
Number of areas for improvement	6
Number of care receivers accommodated on the day of the inspection	62

The home was last inspected on 7 September 2021 with no areas for improvement recorded at that time.

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.

A routine unannounced inspection was undertaken by two Regulation Officers which provided an initial opportunity for review of the home environment and staffing levels. At the time of the inspection, there were 62 care receivers being supported in the home which included six who were receiving nursing care. This number was identified by the Registered Manager and it was fully acknowledged that the nursing

care needs for one care receiver was currently being provided outside of the home's registration, (nursing care was being provided for 6 care receivers where 5 is the maximum number). The Regulation Officers noted the transparency of the management team in alerting the Commission to recent operational challenges (beyond their control), relating to the limited nursing bed availability in the care sector leading to this issue arising and which is subject to ongoing review and action.

It was observed on arrival and as previously during a site visit completed earlier in the year, that there remains some outstanding building works to be completed. The current landscaping work being undertaken prevents any access to comfortable and safe outdoor areas. This a frustrating and demoralising feature of the home's current appearance. It was acknowledged several challenges that have arisen delaying this work including the pandemic.

During the inspection, there was a relatively calm atmosphere. However, it was also apparent from observations and feedback, that the high level of dependency for some care receivers meant that staffing resources can become stretched. Nonetheless, the commitment and work ethic of all staff was apparent, from how they carried out their work which was endorsed by care receivers and relatives.

Of concern was a review of the staff team that evidenced a relatively high volume of staff leaving since the last inspection in 2021. It was discussed with the Registered Manager that minimum staffing numbers requiring further scrutiny, which they fully acknowledged. This matter was addressed as a former area of improvement, recorded in one of the two inspections undertaken in 2021.

Issues relating to safety with specific reference to all windows having restrictors in place to prevent wide opening were discussed. The height of railings do not provide any protection for misadventure in two specific areas of the home. It was highlighted that associated policy and/or risk assessment need to be reviewed in light of this. This is therefore identified as an area for improvement.

Although training logs, supervision and appraisals were consistently recorded there were gaps in the carrying out and recording of fire drills as set out in the Fire and Rescue Fire Logbook Section 5. This is an area for improvement.

A review of the reconfigured kitchen and laundry facilities indicated some potential risk for access to food stores by pests and the current bin storage facilities is a specific concern. This an area for improvement. The reconfigured laundry room now has reduced working space and no natural light or adequate ventilation, which could lead to a potential breach of Regulations; for example, where fire doors were reportedly sometimes kept ajar due to the evident discomfort for staff working in this environment. This an area for improvement.

Ways of working to monitor and manage all care receivers' needs across a very large footprint over three floors of the home, did not evidence the expected progress identified following the last two inspections carried out in 2021. There are a lack of clear supervisory roles and responsibilities across the three floors by senior care assistants, which remain to be mainly overseen during the day by the Registered Nurse on duty. There was no clearly defined shift leader on night duty, which was disappointing to note. This an area for improvement.

INSPECTION PROCESS

The inspection visit was unannounced on the first day and prearranged for the second and third half days with 12 hours in total spent in the home. A poster was left for care receivers and staff, which invited engagement with the Regulation Officers as part of the inspection. A supplementary visit to the Town Hall was also undertaken to view sample of human resources files with reference to the approaches taken for safe recruitment in the past eight months of six new employees.

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, including the previous two inspections carried out in 2021 with the most recent on 7 September 2021.

The Regulation Officers sought the views of, care receivers currently using the service; five relatives or significant others visiting at time of inspection, and three who were contacted by telephone following the visit; ten members of the staff team including a registered nurse, carers and ancillary staff. Supporting information was requested of two visiting healthcare professionals during the inspection visit.

Records including policies, a sample of care records, incidents and other documentation relating to both care receivers and the home environment were reviewed.

The inspection included a review of communal areas. Specific attention was given to the outdoor space currently undergoing significant landscaping. but was inaccessible to care receivers or staff. Attention was also given to kitchen and laundry areas with reference to safe working practices in food hygiene and infection control alongside any health and safety considerations.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager about the findings. This report sets out our findings and includes areas of good practice identified during the inspection.

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

INSPECTION FINDINGS

It was noted on arrival which was also evident on a site visit with Provider representatives completed earlier in the year, that there remains some outstanding and overdue building works to be completed. The ongoing delay to completing the refurbishment of, and the development of an additional 20 bedrooms and supplementary areas such as hairdressing and beauty salon, training areas and staff facilities began in April 2019.

The current landscaping work being undertaken prevents any access to comfortable and safe outdoor areas, this a frustrating and demoralising feature of the home's current appearance, although it was acknowledged that a number of challenges have occurred during the past three years. A further update from the Provider to the Commission was advised on the overall project position.

On arrival, the home's adherence to infection control policy and procedures for face masks being worn with reference to guidelines for best practice was noted. However, it was positive to observe the more relaxed approach to visiting that was evident throughout the three visits.

Clarification and explanation was given to some members of staff as to the regulatory framework and reference to minimum staffing levels which the home must meet. This was necessary due to some questions and observations a number of staff wished to convey when engaging with regulation officers as part of the inspection process. It was noted in these conversations that staff expressed helpful and well-informed observations about their roles and responsibilities, while also raising appropriate issues in a professional way about challenges they face with staffing resources.

Reference was made to the inspection findings recorded in the previous two reports in 2021 and how any progress noted from the last inspection has been maintained. It was noted some issues remain unresolved in how shifts are managed, which

included night shifts, where it still the case that there is no recognised shift leader clearly identified. It is disappointing to note, where consideration for the challenges of supporting up to 66 care receivers (including up to five requiring nursing care), indicates some more clearly defined roles being required.

It was of concern that a high turnover of staff has occurred since the last inspection, in that 14 staff have left the service including a number of very experienced and highly qualified members of the care team. New and less experienced staff may require higher levels of supervision and support. Additionally, the large layout of the building requires a clearer demarcation of shift leadership over the three floors.

Further analysis was given to the nursing needs of six care receivers being supported under that part of the home's registration, alongside a high number living with dementia and the general dependency levels for care receivers. Calculations for staffing ratios confirmed adequate staff resources over a 24-hour period. However, these meet minimum numbers only. The increasing dependency needs of many of the care receivers expected as part of ageing process is further impacted by a high number of those now living with dementia. Staff time that is required for extra levels of support for those care receivers alongside the physical frailty of others who may require, on some occasions, 2:1 care interventions indicates the need for a higher staffing resource, particularly for night shift patterns.

The issue for staff ratios on nights was highlighted in a previous report in 2021, with the Provider's response suggested that an increased level of night staff was not indicated. However, the reported imbalance in the ratio of staff available on any one floor during the night, could potentially leave one carer to support 22 care receivers. It is self-evident that staffing levels are inadequate to meet the needs of care receivers consistently and safely. This is an area for improvement (1).

The above issue and concerns for staffing resources is further exacerbated by an absence of a recognised shift leader, to oversee the work which is undertaken on a night shift. In the responses to the area for improvement recorded in the 2021 inspection findings, "to urgently review the staffing arrangements with a view to increasing the home's staffing levels and the roles and responsibilities of staff,

particularly at night”, the Provider’s response was recorded as, “the review, research, investigation, risk analysis and assessment of staffing levels has been completed. Documented analysis and proposals for implementing changes as a result of this review are currently being finalised for consideration and approval by the Project Board”.

A failure to properly invest in a shift leader role for night shifts and properly co-ordinated shift leaders for days (when Registered Nurses finish their shift) does not evidence the expected implementation of specific delegated staff roles as referenced above. This is recorded as area for improvement (2).

Despite these areas for improvement being highlighted, the Regulation Officers were reassured about the attentive and compassionate care being provided by the committed and hard-working staff. Feedback received directly from care receivers, relatives and visiting healthcare professionals provided confirmation of this and was also observed in practice during the three visits. Some of the comments were recorded as below from care receivers and relatives:

“Very, very good, its lovely, lots of staff changes, new staff to get used to. As far as I can tell still good”.

“Always very clean and tidy, staff are very friendly, Xxx is fabulous and helpful, the staff keep us informed but they are run off their feet”.

“Brilliant, if anything happens, they will always contact me”.

One care receiver spoke favourably about staff being very attentive and always available when call bell is activated.

One relative wished to pay specific compliments to the whole team and the Provider for the efforts and contribution they had all made to celebrate their loved one’s milestone birthday. They detailed a really “wonderful job” which had been completed to include a party held for relatives and the care receiver which was very much appreciated.

Two relatives of a recently admitted care receiver, spoke very positively of the support and information provided to them during the course of assessment and admission. They confirmed good channels of communication they had experienced with the Registered Manager and team which they found very supportive of them and their loved one since taking up residence.

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 inspection noted the alterations to the main kitchen area, redesign of internal storage areas and placement of waste bins outside. When reviewing the layout, the entry points, and the external storage of waste bins, there was potential for access to food stores by pests. The location for household waste, clinical waste and kitchen waste also requires some review. This is area for improvement (3). The Registered Manager was advised to consult with a relevant agency, such as Environmental Health for support in this matter.

The internal home environment was found in very good order with a committed and hard-working housekeeping team. This was apparent from the good standards observed across all areas of the home. It was a concern that the refurbished areas and reconfigured laundry room, (located in the basement of the large building), there had limited space with no natural light or adequate ventilation in the area in which laundry staff need to work. It is advised that a remedy be found to negate the possibility of a breach of fire regulations, where fire doors may be kept ajar due to the evident discomfort for staff working in this environment. This an area for improvement (4).

Issues relating to safety were noted including the apparent risk to care receivers (some with cognitive impairment), and visitors (that may include children), having access to balconies which may be hazardous. This is in respect of the anomaly whereby all windows have restrictors in place to prevent wide opening, but the height

of railings does not provide any such protection for misadventure in two specific areas of the home. This was highlighted as an area where internal policy and risk assessments were likely to require revision. This is an area for improvement (5).

The level of training and development of staff, which is promoted through supervision, was identified as an area of best practice. It was noted that some of the themes of the training had been identified by the Clinical Lead and Senior Care Assistant who coordinate/monitor the provision of training. Such themes and subjects included safe medication management and infection control with supporting documentation provided which further evidenced this.

The routine medication inspection undertaken by the Senior Community Pharmacist on the 12 May 2022 recorded general findings for safe and effective systems relating to the storage, administration, and disposal of medication.

There were no covert medication practices recorded during this inspection but it was noted that the Jersey multi-agency safeguarding policy would be used to assess suitability for covert administration with documentation for a best interests meeting signed by the required healthcare professionals and service user representative, included as part of this.

There is a comprehensive quality assurance methodology carried out monthly by a representative of the Parish, which incorporates issues relating to medication safety.

This incorporates:

- Annual medications administration assessment
- Quarterly medication administration supervision
- Randomly selected six service users to conduct a medicines audit.
- The controlled drugs balances checked by two qualified staff once a week.
- Benzodiazepines and “z” drugs require two signatures on the MAR sheet following administration.

While there was good evidence of consistent entries for certain aspects of fire safety, there were gaps in the conducting and recording of appropriate fire drills for the staff team. These are set out in the Fire and Rescue Fire Logbook Section 5 and require some attention. This is an area for improvement (6).

Attention was given to policies and procedures in place, to ensure that the home environment and any equipment used when supporting care receivers is appropriately maintained and with checks routinely carried out. These checks were noted from a review of the kitchen facilities and procedures in place for that part of the service and were found to be in good order. Other maintenance of equipment, such as lifts, and hoists is undertaken by external service providers with records retained as part of invoicing arrangements.

Similarly, up to date service records for the home's mini-bus were provided by the Facilities, Resources & Recycle Manager.

Safe recruitment practices were clarified with the Registered Manager, and they confirmed their direct involvement in all aspects of this process, including sight of Disclosure and Barring Service (DBS) criminal record checks and references. A follow up visit to the Paris Hall to review such documents evidenced best practice for this Standard.

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 regulation officers reviewed the minimum staffing levels in an analysis of how care and support may be provided in the home. It was noted that five care receivers are also accommodated in the home under nursing care registration. Although positive feedback from care receivers and relatives was mainly consistent, staffing

levels was a theme raised by several who noted that limited staffing resources were regularly apparent.

It was highlighted in the care needs analysis (undertaken by the management team), which was requested as part of the inspection process, that there are very high levels of dependency which the care staff must support.

Some of these care needs are itemised as below which illuminates the challenges which staff may experience when trying to meet and maintain the expected Standards to ensure that all care receivers always have the most consistent care and support:

- 33 care receivers have mobility problems which include 12 who require assistance to get up out of a chair
- 19 have use of a wheelchair permanently to transfer from rooms with assistance
- 53 care receivers require help with bathing and showering, 13 of which need full assistance
- Six care receivers require two care staff to assist with their personal care needs, such as bathing and showering
- 11 care receivers display mild signs of confusion which require some occasional interventions to assist their orientation or minimise any potential for distress
- 18 care receivers have a diagnosis of Dementia/Alzheimers Disease.

The staffing resources are a particular source of concern with reference to the high level of dependency of care receivers as documented above.

There is a gap in how shifts may be coordinated, which is most apparent when the registered nurse on duty each day (covering 7.5 hours of direct care), is not on shift and nursing cover is provided through the on-call facility. While this is not a regulatory breach and may be operationally plausible given nursing registration is

only in place for five beds, that this staffing level has continued following the areas for improvement identified in the previous inspection in 2021, is disappointing.

The lack of nominated shift leaders during the day to both co-ordinate staff resources and prioritise any changing care needs of the resident group (which may total up to 66 care receivers) is a cause for concern and represents an area for improvement.

Recent communication and correspondence with the management team highlighted some challenges to the home when aiming to support care needs (nursing care) for care receivers.. In this matter, the Commission notes the Registered Manager's commitment to endeavour to support these specific care needs but with timely referrals made where nursing care needs cannot be provided within the homes registered nursing beds number. However, the service cannot continue to operate beyond its scope and formal correspondence with Health and Community Services is warranted to resolve some of these issues. It was reassuring to note the openness and transparency which was demonstrated from the earliest engagement by the management team to inform the Commission of this issue.

The apparent high turnover of staff since the previous inspection was discussed with members of the team in general terms and raised by a number of care receivers and relatives in observations which they shared with regulation officers.

It was indicated from these discussions that the loss of experienced staff may have undermined the ability of the home to maintain the good standards of care recorded in the previous inspection report. Specifically, the previously very experienced staff group would have had a comprehensive knowledge of the needs of the care receivers and would have formed positive therapeutic relationships with them. Necessarily, it would take time for newer staff to develop this knowledge and capability.

Some feedback from care receivers suggested some staff were not as well informed or indeed confident as may be expected, due to their lack of experience in care work. However, there was no indication that people in receipt of care and support were not

being shown compassion, dignity, and respect by all staff when providing personal care and support.

Care records were reviewed from a system that unfortunately at time of inspection was between hard copy and new electronic care recording system (Fusion) as some transfer of data was still to be completed. However, regulation officers were able to see the benefits from the new system for those care receivers' records which had been populated onto the new system. This evidenced person-centred narratives, a good system for evaluation and those contemporaneous records were being made with clear auditable timelines demonstrating best practice.

The quality assurance practices and reports which are part of the governance arrangements were noted to be comprehensive in both style and content. It was highlighted that this process may be reviewed further to improve upon the independence of such reviews, for example by some joint working with another provider which may enhance this audit methodology further.

Social activities were observed to be initiated by a member of staff recently recruited into this role, but it was apparent that the higher levels of dependency make some of the larger group activities more difficult or time consuming to promote on occasions. This was due to a variety of reasons not least mobility requirements and the large footprint of the home necessitating that care receivers often needed assistance to venture to the main communal areas. Mini-bus outings were also be provided and promoted for those who are both able and amenable to undertake them.

Training

<p>The Standards always outline that there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

The training log and approach to mandatory training is well established as discussed with one of the Senior Care Assistants who oversees this with support of the Clinical Lead and Registered Manager. Reference to the IHASCO "easy-to-use online

training platform and extensive library of accredited, high-quality courses”, provided evidence that the relevant training had either been provided or was scheduled, as is a requirement to meet the Standards.

It was noted that First Aid training, Safe Handling and Infection Control topics were being prioritised and followed up within 1:1 supervision format overseen by the Clinical Lead. However, as with all on-line platforms, underpinning face to face training will always be a consideration for specific topics. For example, the home has accessed direct trainers to undertake specific training on the Capacity and Self-Determination Law (Jersey) Law 2016.

The Registered Manager highlighted some project work which was still to be completed where revision and compiling of the most relevant policy and procedures will be undertaken by an external agency to uphold best practice.

During a discussion with the very experienced Senior Carer who has a key role in overseeing the training log and a number of other working practices in the home, it was unclear as to how their job title matched the roles which they were undertaking. The Regulation Officer noted that such roles and responsibilities included administrative and training portfolio duties, alongside monitoring and sourcing equipment such as hoists and responding to other operational issues which may arise on a daily basis. In addition, they had a key role in overseeing the duty roster for a large care team but had no direct oversight or involvement in the leading or delivering of any care (which would reasonably be expected given the job title).

With reference to the one of the areas of improvement recorded from the inspection in 2021, regarding the management structure, the Provider’s was, “A new organisational structure has been developed and approved. Temporary additional resources have been put in place to immediately strengthen the management and supervisory capability of the Home, pending permanent recruitment to the new management structure. Substantive job descriptions are being finalised and permanent recruitment will commence shortly”. The Commission advises that the existing structure requires further revision to ensure so that the training coordinator role and other roles such as those referenced in the paragraph above, are fully

documented with job descriptions and that job titles are appropriate to reflect the work undertaken by postholders.

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.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.9, 4.6, 4.7, Appendix 5 (Care Home Standards)</p> <p>To be completed by: within three months of inspection date</p>	<p>The Provider must ensure that the home is staffed at all times in accordance with the high dependency needs for care receivers, recognising the five nursing beds and dementia profile. A review of the existing arrangements associated with night duty must be undertaken, with a robust plan developed. Specifically, the plan must ensure that the numbers of staff on night duty is increased to a total of at least six, to ensure that all identified care needs can be consistently and comprehensively met.</p> <p>Response by registered provider:</p> <p>The Registered Manager notes the Commission's requirement to undertake a further review into night time staffing, taking account of care receivers' dependency needs, nursing needs and dementia profile. Nonetheless, it is noted that action must be taken to increase the number of staff on night duty to six people.</p> <p>The Registered Manager will endeavour to complete the review and implement an increase to six night staff this as quickly as practicable. However, the current market for care staff and safe recruitment processes may mean that this may not be achievable within the three month timescale.</p>
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Area for Improvement 2 Ref: Standard 3.9 To be completed by: within two months of inspection date.	The lack of clear supervisory roles and responsibilities to manage and coordinate shifts across the three floors during the day (in the absence of Registered Nurse and without a clearly defined shift leader on night duty) requires clearer definition within all duty roster allocations.
	Response by registered provider: A new Clinical Lead role was introduced in 2021 providing supervision and leadership to the care team across the three floors in the home. In addition, the Registered Manager increased the number of senior carers in 2021 from one to four. The requirement to define a shift leader on the duty roster is noted and has been implemented. The night time shift leader can also call the duty on-call nurse to attend the home and provide additional support during night time as necessary.

Area for Improvement 3 Ref: Standard 4.6 To be completed by: within one month of inspection date	A review of storage facilities and ways of working for the management of all domestic, clinical and food waste must be undertaken, with improved facilities provided if advised by relevant agencies
	Response by registered provider: This area for improvement is noted and a review is being undertaken. As an interim measure arrangements have been put in place for these areas to be deep cleaned on a monthly basis.

Area for Improvement 4 Ref: Standard 4.6, 4.7, To be completed by: with immediate effect	A review of the working environment for laundry facility with reference to health and safety at work and fire safety must be undertaken and any modifications made to this area as appropriate
	Response by registered provider: This area for improvement is noted and agreed. The introduction of an Air Conditioning Unit for the laundry is currently being investigated.

<p>Area for Improvement 5</p> <p>Ref: Standard 4.6, 4.9</p>	<p>A review of risk assessments/plans to take account of the risk of misadventure concerning ease of access to the balcony railings located on two upper floors must be undertaken.</p>
<p>To be completed by: with immediate effect</p>	<p>Response by registered provider:</p> <p>This area for improvement is noted and a review is being undertaken. As an immediate measure, and until the review is completed, these areas are no longer accessible to staff or residents.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 4.7</p>	<p>Fire drills are required for all night staff at three-month intervals and day staff at six monthly intervals. These must be undertaken as set out in the relevant agency guidance.</p>
<p>To be completed by: with immediate effect</p>	<p>Response by registered provider:</p> <p>This area for improvement is noted and fire drills will be implemented as directed. Fire drills were completed last week for both day and night staff.</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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