



Jersey Care
Commission

Summary Report

St Ewold's

Care Home Service

Balmoral Drive

La Route de la Trinite

St Helier JE2 4NJ

24, 26 & 31 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.

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.

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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<p>Area for Improvement 2</p> <p>Ref: Standard 3.9</p> <p>To be completed by: within two months of inspection date.</p>	<p>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.</p>
	<p>Response by registered provider:</p> <p>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.</p> <p>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.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 4.6</p> <p>To be completed by: within one month of inspection date</p>	<p>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</p>
	<p>Response by registered provider:</p> <p>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.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 4.6, 4.7,</p> <p>To be completed by: with immediate effect</p>	<p>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</p>
	<p>Response by registered provider:</p> <p>This area for improvement is noted and agreed. The introduction of an Air Conditioning Unit for the laundry is currently being investigated.</p>

<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>

The full report can be accessed from [here](#).