



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Fig Tree House**

**Care Home Service**

**14 – 16 Parade Road  
St Helier  
JE2 3PL**

**17 and 22 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 Fig Tree House Care Home. It is in a residential town location near to shops, cafes and other amenities and within reasonable walking distance of the sea and a park, which provides opportunities for care receivers to be fully involved in all aspects of the local community. The home is a three-storey converted Victorian building providing en suite bedrooms and a variety of communal spaces, including a kitchen where care receivers can make refreshments. Externally there are accessible courtyard and patio areas at the front and rear of the home along with some designated parking spaces for visitors.

The home provides care and support to people aged 50 and above and who have a range of mental health conditions and require a supportive living environment. The philosophy of the home, as described in the Statement of Purpose is for care receivers to live their lives as independently as possible in a homely environment.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: Personal care and personal support  Category of care: Mental health

	<p>Maximum number of care receivers: 28</p> <p>Age range of care receivers: 50 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:  Rooms 1 – 26: One person  Flats 2 and 3: One person</p>
Dates of Inspection	17 and 22 August 2022
Times of Inspection	11am – 2.45pm and 2pm – 4.50pm
Type of Inspection	Unannounced on 17 August 2022 Announced on 22 August 2022
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	28

The Care Home is operated by Personal Care Limited, and the Registered Manager is Lindy Sheldon. Since the last inspection, which was completed on 27 August 2021, the Registered Manager has contacted the Commission periodically to discuss matters as they have arisen.

The Registered Provider has informed the Commission of their intention to build an extension to create an additional six en suite bedrooms and additional communal areas. An application to the planning department has been submitted and care receivers informed of the proposals.

## 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 home's aims and objectives relating to care receiver independence, leading their lives as normal as possible and the provision of a homely environment was clearly demonstrated during the inspection. Care receivers were observed coming and going from the home as they chose, and others were spending time following their interests and activities in the various communal areas in the home. They were complimentary of the staff team, the environment, and the freedom to come and go as they preferred.

There was evidence of safe recruitment practices in place and ongoing access to training, supervision, and appraisals. Staff commented that there are development opportunities provided for them also. The staffing levels are adequate to meet care receivers' levels of dependency and support needs.

Provision is made for care receivers to receive support from health and social care professionals and, when absolutely necessary, care receivers are transferred to services that can provide more specialist support when the home can no longer meet their needs. Feedback from one health and social care professional was very complimentary of the home's ethos, the approach taken by staff in supporting care receivers and their relationship with the mental health team.

There are four areas for improvement resulting from this inspection, which includes updating the Statement of Purpose, so that it accurately reflects the range of care needs supported. Where staff are required in exceptional circumstances, to transcribe medication, the records need to be clear and in line with best practice guidance. Risk management plans must be in place where care receivers are prescribed certain high-risk medications setting out potential side effects. The final area relates to the use of closed-circuit television cameras in the home and the need to justify its use.

## INSPECTION PROCESS

This inspection consisted of two separate visits to the home, the first of which was unannounced. The second visit took place during the afternoon and the staff team were made aware of the visit, with opportunity taken for the Regulation Officer to meet with care receivers and seek their views of the home.

The Registered Manager was present on the first visit and unavailable during the second visit, therefore a third visit to the home was arranged to discuss the inspection findings. This was followed with a written summary of the areas for improvement that were identified during the inspection.

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, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer spoke with eight care receivers and four members of staff. The views of two health and social care professionals were also requested as part of the inspection process and two provided a response.

During the inspection, records including policies, samples of care records, medication records, staff training, duty rosters, recruitment records and governance reports were examined.

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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.ie/Standards/>

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 with the Registered Manager during this inspection, which noted that both improvements had been made. This means that there was evidence of safe storage of hazardous substances and the approach to care planning had been reviewed.

### 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 Statement of Purpose (SoP) was reviewed as part of the pre-inspection planning and its content further discussed with the Registered Manager during the inspection. It refers to the delivery of personal care and personal support to people with mental health needs and the limitations of care provision.

The Registered Manager described a recent situation whereby it was recognised that the home could no longer meet one care receiver's needs. This had been discussed with the individual, their relative and a community mental health professional. Written information relating to their move from the home had also been provided to them in their first language. This shows that the home adheres to the conditions of registration and that the SoP reflects the level of care and support provided.

It was noted that the SoP refers to a range of services which are not provided by the home, including, pharmaceutical services and community based services for people

with a learning disability. The Standards outline the Provider's responsibility to ensure that the SoP is kept under regular review and accurately represents what services are available and appropriate to provide under the terms of its registration. This is an area for improvement.

The SoP confirms that there is closed circuit television cameras (CCTV) placed outside the main entrance to the home and along the corridors for "your security and peace of mind". The CCTV policy was examined which explained that the purpose of the CCTV was to "reduce fear of crime for staff in relation to people entering and leaving during the hours of darkness". The policy and SoP does not fully or adequately explain or justify the legitimate purpose and rationale for the use of closed-circuit cameras within the internal environment. Their use raises significant concerns about the invasion of privacy of care receivers.

Two care receivers and one health and social care professional told the Regulation Officer that they were not aware there was CCTV operating in the home. There was no evidence that care receivers had been provided with written information about the use of CCTV or that their consent regarding its use had been obtained. CCTV signage was not clearly visible nor readable and its continued use must be fully reviewed to determine whether it is appropriate to the categories of care, in line with the ethos of the home and considerate to care receivers' conditions. It is advised that the home seeks legal advice in respect of the continued use of CCTV inside the home. This is an area for improvement.

Samples of staff files were examined for staff who had been recruited since the last inspection. The information contained within the files included such records as: application forms, criminal records (DBS) checks, job descriptions, references, and determination of the right to work in Jersey. It was evident that these documents had been sourced prior to care workers commencing their employment. Four member of relief staff have recently been recruited and offered employment, pending receipt of references and criminal records checks. The home was able to demonstrate that there is a consistent safe approach to staff recruitment in order to reduce risks to care receivers.

An examination of the staff rosters and discussion with the Registered Manager confirmed that the staffing levels are adequate to the category of care and dependency needs of care receivers, some of whom have low personal support needs.

All staff who administer medications have completed an accredited Level 3 medication administration module as the Standards require. Samples of records showed that care workers competency in the management of medicines is reviewed on an annual basis.

The majority of medicines are provided from the pharmacy in a pre-packaged system, with the exception of some that cannot be pre-packaged. A sample of medication administration records (MAR) were reviewed, and the majority found to be well maintained and accurately recorded. One care receiver's medication is supplied by the hospital pharmacy which means that the home has to transcribe this medicine as the community pharmacist is unable to add this onto the existing MAR.

The transcribed MAR was of poor quality as the staff signatures to evidence administration had exceeded the standard 28-day cycle. The MAR commenced on 1 July 2022 and was still in use on the first day of inspection. When medicines have to be transcribed in these exceptional circumstances then best practice guidance must be adopted and clear records maintained. This is an area for improvement.

In respect of medication administration, some tasks are delivered under a person specific delegation. The records showed that this had been delegated to specific staff on behalf of the District Nurses and an assessment of their competence had been carried out by the delegating professional.

There are appropriate quality assurance processes in place to ensure that the home is operating in line with Regulations and Standards. A sample of quality monitoring reports showed that visits had taken place by a manager of another service, who has a full working knowledge of the Standards and the home's registration conditions. The reports showed that discussions are held with some care receivers to obtain



their experiences of the home, records, the environment and feedback requested from visiting health professionals.

Service records showed that equipment is serviced regularly by external contractors and that water management systems including water temperature checks are carried out routinely. An examination of the fire safety records showed that all checks are completed as required by the Fire and Rescue Service and that simulated fire evacuation drills are regularly carried out for the staff team. The employer's liability insurance certificate had an expiry date of May 2023.

### **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>
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The home was operating at full capacity during the inspection and one care receiver was awaiting a transfer to another care environment. During both inspection visits care receivers were observed freely coming and going as they chose and observed making use of all of the communal lounges which were found to be very homely and equipped with a range of household furnishings. The Regulation Officer noted that care receivers were seen to be engaging in various activities according to their preferences and interests within spacious communal areas.

Care receivers are encouraged to be as healthy, active and independent as possible. A main cooked meal is provided at lunchtime and lighter snack provided in the evening. There is a domestic kitchen provided where care receivers can make drinks and snacks. Care receivers who spoke with the Regulation Officer confirmed that they often make use of this facility and help themselves to drinks and snacks as they choose.

Many care receivers were observed to be self-caring in many respects and a discussion with the staff team and Registered Manager confirmed that the majority are able to direct their own care and support needs. The home had a calm atmosphere and care receivers referred to the 'quiet environment' which they

appreciated. They spoke of the positive relationships they had developed with staff which they valued and said that there were often good humoured conversations and interactions. This was directly observed during the inspection where every day, spontaneous, kind and considerate conversations were heard between staff and care receivers and with staff responsive when support was needed.

Care receivers who spoke with the Regulation Officer made the following comments:

“It’s lovely here, it’s nice and quiet. The girls are very good”.

“It’s great, I don’t have any problems and it’s very relaxed here. The staff are good and we always have a laugh”.

“I’m alright here, I can make a coffee when I want and I go to the cinema and there’s internet access, so it’s not too bad. This lounge is nice and I’m quite happy”.

“It’s not too bad, we’re well looked after. You can get what you want and there’s no rules or anything, you can pretty much do what you want. I’ve got a nice room and its quiet here, but it’s good to be close to the town”.

Referrals into the home are by way of Health and Community Services staff and one person was recently admitted directly from the General Hospital. The Registered Manager had completed an assessment of their needs and had also obtained a summary of the care assessment completed by the referring practitioner. The care records showed that the admission process relating to another person included the Registered Manager’s assessment, sharing of information from the referrer, trial visits to the home and a contingency plan arranged in case of a potential failed admission. This had been done at the individual’s own pace and they had been kept fully informed and involved in the admission process.

The Registered Manager explained that one care receiver had recently been admitted to hospital for an assessment of their health which was due to a change in their presentation, this had been recognised by staff in the home who had escalated their concerns appropriately. Staff remain vigilant to any changes in care receivers’

physical or mental health. The home has established links with health professionals, and it was clear that staff proactively access specialist support and advice in response to care receivers' changing health care needs.

The home routinely seeks feedback from care receivers about how the home is operating and a sample of completed surveys showed that on the whole, most care receivers provided positive feedback and felt their experiences were good. Meetings are also held where care receivers are encouraged to openly discuss their views of the home. A meeting took place on 31 August and was attended by sixteen care receivers who were confident to express their views of the home's operation. Other than a few minor criticisms, most peoples' opinions were reported to have been constructive and positive.

Details of the home's complaints procedure is also displayed. There have been no formal complaints that have warranted investigation and, where concerns have arisen, these have been resolved successfully on an informal basis. One relative had made contact with the Commission earlier in the year, to express concerns. However, the concerns were outside of the Commission's remit or powers to investigate. Therefore, they were signposted to appropriate alternative means of redress.

An examination of care records, notification forms and feedback from one health and social care professional confirmed this to be the case. The home is compliant in submitting notifications to the Commission as and when indicated. The home was able to demonstrate that care receivers who require support to access services are provided with such support to ensure that they can access services in a timely manner. It was also acknowledged that some care receivers are able to access services independently.

One health and social care professional commented that, "the mental health team have a very good relationship with the home and have worked in partnership with them on many occasions. Staff contact the team whenever they have concerns through the appropriate channels and advice is taken on board and acted upon in a timely manner. Whenever I visit the home, the environment is clean and clear. Staff

know all their residents and ensure they provide a person-centred approach. There is a real home ethos, with staff working above and beyond to ensure residents are able to remain in their home”.

Another health and social care professional commented “my client feels that Fig Tree is their home, they manage their needs in a person centred way. They will call me if they have concerns and are able to follow my information and direction. They keep the client at the heart of what they are doing”.

The Registered Manager provided an overview of some care receivers’ needs and explained that one person’s physical health has improved immensely over the past few months, which has had a positive impact upon their mental wellbeing. One care receiver told the Regulation Officer that they felt that their life and their overall health had improved since they had moved into the home and that they were better prepared to cope with daily life.

Another example related to one person who had been admitted from hospital. Since their admission into the home, their medication had been reviewed by a psychiatrist and they had been fully involved in all aspects of their medication reviews. The Registered Manager confirmed that their overall well-being has improved significantly to the extent that they are engaging in conversations, interacting with others and have resumed their hobby.

A discussion with some care receivers confirmed that they were able to live as active a life as they wished, and commented that they often go out socialising, to the cinema, community events, evening dinner, walks and shopping trips etc.

During the inspection, one care receiver was observed returning to the home, having been out for a pub lunch. The main doors to the home are locked for security reasons and the key code to exit the building was clearly displayed. The Registered Manager has engaged with health professionals in relation to making applications for Significant Restrictions on Liberty (SRoL) authorisations.

Samples of care plans for care receivers who have lived in the home for many years and others who have been admitted this year were examined. The level of detail

contained within the plans provided a good overview of care receivers' support needs, their wishes, preferences and the ways in which they wanted to be supported. Care plans were in place for some people where support was needed to manage their personal finances. The information contained within the plans reflected what the Regulation Officer observed and was told by care receivers. Care receivers are involved in the development and evaluation of their plans.

One care receiver's medication administration record showed that they were prescribed a type of medication that is considered to be high risk. A discussion with the Registered Manager confirmed that the home has engaged with relevant professionals to ensure appropriate medical checks are undertaken. However, with reference to the significant risk from side effects that is evident from this specific medication, care receiver and all staff should be fully aware of this through an enhanced risk management plan. This is an area for improvement.

## **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.
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Three new care staff have been employed since the previous inspection and a number of staff have been employed in the home for some years'. The home has an induction programme for new staff, and they are initially assigned to work alongside a more experienced member of staff. An examination of induction documents showed that staff are made aware of the home's procedures, policies and the staff handbook. The manager explained that she had identified that the induction programme needs to be more extensive and has plans in place to address this.

The staff files showed that there are supervision, probation and appraisal records maintained which meets the Standards. Staff confirmed during discussion that they meet with the Registered Manager to discuss their roles and do this both formally and informally. Team staff meetings are also held regularly with one arranged for early September with an agenda displayed.

All staff who administer medication have completed recognised training (Regulated Qualification Framework (RQF) in administration of medication). Staff competencies are reviewed on an annual basis. A number of care staff have also completed an RQF (or similar awarding body) Level 2 and Level 3. Two staff are starting Level 2 and one person a Level 3 in the coming weeks.

An examination of training records showed that training is provided by a blend of practical face to face and e-learning. The records showed that mandatory training in subjects including, moving and handling, first aid and infection control are provided to all staff. All staff have also completed training in mental health awareness which is provided by way of e-learning. A discussion was held with the Registered Manager about the benefit of having this aspect of training supplemented and strengthened through more formalised face to face learning which will be considered further. Training in the Capacity and Self Determination (Jersey) Law (2016), and the associated processes relating to SRoL has been provided also.

Staff who were spoken with were complimentary of their home and expressed satisfaction in their job roles. They described the Registered Manager as being 'hands on' and heavily involved in the day to day running of the service. Staff members also cited that having a consistent staff team was helpful in promoting continuity of care and in facilitating effective communication. Some staff spoke of the development opportunities that had been offered to them which included developing into senior carer roles and achieving vocational training qualifications.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6.7</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Where medicines are transcribed by staff in the home in exceptional circumstances, best practice guidance must be followed and clear records maintained.</p> <p><b>Response by registered provider:</b></p> <p>This was rectified with immediate effect while The Jersey Care Commission were present in the building</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 2.7</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Where high risk medications are administered, a detailed risk management plan must be devised and implemented.</p> <p><b>Response by registered provider:</b></p> <p>A risk assessment was completed and placed in the Residents Plan of Care and Medication file with immediate effect</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>To be completed by:</b> within 1 month from the date of inspection (22 September 2022).</p>	<p>The use of CCTV must be reviewed and its rationale for use in the home made explicit. It is advised that legal advice surrounding its use, be sought. Should its continued use be deemed legitimate and necessary, appropriate measures must be taken to inform care receivers and visitors to the home of its use.</p> <p><b>Response by registered provider:</b></p> <p>For the added safety and security of our Residents and Staff the camera at the entrance to the Home will remain in situ. The cameras in the corridors have now been disconnected.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 1.1</p>	<p>The Registered Provider must revise the Statement of Purpose and provide a copy to the Commission.</p>
<p><b>To be completed by:</b> within 1 month from the date of inspection (22 September 2022).</p>	<p><b>Response by registered provider:</b></p> <p>This has been revised and a copy sent to the Jersey Care Commission</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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