



**Jersey Care
Commission**

INSPECTION REPORT

Secure Children's Home

Care Home Service

**31 August, 5 September
& 13 September 2022**

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services 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 a Secure Children's Home, which is operated by the Government of Jersey. The home is provided in a single storey building which surrounds a courtyard. There is a large communal lounge, separate dining area, kitchen, quiet room, and a visitors' area. There is a large office which is located just off the communal lounge area. The home also has a gym, an education/school area and a large sports hall.

Owing to the needs of the two care receivers in the home, separate lounge areas are now being used where they have access to their own space and activities.

The home is currently only registered for the use of three bedrooms. Several parts of the infrastructure of the home now require significant refurbishment.

Intended building works to modify the communal lounge area have not been progressed, owing to the need for the home to continue to function without impacting directly on the care receivers. These plans include smaller lounge areas, separate to the main communal area, scaling back the size of the office space in the communal lounge area and removal of the wall which separates the dining area from the communal area.

In April 2022, the Commission received a copy of an updated Statement of Purpose, recognising the application for a new Registered Manager. This was submitted following an area for improvement identified at the last inspection. In September 2022, the Commission received a child friendly version of the Statement of Purpose, which had yet to be used, as there had been no admissions since it was completed.

The service became registered with the Commission on 6 December 2019.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care and personal support Category of care: Children and young people Maximum number of care receivers: three.</p> <p>Maximum number in receipt of personal care / support: three.</p> <p>Age range of care receivers: 10-18 years</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1, 2, 3, 4 – one person</p>
Dates and times of Inspection	<p>31 August 2022 – 10.30am – 2:15pm – unannounced. 5 September 2022 – 1.00pm – 2.45pm – announced</p> <p>13 September 2022 11.00am – 12.00pm (teams meeting with the Registered Manager)</p>
Number of areas for improvement	Five
Number of care receivers accommodated on the day of the inspection	Two

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.

At the time of the last inspection in March 2022 a total of twelve areas for improvement were noted, which resulted in an Improvement Notice being served to the Registered Provider.

The service has made improvements in eight of the twelve areas for improvement identified at the time of the last inspection. However, four areas for improvement remain and one new area for improvement was identified during this inspection, totalling five areas for improvement.

New staff have been recruited to the home, including senior shift leaders. A review of the staff rota evidenced that the number of staff on duty was commensurate with the home's Statement of Purpose. Safe recruitment processes had been followed and a new induction procedure had been trialled, with feedback from a staff member evidenced this had been successful. All staff had access to a training programme. This is no longer an area for improvement.

At the time of the last inspection in March 2022 an interim manager was in place. The need for a permanent Registered Manager was an area for improvement. An application was received by the Commission and a Registered Manager has been in place since 14 July 2022. This is no longer an area for improvement.

The home now benefits from the sole use of the sports hall. This is no longer an area for improvement.

The Registered Provider has ensured that no unregistered rooms have been used since the last inspection. This is no longer an area for improvement.

At the last inspection, the Statement of Purpose required review to reflect the service currently provided. This has been completed and is no longer an area for improvement. The Regulation Officers conducting the inspection were impressed to see that a child friendly version of the Statement of Purpose had been developed.

The Young Person's Guide required review at the last inspection to clearly set out what children and young people could expect, in relation to the care they receive. This has been completed and is no longer an area for improvement.

The home environment at the time of the last inspection required significant improvement and repair. Redecoration of some bedrooms has been completed, but some further work is still required. The Registered Provider has also been unable to progress the building works to improve the environment to make it more homely. This remains an area for improvement.

At the time of inspection, care receivers are accessing two other separate lounge areas on-site, which is currently meeting this need. However, if further care receivers are admitted, this may compromise this arrangement. It is imperative that the building works and refurbishment are completed as soon as possible.

The inspection was carried out before the new academic term had resumed in the on-site education provision; The education provision for care receivers was an area for improvement at the last inspection. The Regulation Officers were assured that throughout the summer break, relationships were maintained between the main tutor and one care receiver. However, for another care receiver no educational plans were in place when the new term started. This remains an area for improvement.

Policies and procedures in respect of medications, admissions and visiting were not in place at the time of the last inspection. This has now been rectified by the Registered Provider and is no longer an area for improvement.

Specific training in relation to managing challenging behaviour and supporting children and young person's mental health needs was an area for improvement at the time of the last inspection.

Training has been undertaken with new staff as part of their induction and refresher training has been completed by existing staff in managing challenging behaviour. Three staff have completed mental health training and several staff are completing or have completed additional training in applied therapeutic skills, with plans in place for the remaining staff to undertake this training over the next six months. Importantly, the staff team will be able to access trauma informed practice training in November 2022. This is no longer an area for improvement.

The Commission remain concerned that a recommended review of the de-escalation and physical intervention model has not been completed, which was an area of improvement. This remains an area for improvement.

At the time of the last inspection in March 2022, it was evident that there was no agreed framework whereby Child and Adolescent Mental Health Service (CAMHS) would be the lead agency in respect of supporting the mental health needs of the care receivers in the home. In addition, staff were not receiving the clinical supervision necessary to provide the care and support for children and young people with mental health and therapeutic needs. Only one care receiver had been admitted to the home since the last inspection. The Regulation Officer was provided with evidence that an assessment from the CAMHS, within 72 hours of admission had taken place. Staff had also been receiving weekly clinical supervision from CAMHS. Although there had been a break in this provision over the summer, it was intended for this to be ongoing. This was evidence of good practice.

The Registered Provider has developed this framework with CAMHS, and they are now leading in this area of care for the care receivers. This is no longer an area for improvement.

The supervision of staff was identified as an area for improvement at the time of the last inspection. There is evidence of improvement in this area, however the Regulation Officers were not satisfied that regular supervision had taken place for all staff over the summer period and the Registered Manager was unable to provide documentation to the Regulation Officers detailing supervision schedules for staff. This remains an area for improvement.

A decision was made by the Registered Manager at the end of July 2022, to largely separate the care needs of the two care receivers in the home. Three professionals who provided feedback for this inspection understood the reasoning for the separation of the care receivers in this home, however questioned if this decision remained in the best interests of these care receivers. Whilst the Commission understands the reasoning for this decision, a review of this arrangement has been requested in respect of the care receivers' rights.

At the time of the last inspection, it was evidenced that there was a lack of leadership and a chaotic culture had developed which resulted in concerns for the safety and wellbeing of children, young people and staff. The Regulation Officers evidenced that the changes made in respect of the leadership team have made a significant impact in respect of culture and how children and young people are cared for in the home.

New employees have joined the staff team, some with considerable experience and others with less experience, however the shift rota that has been adopted provides a blend of experienced staff to meet the needs of the care receivers.

The staff team currently stands at 15, with plans to expand this to 18, which will provide additional staff to help provide care support and continue development of the home.

The staff consulted provided positive feedback on the changes in the home over the last five months, especially regarding leadership, staff availability to cover shifts and ensuring structure to the care that is provided to care receivers. Staff had built positive relationship with the care receivers, which they felt had a positive impact on outcomes for the care receivers and improved staff morale/confidence.

The Regulation Officers were satisfied that there had been improvement in the number and quality of notification of incidents submitted to the Commission since the previous inspection. The quantity of notifications had also reduced, which in some way evidenced stability and care that is meeting the needs of the care receivers.

The home continues to offer care receivers access to support from an advocacy provider. The Commission is aware that a Human Rights Information and Advice Officer regularly visits the home to ensure that care receivers are listened to, their rights are respected and acted upon by those who care for them. These are areas of good practice.

The Regulation Officers identified that the transition plan for one care receiver was not adequate in terms of on-going contact with his substantive home in the community. Without a well thought through transition plan, the transition outcome is likely to be compromised and could lead to instability in the care receiver's home. This is an area for improvement.

Overall, the Regulation Officers were impressed by the Registered Provider's and Registered Manager response to the last inspection and how they had addressed eight of the twelve areas for improvement. The improvement journey has required significant investment of time and dedication to this task and the Commission would like to acknowledge the endeavour of the Registered Manager and his staff team in this regard.

INSPECTION PROCESS

This inspection was unannounced on 31 August 2022, with a further announced visit on 5 September 2022. The Registered Manager was not present at the time of the initial visit; however, the Regulation Officers were able to undertake the initial inspection with an experienced shift leader. A separate face to face meeting was held with the Registered Manager on 5 September 2022 and a Teams meeting on the 13 September 2022. Various email exchanges also took place where the Registered Manager provided further information for the purpose of the inspection.

The Standards for Children and Young People Residential Care were referenced throughout the inspection.¹

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

This inspection focussed on the areas for improvement identified at the last inspection in March 2022 and any new lines of enquiry, which led to one further area for improvement.

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from March 2022, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer sought the views of one care receiver who is currently in receipt of a service by visiting the Secure Children's Home on 5 September 2022. The Registered Manager facilitated the discussion and remained for the duration of the discussion at the care receiver's request.

The Regulation Officers also sought information and feedback from a variety of other sources.

During the inspection, records including care records, incidents and complaints were examined. This inspection included a full tour of the premises. Information was provided to the Regulation Officers regarding the plans for the building works and refurbishment of the home.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Service Lead.

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, twelve 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 there was evidence that considerable progress had been made to address some of the areas for improvement, however four key areas for improvement remain. For clarity, each point is set out below, with the response from the Provider and the current situation.

Area for improvement 1: The Registered Provider must review the recruitment and staffing arrangements in respect of training and competency. There must be a robust induction period for all new staff. The service must follow safe recruitment processes. The required number of staff must be on duty at all times.

Response by the Register Provider: We note the Jersey Care Commission acknowledges that recruitment and retention challenges across the sector remain prevalent. The Secure Children's Home has a clear intention of substantive recruitment of a skilled workforce as well as ensuring additional staffing is available as the occupancy and acuity of any young persons at the unit is managed.

The Commission is aware that we have recently undertaken a recruitment campaign that is ongoing at this time.

An expression of interest is also due to go out on 25th April to all residential homes across CYPES to provide further support to the Secure Children's Home. However, we are aware of concerns around risks and impact to other homes and so are working closely with Managers to ensure that any risks are mitigated.

As part of the Improvement Plan, we are also in the process of reviewing the staffing model and profile of staff required for the unit. Our aim is to ensure staffing reflects both the secure and therapeutic functions at the unit.

We are also undertaking exit interviews with the most recent staff who have resigned in order to understand their reasons, and to inform our improvement strategies as part of our people and culture plan.

In terms of staffing, we have ensured that staffing is matched to the requirement for support of young persons at all times, and staffing levels have been maintained aligned to the level of occupancy to the unit. We are in the process of further expanding our workforce to support in the event of higher levels of occupancy and dependency at the unit.

Safe recruitment and induction processes are in place in line with Government of Jersey policies.

This action is partly completed with ongoing requirements for monitoring.

Current situation: The staff team has increased to 15, with four new starters since the last inspection. The Registered Provider has also indicated that recent increased budgets will enable the staff team to increase to 18.

A new induction process is now in place and has been trailed on three new staff members with success and all staff have access to a training programme.

Safe recruitment polices have been followed in respect of the new starters at the home.

This is no longer an area for improvement.

Area for improvement 2: The Registered Provider must recruit a permanent manager to be registered. The Registered Manager must be given authority to manage the service.

Response from the Registered Provider: An experienced Manager has been identified and will be making an application for registration with the JCC. The Registered Manager has the full support of a dedicated Improvement Team and daily access to the Senior Leadership Team within CYPES. In addition, the Registered Manager will be supported through the weekly Operational Oversight and Improvement Group.

Current situation: The experienced manager identified was registered on the 14 July 2022. The Registered Manager reports that he has operational control of the home and senior management support and commitment to continue to improve the service. This is no longer an area for improvement.

Area for Improvement 3: The Registered Provider to give notice to the club using the sports hall with not longer than three months to vacate the building.

Response from the Registered Provider: We can confirm that notice has been served and acknowledged. Sports Jersey is working with the club to identify alternative accommodation. The notice period is 3 months, but we anticipate the club will identify a suitable alternative by the end of May. Notice had already been provided by the end of March 2022.

This action is completed.

Current situation: A short extension was provided by the Commission to the sports club; however, this action is now completed and is no longer an area for improvement.

Area for Improvement 4: The Registered Provider must provide an assurance that unregistered rooms will not be used, and that young people will not be admitted to the home unless a registered room and appropriate staffing is available.

Response by the Registered Provider: No further admissions have taken place since the Improvement Notice has been issued. Any further requests for admission can

only be considered into regulated rooms at the unit. There is only one room available (25th April 2022) that could accept an admission at the current time.

There is no intention to utilise unregulated capacity within the facility, but it should be noted this may increase the risk of off-island placement should there be the requirement for custodial pathway or pathways consistent with Secure Accommodation Orders.

This action is completed.

Current situation: No further unregistered rooms have been used for care receivers and the Registered Manager has kept the Commission updated. This is no longer an area for improvement.

Area for improvement 5: The Registered Provider must review the Statement of Purpose and ensure that it reflects the service currently provided.

Response from the Registered Provider: A copy of the revised Statement of Purpose has been sent to the Commission, and this will remain under constant review. The newly appointed Director General for CYPES has commissioned a task and finish group to review the model of service at the Secure Children's Home, and specifically to focus on the 2 predominant pathways to the unit which have been in place for the past 2 years. These being a custodial pathway and a secure accommodation order pathway.

In terms of dedicated Child and Adolescent Mental Health support for the unit I can confirm that our Head of Service, Darren Bowring has provided a revised structure of support that is included in the revised Statement of Purpose. I can also confirm a meeting is taking place on 27th April to finalise these arrangements.

Young person's currently accommodated at the unit have dedicated access to CAMHS support which includes a Consultant Psychiatrist who subsequently discusses the recommended care planning and interventions with staff.

This action is completed.

Current situation: The Statement of Purpose has been revised and there is now a framework of intervention by CAMHS for care receivers at this home. This is no longer an area for improvement.

Area for improvement 6: The Young Person's Guide must be reviewed to ensure it clearly sets out exactly what young people can expect in relation to the care they will receive.

Response from the Registered Provider: A young person's guide has been reviewed and further developed, and a copy has been submitted to the Commission. We consider this piece of work to be ongoing as the Improvement Plan continues at the unit, meaning that additional functions such as access to the gym, crafts and arts support and other therapeutic activities are increased. We are also engaging with the Office of the Children's Commissioner in the ongoing development of the guide.

The Children's Guide is in place and will have further development.

Current situation: There is a Young Person's Guide in place, and it is fit for purpose. This is no longer an area for improvement.

Area for improvement 7: The Registered Provider must ensure that improvements are made to the care home environment to make it more homely. Repairs must be undertaken in a timely manner.

Response from the Registered Provider: This home is a secure unit, and we acknowledge that physical improvements are required at the unit, whilst also ensuring the unit is able to operate in its intention to provide secure accommodation and custodial sentence. The unit therefore requires a high level of security consistent with other secure units, but, also further developments with therapeutic conditions.

The repairs and maintenance improvements to the premises remain ongoing. Through the direction of the Operational Oversight and Improvement Group there is a dedicated capital plan being developed for longer term changes needed as well as a reactive plan in place for more immediate changes.

The medium to longer term scheduling of works has needed to change, as new considerations and practicalities about completion of specific tasks have arisen, but the improvement team at the home continue to drive this forward.

We are also seeking a service agreement with HMP Le Moye to provide secure maintenance services in addition to Jersey Property Holdings. Their specialist engineers have been to the unit and believe that this can be easily met. This will ensure that repairs are carried out rapidly and that the environment will be appropriately secure.

The practicalities of fitting the bedroom doors have meant that there is a potential of further delays to completion, possibly extending into months. In order to prevent this level of delay we are again undertaking assessment of the current facilities so that short term safety and assurance can be provided before the longer term fixtures coming into place.

Since the Improvement notice, some windows have been replaced and the remaining units are planned for completion within the next 3 weeks. Anti-ligature handles have also been fitted to external and corridor doors.

Locks have been replaced and further repairs are continuously being implemented according to the security requirements of the unit. Broken call panels have also been made safe whilst replacement units are sought from the hospital. This should be completed by the end of April.

Plans to finalise replacement furnishing requirements have been scheduled for 28th April.

The required works are not fully completed at this stage. Clear plans are, however, now developed to address the issues identified by the Jersey Care Commission. We are working with Jersey Property Holdings to progress the improvement plans at pace which is dependent on maintenance supply and resourcing.

Current situation: Some repairs were undertaken following the last inspection. However, following further damage in April and July 2022, the main communal area and windows in the inner courtyard remain in a state of disrepair. There is a plan to undertake building works and refurbishment, however the Registered Provider reports work cannot begin until it is safe to do so in meeting the needs of the care receivers. Replacement windows have been ordered. This remains an area for improvement.

Area for improvement 8: There will be a robust education provision at this home, to include a variety of activities if the young person does not engage in education. Young people should be able to access education at any time in the school day with a curriculum which meets their needs.

Response from the Registered Provider: If a young person is registered at a school, then it is the school's responsibility to send staff to the Secure Children's Home which is co-ordinated by our Inclusion team at CYPES.

If a young person isn't registered with a school, then the inclusion team will provide direct educational support which includes the allocation of a transitional worker.

Going forward we will introduce further transitional support for a period of up to 3 weeks prior to leaving this Secure Children's Home.

In terms of a future model, we are developing further plans for on and off site learning support.

We are also developing a new learning environment (classroom at the unit). We aim to have this in place by the new term period in September.

This action is complete and educational compliance is in place, but the further improvements outlined will be in completed by September 2022.

Current situation: The new classrooms have been developed and were viewed by the Regulation Officers. Of concern is that one care receiver did not have an education plan or allocated teaching staff at the start of the new school term. This remains an area for improvement.

Area for improvement 9: There will be policies and procedures in place to include medications, admissions and visiting. All staff will be clear as to policies to be followed and their role.

Response from the Registered Provider: Policies have been developed for medication administration, admissions and visiting. In addition, the assessment area of the unit has now been refurbished.

This action is completed.

Current situation: The policies and procedures are now in place, so this is no longer an area for improvement.

Area for improvement 10: The Registered Provider must review the training provided to all staff, in particular techniques for managing challenging behaviour and for supporting young people with mental health needs.

Response from the Registered Provider: In terms of staff training the most urgent focus is on induction and MAYBO training, and department plans have been shared with the Commission.

Training plans to support young people with mental health needs have been developed and will be rolled out.

This action is partly completed with ongoing requirements for monitoring.

Current situation: Some training has taken place in respect of understanding the mental health needs of children and young people. Whilst there has been progress in regard to MAYBO training now being part of staff induction processes and existing staff have undertaken refresher training, the Commission is not satisfied that a proposed review of this model of intervention has taken place. Therefore, this remains an area for improvement.

Area for improvement 11: The Registered Provider must ensure a robust service from CAMHS, ensuring that all young people have a baseline assessment on admission. Following this assessment, appropriate support and care planning must involve CAMHS and staff must attend clinical supervision sessions. For any young person in this secure home for mental health reasons, CAMHS must be a significant part of the team around the child and any changes in care plan should be agreed with them. Staff should have appropriate training to support young people with mental health needs.

Response from the Registered Provider: Plans have been developed with the CAMHS team to agree a framework of support for the unit. CAMHS professionals will lead the care planning requirements and, we will ensure further engagement with specialist providers within the UK regarding any specialist management and care needs.

We will support staff to attend clinical supervision and have discussed its importance with the team. The management team at this Secure Children's Home have also met with the clinical psychologist to discuss this requirement, and to develop plans to support staff training and development.

It should be noted that CAMHS intervention and support will reflect the bespoke needs of the young person, and whilst a universal offer of baseline assessment and access to support is now in place, the care interventions will be determined by the care planning requirement.

This action is complete.

Current situation: There is now an agreed framework led by CAMHS where they in regard to the mental health and therapeutic needs of the care receivers. There is a greater understanding of the benefit of clinical supervision by the leadership and staff teams, alongside better engagement in this process. A baseline assessment was undertaken with the last care receiver admitted to the home within the agreed guidelines. This is no longer an area requiring improvement, although the Regulation Officers noted that there was difficulty in delivering this intervention over the summer break, however this has now been addressed by the Registered Manager and the Commission are assured that this matter is resolved.

Area for improvement 12: The Registered Provider must ensure that all staff at this home receive regular supervision at a more frequent level than that required by the Standards, due to the complex nature of the work. Supervision should not be completed during time when young people are being supported, unless there is a significant increase in the number of staff on duty.

Response from the Registered Provider: Supervision plans for staff supporting both therapeutic and secure pathways are being developed as part of the workforce plan for the unit. For any health and care related requirements there are existing supervision policies in place.

This action is partially completed, but there is an ongoing requirement.

Current situation: There has been some progress in this area, with supervision templates and contracts now in place. The Registered Manager shared that providing staff with supervision had slipped over the summer months and they were unable to evidence when staff had received supervision. The Registered Manager now has a central electronic record for supervision; however, this remains an area for improvement.

The Regulation Officers raised concerns about the Care Plan for one care receiver in relation to the transition plan for the care receiver's return to his substantive home in the community.

Upon investigation, there was no transition plan in place which recognised the importance to ensure relationships were re-established and strengthened with his care givers. The Regulation Officers deem this as essential and needed to be addressed urgently. This is an area for improvement.

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 home now has a receptionist and on both occasions that the Regulation Officers visited the home, they were asked for identification and asked to sign the visitors' book. This is an improvement since the last inspection.

The Registered Manager made the decision to separate the care receivers from having regular contact with each other following a serious incident where damage was caused to the home. The Commission has asked that this decision be reviewed in respect of the young people's rights not to be isolated from their peers.

The Registered Manager reported that there had only been one physical intervention with care receivers since April 2022, with both care receivers appearing much more settled and safer. A Regulation Officer met with one care receiver who reported that they were enjoying their experience in the home and was looking forward to their outdoor activity planned for later that day.

This particular care receiver was undertaking regular activities outside of the secure home alongside his carers and enjoyed being with his carers. This was an example of good practice.

Although the Registered Provider now has a Physical Intervention policy in place and has ensured that new starters and existing staff members have been trained/refreshed in MAYBO, the Commission remains concerned that a review of MAYBO as their physical intervention and de-escalation model has not been completed.

The feedback from staff during the last inspection in March 2022 evidenced that there was 'an atmosphere of fear and concern' amongst staff, where there was hesitation and a lack of confidence to intervene in aggressive and violent situations. Staff also felt that they needed a 'higher level' of training to deal with the challenging behaviours in the home.

The Registered Manager's position was that the intervention model had not been properly embedded into the home and this had resulted in a culture within the staff group where they had lacked confidence in the model. This position was echoed by staff who were spoken to as part of this inspection. One staff member referred to the de-escalation part of the MAYBO model as being fit for purpose, however, did not think that the physical intervention part protected staff and care receivers from potential harm.

The Registered Manager has recently undertaken a risk analysis of the MAYBO intervention model, in light of series of incidents earlier in the year. There is now a better understanding of where staff could intervene sooner when risk is identified. The Registered Manager will also ensure that for any future incidents an analysis will take place to see what learning can be afforded and this will be disseminated to all staff.

The home now has safety pods as part physical intervention policy and staff have received training on how to use these pods to ensure the safety and welfare of care receivers and staff. This is a welcome addition to the home's physical intervention policy.

In April 2022, as part of the initial improvement plan for this home, a staff member was seconded from HMP La Moye to carry out a review on the current conflict management and personal safety techniques in operation at this home. The report concluded whilst MAYBO was effective with lower-level behaviour, it was not suitable for the needs of the care receivers in this home and could potentially place care receivers and staff at risk of harm.

The Registered Manager does accept that the MAYBO intervention model may not be right for the home in the longer term and as part of the forthcoming review the service will be looking at other models. The Independent Visitor's report in August details on-going concerns in relation to MAYBO and a lack of staff confidence in the model, which places care receivers and staff at risk of harm. This remains an area for improvement and must be addressed urgently by the Registered Provider.

Feedback from one professional who has regular contact with the home was very complimentary about the home, stating that a care receiver had told them that they wanted to stay there as their main placement if they could not return to their home in the community. The professional linked this with the strength of the relationships the care receiver had formed with staff. In terms of their safety and wellbeing the professional was complimentary, associating a care receiver's progress with the quality of care provided in the home.

Since the last inspection, there has been a significant turnover of staff and further recruitment, which has resulted in a refreshed staff team with limited experience, however, is led by experienced shift leaders. Staff spoken to as part of this inspection shared that there had been a positive culture change in the home and although there was still progress to be made, the home felt different, and this was reflected in the stability of care provided to the care receivers over the last four months.

Feedback from three professionals who have regular contact with care receivers and staff reflected inconsistency of staff interactions with care receivers, citing staff experience, skill sets and training as areas that required improvement.

This is balanced by some positive feedback from some professionals who acknowledge the improvements in the home over the last four months, with one professional commenting that the staff team are 'positive and enthusiastic' about their role.

The Independent Visitor to this home in their August 2022 report spoke with one of the care receivers who reported that they were happy at this home, and that they liked the staff and felt safe. The Independent Visitor also made the following comments in the latest report, 'there have been many improvements to this home over the last few months, but there is still much work to be done to embed and cement new procedures/protocols including having some clear policies'.

Discussions with the Registered Manager also centred on staff confidence in relation to challenging poor care practice of colleagues and leaders in the team. The Registered Manager reported that he felt prior to his arrival in April 2002, there had been an unhealthy level of compliance with poor practice and that staff did not always challenge this where they could have done previously. The Registered Manager stated that there they are now developing the right culture in the home, where high support and high challenge is commonplace, and it is a learning environment. The Registered Manager has also reviewed lone working practice and reminded staff about the whistleblowing policy that is in place.

Four new staff members had joined the staff team in the last three months. A review of the recruitment records found that appropriate safe recruitment practice had been followed, which is an area of good practice. Of the four staff members who have joined the staff team since the last inspection, two have previous direct caring experience and the remaining two have indirect experience. One new starter was spoken to about the induction process, and they were very complimentary about the experience over the three-week induction period. Inductees were able to shadow more experienced staff, were also supernumerary to the staff rota for that day, so there were always more qualified and experienced staff on hand to ensure the health and safety of care receivers.

The staff duty rota viewed by the Regulation Officer demonstrated that there was a commitment to having four staff on daytime shifts, plus at times an additional shift leader to provide further support to the team on shift. The Registered Manager commented that there is a commitment to have an additional shift lead for all daytime shifts.

At the time of the last inspection in March 2022, the needs of the care receivers were significant, and the Commission questioned if there were enough suitably qualified, skilled, competent, and experienced staff on duty at any one time to both meet the needs and ensure the health and safety of care receivers. Given the current care receivers' needs the Commission is satisfied that the staffing levels in the latest Statement of Purpose are adequate. The addition of a receptionist to the home has helped reduce the need for staff to leave their care duties, resulting in increased staff availability to care receivers.

As mentioned throughout this report, the state of repair and décor of the building is not adequate. There has been some progress which is positive. The Registered Manager was asked if, as part of his duties, he undertook regular inspections of the home to identify any areas of concern, whether this was regarding fixtures and fittings, to check-in with staff or review practice. The Registered Manager responded that this is already in place, however, could be refined to include a full inspection of the building, rather than just areas that are in use. The Regulation Officers were satisfied with this outcome.

The Independent Visitor during her visit to the home in July 2022 identified that the radio system used in the home was not fit for purpose and recommended a replacement system is required urgently. As part of this inspection, the Registered Manager accepted that a new communication deck was required, and they had started the process of procurement. Not having a safe and stable communication deck could place care receivers and staff at risk of harm. The Regulation Officer discussed this with the Registered Manager and was satisfied that appropriate action was being taken to address this matter.

Care and support

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.

The Young Person's Guide has been updated and is fit for purpose. The Registered Manager advised that this will be revised again soon to make it care receiver friendly and in a format that is attractive to young people. The home now has a Statement of Purpose that has been designed in this way and additional posters that share information with care receivers about the home and where they can turn to for help. This is a good area of practice, with the Regulation Officers impressed with the format of these documents.

The Regulation Officers are satisfied that the home is reporting incidents, accidents, and other notifiable events appropriately and within timescales.

A new admissions area is now in operation alongside an admissions policy. This is separate from the main communal area and bedrooms and ensures that new care receivers are supported with care, dignity, and respect upon arrival at the home in an understandably distressing time for them. Improvements have also been made in the main corridor of the building to ensure that the medical room is secure and affords privacy for care receivers and medical personnel in the building.

Care receivers are afforded the opportunity to have advocacy services and a Children's Rights Officer regularly visits the home. Care receivers are also provided with opportunities to contribute to their Care Plan and how to make a complaint if they wish. One care receiver is undertaking regular activities in the community, where they can express choice about what activity they wish to undertake.

At the time of the last inspection, it was identified that there was a lack of structure and routine for care receivers. This has now been rectified with much more structure to a care receivers' day, so that they know more of what to expect and what is expected of them. This included planned activities, some of which is carried out in the sports hall.

One staff member reported that it 'was great to have the sports hall back', referring to the fact staff could use the hall at any time of the day, which had been useful in de-escalating dysregulated behaviour of care receivers through sport and exercise.

Feedback from three professionals who have regular contact with staff and care receivers in this home acknowledge the considerable improvements that have been made in this home since the last inspection in March 2022. However, independently of each other have commented that they have observed inconsistency from the staff team towards care receivers at this home. They have observed excellent warmth and nurture from staff towards care receivers, however more often they have observed poor levels of empathy, lack of nurture, general inconsistency in approach and missed opportunities to engage with care receivers to build positive trusting relationships.

Despite the increased routine and structure that has taken place for the care receivers, feedback from the same professionals was critical of the quality and frequency of the activities available to care receivers and the amount of choice that care receivers were afforded.

The Statement of Purpose states that CAMHS will undertake a mental health assessment for all young people within 72 hours of admission to this home. At the time of the last inspection this was an area for improvement. However, the home has only admitted one other young person since that time and CAMHS completed the assessment within this period. One senior staff member shared that there had been considerable input from CAMHS in respect of specialist diagnosis for care receivers, which had been welcomed by the care receivers and staff. This is no longer an area for improvement.

Both care receivers are currently stable. There have not been any further significant incidents of violence towards staff or property since 31 July 2022, with both care receivers appearing to be engaged with the staff team delivering their care.

One professional with significant contact with a care receiver and the home made the following comments:

'Staff members have been very attuned to the care receiver and have been able to build a positive relationship with them'.

'The care receiver is able to let them know when something bothers them, and they are able to explain to them in a way that they will understand'.

'Staff always try to find activities that the care receiver would like and include them within their day'.

'I believe the care receiver trusts the staff and will often share information with staff that they will not with other professionals'.

'I have been pleasantly surprised by the care and support offered to the care receiver at (the secure children's home). When spoken to at their recent review, the care receiver shared their positive experience of this home and mentioned having "nothing negative to say".'

'Everyone is very fond of the care receiver, and this shows within the care they are providing them'.

In respect of communication with the staff team regarding the care receiver the professional shared:

'The staff record their interaction with the care receiver on a daily basis on (the computerised records system) which I read every day. Further, discussion is held with the care receiver's key worker every week, sometimes more, to discuss progress of the care plan'.

Feedback from an independent professional was care receivers *'have told us that they don't know where they are going when they leave'* (this home) and don't *'have an understanding of why they have come to,'* this home. The Regulation Officers suggest that this is central to initial keywork session discussions with care receivers. The Independent Visitor commented, *'Within the home both care receivers have an allocated key worker who work closely with both, to develop positive relationships.'*

This is a work in progress with one care receiver, but with the other care receiver it is very evident that he trusts the staff. It is also evident that they care about him'.

At the time of the last inspection, it was identified *'that a cumbersome financial and leadership system had created barriers to the purchase of games, books and art materials'*. The Registered Manager reported that his senior leadership team were committed to driving up standards and the financial costs associated with this, and he had not encountered any issue in terms of finance.

The Independent Visitor had identified during the visit carried out in July 2022 that care receivers were not given the pocket money while residing at the home. The Registered Manager informed the independent visitor that this was due to an internal matter. The Registered Manager as part of this inspection assured the Regulation Officers that this had now been rectified.

Both care receivers have regular contact with family members important to them and this is actively promoted. There is now a visitors' policy in place, so this is no longer an area for improvement. The Regulation Officers noted that the visiting room's decor needed to be refreshed.

It was disappointing to note that education provision for one care receiver was not in place for the start of the new term in September 2022. Initial conversations by the Registered Manager with education professionals have not fully rectified the situation, with limited teaching hours being provided for this care receiver. The Registered Manager reported that 'pressures on staffing' are being cited by the Education Department, with a request to teach the care receivers together. Feedback from two professionals as part of this inspection highlighted this care receivers right to an education, which was of significant to them. Hence, this remains an area of improvement.

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>

As detailed in this report there is now an induction procedure in place, with new starters undertaking a three-week induction period, which includes shadowing on shift, undertaking mandatory training (including medication competency and MAYBO training). One new starter shared that they also spent a full day reviewing the care records of the care receivers to understand their journey and current care plans. This is a good area of practice.

Overall, there is good access to training opportunities, both on-line and face to face. The majority of staff are trained to at least NVQ level 3 and where staff do not have a recognised qualification they are enrolled on the necessary training. Training in Restorative Practice was delivered in July and August 2022, which placed additional pressures at a time when staff were also taking annual leave. The Registered Manager reported that no alternative was available, and the training was mandatory for the whole service. Training at this critical time of the year should be avoided in future to ensure the home can remain operationally safe and care receivers are provided with consistent care from a stable staff team.

An area where additional training in understanding and supporting the mental health needs of care receivers has been partly addressed by the Registered Provider, with three staff members completing this training. The Commission recommend that this training delivered to all staff members of this home.

One line of enquiry during this inspection concentrated on the therapeutic skills and trauma informed practice training for staff.

The Registered Manager reported that Level two and Three Applied Therapeutic Skills training was in progress in this home and supplied the following detail:

- Five staff have completed level 2 training with the remaining staff to complete level 2 by December 2022.
- One staff member has completed level 3 training.
- 4 staff are enrolled on level 3 training in November 2022
- The remaining staff will be enrolled on level 3 training by March 2023

The staff team are also undertaking Forensic Trauma training in November 2022, which is specifically designed for the needs of this home. This training will develop understanding of the impact of psychological trauma on care receivers' overall development and equip staff with the ability to respond to care receivers' individual needs. The Registered Manager also shared a strategy on how the service planned to embed this new training. The Commission are assured that the necessary training plans in these areas are now in place. This is a good area of practice.

A medications policy is in place at this home and all staff have completed on-line training in respect of safe administration and dispensing of medication. However, face to face competency sign off by a trained professional is still not in place. The Regulation Officers were satisfied that the Registered Manager had taken steps to rectify this matter. In the longer-term the Registered Manager reported that the seniors within the staff team will be trained to sign off competency. The Commission will monitor progress in relation to the matter in the longer-term.

At the time of the last inspection, supervision of staff was an area of concern. Supervision is vitally important to staff when providing care in a secure home setting, where important conversations take place, reflective thinking is undertaken, and staff development can be discussed. The Registered Manager was unable to provide evidence that supervision had taken place since the last review. The Registered Manager assured the Regulation Officers that supervision had taken place, however, this had been difficult over the summer period.

The Registered Manager has now introduced an electronic record where supervision dates for staff can be recorded. This remains an area for improvement.

The Registered Manager reported that with increased staffing a new rota had been introduced at the start of September 2022, that improved senior staff capacity to provide supervision to the staff team. The Regulation Officers have had sight of this rota and can confirm this development.

Staff have had access to clinical supervision from CAMHS. The Regulation Officers were concerned that this important resource appeared to have reduced over the summer months. The needs of the current care receivers are significant and complex, it is vital that staff have continued access to clinical supervision. The Registered Manager has confirmed that support from CAMHS will continue, and CAMHS lead will attend the weekly staff meeting, as well as provide individual supervision for staff on understanding and responding to the needs of the care receivers.

The previous inspection report in March 2022 highlighted feedback from some staff members that “described a chaotic culture of leadership”. The Regulation Officers noted that despite a relatively inexperienced staff team, it was being strongly led by senior staff and the Registered Manager who had affected change in many areas identified for improvement. Feedback from two professionals acknowledged improvement in the care provided, however stated that this could be inconsistent at times, which is confusing for the care receivers.

There also appeared to be the commitment from the Registered Provider to make the necessary remaining improvements.

IMPROVEMENT PLAN

At the time of the last inspection in March 2022 a total of twelve areas for improvement were noted, which resulted in an Improvement Notice being served to the Registered Provider.

The service has made improvements in eight of the twelve areas for improvement identified at the time of the last inspection. However, four areas for improvement remain and one new area for improvement was identified during this inspection: totalling five areas for improvement. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Regulation 18, Standard 6</p> <p>To be completed by: Plan of action required by 31 December 2022</p>	<p>The Registered Provider must ensure that improvements are made to the care home environment (to include the internal Courtyard and visitor's room) to make it more homely. A timeline for the repairs and refurbishment must be provided.</p>
	<p>Response by registered provider:</p> <p>Extensive refurbishment, repairs and upgrades have been made throughout the home in 2022.</p> <p>Registered bedrooms have been redecorated and new bedding has been purchased. The Visitor's Room has been fully refurbished and this is now a comfortable and welcoming space for young people to meet with their relatives and any other significant people.</p> <p>The Admissions/Welcome Room has also been refurbished and redecorated. The space is now bright, comfortable and fit for purpose.</p> <p>Damaged windows have been replaced throughout the property improving the appearance of the courtyard considerably. The football area, which is well used by the young people, has been cleaned and the lines renewed. Plans are in place to further upgrade the outside spaces with the addition of an outside eating area and new plants.</p> <p>New living and dining room furniture has been purchased and will be in place once the upgrade of</p>

	<p>the lounge and dining room has been completed. This is scheduled for the end of October, once the architect plans are revised and the builders are able to gain access to the required areas. These plans are shared with the Jersey Care Commission, and it is hoped all planned works can be completed within the calendar year.</p> <p>(It should further be noted that classrooms were refurbished and redecorated in time for the September term).</p>
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<p>Area for Improvement 2</p> <p>Ref: Regulation 28, Standard 11</p> <p>To be completed by: Immediate action required</p>	<p>There will be a robust education provision at this home, to include a variety of activities if the care receiver does not engage in education. Care receivers should be able to access education at any time in the school day with a curriculum which meets their needs.</p>
	<p>Response by registered provider:</p> <p>The education for children at Greenfields is provided by their usual school and teachers attend the site, providing lessons in the on-site classrooms.</p> <p>Those children who are not in school have their education needs met via the Virtual Head and through Intensive Support Services.</p> <p>At the time of the report, there were two children at the home. One received a full timetable and had done so for a number of months. The other young person was to be educated by the same teachers but both children could not be taught together due to behavioural issues.</p> <p>There was a shortage of teachers at this time and the only education offer available was prior to the school day starting for the student on a full-time curriculum. As a result, one child had a severely reduced timetable.</p> <p>Until staff are onboarded in January 2023, it is unlikely that any increased offer could be made via the Virtual School. In response to the requirement, the Head of Education, clarified the service proposal going forwards: "For any future young people joining Greenfields, Victoria Bisson (Virtual Head) must be</p>

	<p>informed, and an education plan will then be put in place with immediate effect taking into account where the young person is currently on roll at (up to the age of 16) and their needs.”</p> <p>This will be incorporated into Greenfield’s Statement of Purpose.</p> <p>During school holidays, teachers have continued to support outdoor activities with Greenfield’s staff, maintaining relationships and providing continuity for our residents.</p> <p>Young people are offered a variety of planned and unplanned activities when not in education by the home staff. On site, these include a variety of sports in the hall which is now fully available, crafts, games, and cooking.</p> <p>All outside activities are dependent upon the young person’s admission status and permissions. We aim to take children outside accessing sports and activities that are healthy and fun alongside or in the absence of an education provision. Staff work closely with the teachers and support many activities as part of the curriculum.</p>
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<p>Area for Improvement 3</p> <p>Ref: Regulation 16 and 17, Standard 7.11</p> <p>To be completed by: Action required by 31 December 2022</p>	<p>The Registered Provider must review and formulate a plan relating to the de-escalation and physical intervention model, to include the training provided to all staff in respect of managing challenging behaviour.</p>
	<p>Response by registered provider:</p> <p>In order to review the de-escalation and physical intervention model, a number of enquiries have been made of model providers and secure home providers in the UK and it is proposed that the service will explore alternative Prevention and Management of Violence and Aggression (PMVA) models over the next 6 months.</p> <p>During this time, the staff at Greenfields will receive further training in additional MAYBO holds to enable staff to better manage more extreme behaviours. In addition, weekly embedding sessions are planned using scenarios and reflective practice.</p>

	<p>In 2022, all staff in Greenfields have received MAYBO training. A new induction was also introduced which meant that all new starters received MAYBO training prior to starting work in the home.</p> <p>Identified staff have received training in debriefing and are booked to attend 'Train the Trainer' sessions to renew skills and to deliver ongoing training to staff.</p> <p>Any trainers will be expected to refresh their skills quarterly by linking in with on island MAYBO providers.</p> <p>The PMVA policy for the services has been redrafted incorporating trauma informed behaviour management strategies and is awaiting ratification.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 7.14, Regulation 17</p> <p>To be completed by: immediate action required</p>	<p>The Registered Provider must ensure that all staff at this home receive regular supervision at a more frequent level than that required by the Standards, due to the complex nature of the work. Supervision should not be completed during time when care receivers are being supported, unless there is a significant increase in the number of staff on duty.</p>
	<p>Response by registered provider:</p> <p>Considerable work has been undertaken to ensure that all staff within the home receive comprehensive supervision each month. Each staff member has an assigned supervisor and has signed a supervision contract which outlines the expectations for both parties to undertake purposeful supervision. In addition, the supervision template and structure has been revised to make it more relevant and consistent with the requirements of work in a secure home.</p> <p>Each supervision date is recorded monthly and then the data centralised to a calendar year view to ensure supervision is facilitated as required each month.</p> <p>It is acknowledged that supervision was difficult to conduct in the summer period when there was considerable amounts of annual leave taken by the staff team and a number of new colleagues that joined the home. However, all staff received</p>

	supervision in September and will continue to do so moving forward.
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<p>Area for Improvement 5</p> <p>Ref: Regulation 8, 9 Standard 13</p> <p>To be completed by: Immediate action required</p>	<p>The Registered Provider must ensure that the transition plans for care receivers are co-produced with their substantive care givers in the community to ensure that relationships are re-established and strengthened to improve outcomes for care receivers.</p> <p>Response by registered provider:</p> <p>The Greenfields team continue to work collaboratively with Social Work colleagues and (where appropriate) other children’s homes to ensure robust transition plans are in place for young people when returning to the community.</p> <p>These plans are outlined over a number of weeks and should reflect a phased and progressive return to the community for a young person. These plans should be reviewed regularly and alongside the young people in question.</p> <p>Recent plans have been impacted by staffing deficit in the substantive home of the young people returning and so staff from the Greenfields team have helped provide some initial support for these young people when transitioning back.</p> <p>This has helped maintain continuity and consistency for the young people and ensured they have individuals with strongly established relationships that are supporting them.</p> <p>Moving forward, young people should be placed within the home alongside an ‘exit plan’ for them, which will outline what is hoped to be achieved whilst the young person is residing at Greenfields and how the transition back to the community is to be facilitated.</p>
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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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