



**Jersey Care
Commission**

INSPECTION REPORT

Evans House

Care Home Service

**6-7 Springfield Crescent
Trinity Road
St Saviour
JE2 7NS**

12 October 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 Evans House. The service is situated on the edge of St Helier, within easy walking distance of shops, parks and cafés. Evans House provides accommodation for up to 23 people who are experiencing homelessness. The home is made up of two buildings and there are challenges for the organisation in maintaining the environment to a suitable standard. However, in conducting this inspection, consideration was given to the fact that this is a service providing supported accommodation and not personal care.

Whilst the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 refer to 'care receivers' to describe people in receipt of care, the home's Statement of Purpose refers to "service users". Furthermore, to align with the Outcomes Star model that is promoted and followed, the same terminology will be used in the main body of the report, description and account of this service.

All bedrooms have coded locks on the outside and all care receivers have their own kettle, television, wardrobe and storage.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: (Personal support) Category of care: Homelessness Maximum number of service users in receipt of personal support: 23 Age range of service users: 18 and above Maximum number of service users that can be accommodated in the following rooms: The maximum number of persons to be accommodated in the following rooms: Rooms 2, 3, 4, 6, 7, 8, 11, 12, 13, 14, 16, 17, 18, 19, 20, 22, 23 – one person Rooms 1, 5, 9, 10, 15 usually one person but available for couples (not exceeding maximum number of 23)
Date of Inspection	12 October 2022
Time of Inspection	10.00am – 1.00pm
Type of Inspection	Announced
Number of areas for improvement	Two

Evans House is operated by Shelter Trust and the Registered Manager is Annie McGarragle.

At the time of the inspection, 19 service users were accommodated at this home.

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 inspection in November 2021 found that notifications to the Commission were not made appropriately. The Regulation Officer found at least one occasion when a notification should have been made since the last report. The service does not have

a range of policies which support staff to be clear of actions to follow, in order to protect both themselves and service users. A policy should also be in place as a reference to staff of when to make notifications. This is an area for improvement.

There is a stable and consistent staff team which is a positive feature of this service. There have been no new recruits since the last inspection.

Most service users self-administer medications with the use of a locked safe in their room. However, where necessary staff have received appropriate training in the management of medications for service users. This was confirmed by an inspection by the Lead Pharmacist earlier this year.

There is a robust fire procedure and tests carried out weekly.

The Chef provides three meals a day, being mindful of preferences and health needs of service users. The Chef has appropriate training on allergies and intolerances.

The use of a tool which is person-centred and works towards independent living is an area of good practice at this home. Care plans are reviewed regularly. Service users and allied professionals were positive about the support provided at this home. Where possible, the communication needs of service users are also met.

There is a positive induction policy for new employees which includes a period of shadowing, including at allied homes, before lone working. This was evidence of good practice.

The Registered Manager was unable to provide evidence that staff undertake all statutory and mandatory training as required by the Standards for Care Homes. This is an area for improvement.

It was positive to note that all staff are either studying for, or have completed, a Level 3 qualification designed specifically for staff working in a supported accommodation environment. Additionally, the Registered Manager has a Level 5 leadership

qualification, and there is a plan for the Assistant Manager to study for this qualification.

Staff feel well supported by management. During the period of the pandemic, supervision has become more informal and held on an ad hoc basis. The Registered Manager confirmed that supervision was now being held on a quarterly basis.

INSPECTION PROCESS

This inspection was announced and was completed on 12 October 2022. The inspection was arranged with the Registered Manager the week before the visit, to ensure that they would be available.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, the information held by the Commission about this service was reviewed, including previous inspection reports.

The Regulation Officer met three service users during the inspection visit and spoke with managerial and other staff. An email was sent to all staff advising of the inspection and giving an opportunity for them to provide feedback.

The views of two professionals were also obtained as part of the inspection process. During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a tour of the premises.

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

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

This report sets out our findings and includes areas of good practice identified during the inspection. 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, one area for improvement was identified. This required the service to put in place suitable measures to ensure that notifications of accidents, incidents and other significant events were reported to the Commission in a timely manner and in accordance with the Regulations and Standards. No response was received from the Provider to this area for improvement.

During this inspection visit, the Regulation Officer checked notifications made since the last inspection. It was evident that two notifications were made appropriately in December 2021. However, during discussion it was noted that there was at least one other occasion when a notification had not been made to the Commission when the service terminated the accommodation agreement with a service users. This remains under review by the Commission and is included in the need for a range of policies to be put in place at this Care Home.

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.

Prior to the inspection, the Regulation Officer asked for confirmation of any new staff members since the last inspection as these records are kept centrally by the Human Resources (HR) Manager. There have been no new recruits since the last inspection. A robust process remains in place for safe recruitment checks prior to employment.

There are no current vacancies at this home. This is a positive feature of the home as it is acknowledged that this is a general concern across the care sector.

The Regulation Officer reviewed policies and procedures available to staff at this home. There was an absence of a range of policies which are recommended within Appendix 2 of the Standards for Care Homes. While it is acknowledged that this home provides supported accommodation, the Registered Manager must review and ensure that policies for areas such as Fire Safety, Notifications, Recruitment, and Whistleblowing are in place. This list is not exhaustive, and the Registered Manager should review Appendix 2 for suggestions. This is an area for improvement.

It was positive to note that there is a complaints policy in place, although this should be updated with the current details for the Commission. The Registered Manager agreed that they would do this following the visit.

The Registered Manager reported that generally complaints are dealt with by service users bringing an issue to the attention of a member of staff. There are no residents' meetings held at this care home as it has been noted that service users prefer to speak directly and independently to staff members.

Most service users self-manage any medication. All rooms have a safe where medications can be stored. However, it was positive to note that all staff have completed the Regulated Qualifications Framework (RQF) Level 3 training in medication management. Where service users require additional support, staff have been appropriately trained. In July 2022, the Lead Pharmacist undertook an inspection and reported to the Commission that there were no concerns regarding medications management at this home. The Regulation Officer reviewed medication recording sheets for one service user who is currently being supported in this way and found that safe recording was being followed.

It was positive to note that there is a robust fire procedure. Alarms are tested weekly and there is a full evacuation every three months. A debrief is held after the practice evacuation and where issues are identified, discussions are held with service users. This was an example of good practice.

The Regulation Officer spoke with the Chef who provides three meals a day, seven days a week. It was positive to note that the Chef has attended specific training regarding awareness of allergies and preparation of food. On admission, all service users complete a form highlighting any allergies or intolerances.

Following the assessment process, the Registered Manager reported that there should be a risk assessment on file for all new service users admitted to this home. This risk assessment would identify any issues and protect both people already resident at this home and staff. The Regulation Officer found that this was not always completed. The Registered Manager agreed that a process would be put in place to ensure that this was completed at the time of every admission.

Where staff are lone working, there is always a manager on call from one of the other sites owned by Shelter Trust.

There is no central accident and incident log. While the Regulation Officer noted that any incidents are recorded on the personal files of each service user, this does not allow for any themes to be identified and resolved.

The Regulation Officer reviewed monthly reports undertaken by the HR Manager for the last three months. It was noted that the focus of these reports is health and safety but does not identify issues such as themes from incidents, staffing or training needs. It is advised some minor refinement to this process be considered, and that may include reference to one or two other relevant standards on each monthly review, as a rolling agenda thereby covering all standards to some degree over the annual cycle.

This Care Home is registered with the Office of the Information Commissioner. Both professionals who responded specifically mentioned appropriate information sharing and the awareness of staff to maintain privacy and confidentiality.

The Registered Manager is mindful of the increase in numbers of cases of Covid-19. Staff continue to follow health service guidelines when working with service users. A member of staff reported that they wanted to organise board games activities but

were delaying this during the current rise in cases. There was an awareness by all members of the team of the need to continue to be responsive to the pandemic and to react accordingly to protect both staff and service users.

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.

During the period of the inspection, the Statement of Purpose was reviewed and a copy sent to the Commission.

There are two staff on duty during the day, and one member of staff overnight. In addition, during the day the Registered Manager and Assistant Manager are also present. These staffing levels enable support to be provided appropriately to service users.

This Care Home uses a care planning tool called Outcome Star. The Outcome Star is a person-centred tool to focus on the service users perspective and priorities. This is an appropriate tool to use with service users who are working towards living independently.

Referrals for this care home are usually received from a number of external agencies but service users can also self-refer if they meet the criteria of homelessness. Once a referral is received, the prospective service user is invited to the home for a meeting and where possible, information is also gathered from partner agencies.

Once an admission is agreed, the service user is allocated a key worker and the initial Outcome Star is completed which, among other areas, will provide a focus on the pathway to move to independence. Outcome Stars are reviewed at least bi-monthly. One service users was unable to identify their key worker and a member of staff agreed that they would follow up to ensure that all service users have a record of this. The use of the Outcome Star as a person-centred care plan, with regular reviews is an area of good practice at this home.

The Regulation Officer reviewed three care plans and it was positive to note that service users would have a visual demonstration of improvements by the use of the Outcome Star tool. For example, if the service users secures employment, then the concern in that area reduces.

The Registered Manager had noted that engaging in social activities had been a focus for several service users. As a result, the charity had gained passes for access to a gym, and this had also improved the emotional wellbeing of one service users

The Regulation Officer spoke with three service users during the visit. All were positive about the support offered generally by the organisation and by the staff in particular. One service users reported how it had provided them with stability to be able to think about moving to independent accommodation. Another described the positive relationship and support they have from staff.

Risk taking and person-centred practice is a positive feature of this service. By the nature of this care home, there are service users who struggle with issues such as alcohol dependency. This does not prevent support being given, and appropriate links to other services are promoted.

At the time of admission, each service users is given a license agreement which is clear regarding the expectations and regulations at this home. There is also a policy in place where service users are unable or unwilling to co-operate with home regulations, and if it is considered that the safety of other service users or staff is at risk then the service users will be asked to leave. It was positive to note that an outreach service continues to be provided and that service users can return to the home in the future.

The Registered Manager reported that there are some Portuguese speaking staff members. The Regulation Officer also noted that notices in the building are also written in Portuguese. While it is recognised that other languages are not yet supported, it was evident that there is an awareness of the need to support the communication needs of all service users.

Two professionals reported positive multi-agency working. A selection of comments made included:

(clients reported that) "food and accommodation is always satisfactory"

"I have found staff to take a positive interest in the care of (my clients)"

Staff are "helpful and approachable"

"I have found the staff to take a positive interest in the care of (my clients)"

"provides crucial accommodation and support to people who are not yet ready to live independently"

The wishes and preferences of service users are considered. On admission, the Chef discusses nutritional requirements, and it is noted that, having been homeless, it is often important to support increased calorie intake. This Care Home is supported by charitable donations from supermarkets and from an annual 'Tinathon'.

With the permission of service users, the Regulation Officer was able to see three bedrooms. These were plainly but appropriately decorated, with all service users having a bed, wardrobe, television, and seating area. Most bedrooms do not have en-suite facilities, but there is a ratio of approximately one shower shared between three rooms. This is appropriate for the nature of this home.

There are at least two separate lounges and two garden areas which enable service users to either socialise or have quiet time outside of their rooms. There is also a dining area.

All service users consulted expressed satisfaction with the facilities provided.

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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There are currently ten staff at this home which includes the Registered Manager, Assistant Manager, Chef, Housekeeper, support workers and night staff.

All new staff complete a period of induction at this Care Home. During this induction period, staff work across other sites owned by Shelter Trust to gain experience and

to shadow a number of more experienced staff. Before staff can work alone, they must also shadow staff lone working at the other Shelter Trust care homes. This was evidence of good practice.

The Registered Manager was unable to demonstrate that there is a policy in place to ensure that all staff undertake statutory training as required by the Standards for Care Homes. A central record is kept of all training undertaken by staff at this Care Home. However, this did not include training in areas such as infection control and manual handling. While it is acknowledged that staff at this home do not generally need to support and move service users, they do move furniture and should therefore receive the appropriate training to do so safely. This is an area for improvement.

All staff complete a Regulated Qualification Framework (RQF) Level 3 specifically designed for staff working in a supported accommodation environment. There are two staff currently studying this qualification.

The Registered Manager confirmed that there was a current review of the training offer and that this would include Diversity training. It is further highlighted that all staff should receive training in Data Protection and that training should be updated at least every three years, with infection control training updated annually.

The Registered Manager has a Level 5 qualification in Leadership and Management. There is a plan for the Assistant Manager to start training for this qualification. This was evidence of good succession planning.

All staff complete an online medications management course run by Boots Chemists before completing the RQF Level 3 Medications module. There are two daily audits of medication which are completed by two members of staff. Where there are errors, these are followed up with appropriate action and debrief. If necessary, additional internal training is given.

During the period of the pandemic, supervision became ad hoc and informal. The Standards for Care Homes state that supervision should be provided quarterly to all

staff members. There should also be an annual appraisal. It should be noted that staff members generally felt well supported, and in a small team environment there are regular check-ins, but a robust system of supervision and appraisal should be in place. The Registered Manager provided assurance that all staff had been given supervision following the inspection and that this would now revert according to the Standards.

One member of staff who responded by email reported that they felt well supported by management and enjoyed their role.

It is a positive feature of this Care Home that there is a consistent staff team who understand the needs of this group of service users.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standards 4 and 12</p> <p>To be completed by: 30 March 2023</p>	<p>There will be a range of policies to support and ensure safety for both service users and staff. This should include a policy for notifications. There should be a review of all policies outlined at Appendix 2 of the Standards for Care Homes.</p>
	<p>Response by registered provider:</p> <p>Since the Inspection Review (12th October 2022), we have undertaken an audit of our existing policies and procedures, and where necessary, updates have been applied. The documents are available to the Jersey Care Commission for review and/or further discussion.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 6</p> <p>To be completed by: 30 March 2023</p>	<p>All staff should be provided with statutory training included at Appendix 7 of the Standards for Care Homes</p>
	<p>Response by registered provider:</p> <p>With respect to diversity training, the Trust has, in partnership with a local training provider, commenced this training. All staff will have completed the training by year-end (2022). As mentioned during the Inspection discussions, training remains a priority for the Trust, with both updates and new training being rolled-out regularly.</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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