



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Pinewood**

**Care Home Service**

**Le Mont Millais**

**St Helier**

**JE2 4RW**

**31 August and 6 September 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 Pinewood Care Home. The service is situated in the parish of St Helier and is within easy reach of the town amenities. The location of the home is such that there are views of open countryside and out to the sea. Pinewood offers permanent and respite care for up to 46 male and female adults aged 60 and over. The service became registered with the Jersey Care Commission on 6 November 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support.  Category of care: Adult 60+  Maximum number of care receivers: 46  Age range of care receivers: 60 and above  Maximum number of care receivers that can be accommodated in the following rooms:  Bedrooms 1-48 (excluding rooms 7 & 13) one person.

	<u>Discretionary</u> The Registered Manager Merissa Kenny must obtain a Level 5 Diploma in Leadership in Health and Social Care by 28 July 2024.
Dates of Inspection	31 August and 6 September 2022
Times of Inspection	13:00 - 17:05 and 10:15 – 15:30
Type of Inspection	Unannounced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	Thirty-five.

Maria Mallaband Care Group operates the Care Home and the Registered Manager is Merissa Kenny.

Since the last inspection on 27 October and 4 November 2021, the Commission received an application from the Registered Manager to vary a condition on the service's registration. The application was to vary the age-range in respect of one care receiver for a short-term respite admission. This application was discussed at inspection with the Registered Manager and the proposal was approved after the first inspection visit.

The service's Statement of Purpose (SoP) was reviewed with the Registered Manager at inspection. It was discussed that the SoP required updating with respect to the section on 'security arrangements', as the CCTV mentioned in this section has been removed. The Registered Manager submitted an updated SoP immediately following the second inspection visit.

## **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.

There was evidence of relevant policies and procedures being in place to ensure the safety of care receivers and staff. This included relevant fire checks and drills for staff.

There will be an area for improvement concerning safe recruitment checks as although the majority of checks were in place; there was evidence in three staff files of the management not being in receipt of the second reference prior to the start date of the employee.

There was a homely and lively feel on arrival at the home and evidence of new furnishings and decoration throughout the home. Staff were seen to be attentive in their interactions with care receivers who were treated with courtesy and respect.

There was positive feedback from care receivers, relatives and health professionals concerning both the home itself and the care provided, supporting the evidence of person centred care and a homely environment.

A review of the assessment paperwork and electronic care plans for a sample of care receivers provided examples of person-centred plans, with evidence of regular review dates and updates.

There was evidence from discussion with staff and the Registered Manager of the training opportunities for staff within the home. There is also a clear induction programme for staff and regular supervision and appraisal.

Regular audit and monthly reporting provide further quality assurance of the service and ensure the safety of staff and care receivers. This is highlighted further under the heading of 'safety'.

## INSPECTION PROCESS

This inspection was unannounced and consisted of two separate visits on 31 August and 6 September 2022. The first visit took place during the afternoon and the Regulation Officer focused on speaking with care receivers and care staff to gather feedback of their experiences of the home. The second visit took place the following week and mainly focused on a review of recruitment practices and policies and procedures within the home.

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 the information held by the Commission about this service was reviewed, including the previous inspection report, correspondence and notifications to the Commission.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and other staff. In addition to the Deputy Manager and the Registered Manager, there was an opportunity during the inspection visits to speak with three care staff, one of the housekeepers, the activity co-ordinator, the maintenance person, and the business community liaison officer.

The Regulation Officer was able to talk with six care receivers on the inspection visits. This contact was made face-to-face. In addition, the Regulation Officer established contact with three relatives by phone and email after the second visit.

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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.je/Standards/>

The views of three health professionals were also obtained as part of the inspection process. Feedback was received from two of the health professionals at the time of writing the report.

The Regulation Officer also left a poster for display within the home following the first inspection visit to invite feedback from staff, care receivers and/or relatives during the inspection or for up to two weeks after.

During the inspection, records including policies, care records, staff personnel files and complaints were examined. The inspection included a tour of the premises.

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 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 it was positive to note that the improvement had been made. This means that there was evidence of regular fire drills for both day and night staff in accordance with the statutory requirements set by the States of Jersey Fire and Rescue service.

## 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 Regulation Officer observed that the exterior of the home was well maintained and on arrival into the home that there was a lively and homely feel. The Regulation Officer reviewed the laundry, kitchen and spent time in the communal areas of the home. The home was noted to be clean and free of clutter except for the rear garden, which contained old furniture that was waiting to be removed. However, access to the garden, was not restricted or obstructed in any way.

It was positive to note that the necessary repairs had been made to the first-floor bathroom, which was not suitable for use at the last inspection. One of the industrial sized washing machines had also been repaired, this meant that housekeeping staff were no longer required to use the washing machines housed at the top of the home in the old staff accommodation to do the laundry. The Regulation Officer observed that the rooms that were being redecorated at the time of the last inspection in October/November 2021, were now complete and occupied. In addition, the new furniture throughout the home further enhanced the homely environment.

Care receivers spoke positively of the home environment, in particular of their rooms and of their views out of the rooms. Those at the front of the home commented to the Regulation Officer that they, 'enjoyed watching the comings and goings in the car park' and how they could watch out for their relatives arriving.

The Regulation Officer reviewed a sample of the homes' policies that included the Recruitment Policy (2020), Safeguarding Policy (2022) and Gifts Policy (2022) as part of the inspection process. The policies had clear ratification and review dates. The Safeguarding Policy was based on UK laws but did contain a caveat referring staff to local (Jersey) policies and referral in the first instance.

A new maintenance person was in post since the last inspection, the Regulation Officer was provided with evidence of the regular weekly and monthly safety checks that are undertaken to ensure the safety of care receivers and staff within the home. For example, water temperature is checked on a weekly basis and checks of all the call bells and commodes are undertaken monthly. It was discussed that all cleaning solutions are stored securely in a shed and that there are first aid boxes at every station throughout the home, two in the kitchen and one in the van.

There is a weekly check of the fire alarm and the activity co-ordinator is also a designated Fire Marshall and runs the fire drills in conjunction with the maintenance person. The activity co-ordinator discussed the different scenarios that are used to aid learning during these drills and how there is always time set aside for a 'debrief' afterwards. This was seen as good practice.

A sample of five staff personnel files were reviewed during the inspection. These were found to be clearly organised and contained a section for staff appraisals. There was evidence of appropriate checks such as an enhanced Disclosure and Barring Service (DBS) certificate, staff registration cards and photograph ID. However, three out of the five employees had commenced employment prior to receipt of both references.

Standard 3, 3.6 states that, *'care/support workers must not have any contact with people receiving care or support or have access to their personal information or data prior to completion of all employment checks'*. In addition, there was an inconsistency between policy and practice in that the Recruitment Policy (2020) for the Selection and Recruitment of staff states that, *'all offers are subject to receipt of two satisfactory references'*. This is an area for improvement with immediate effect.

Notifications were discussed with the Registered Manager at inspection; there had been evidence of appropriate and timely notifications to the Commission since the last inspection. The Commission had received three notifications regarding Grade 2 pressure ulcers in the period of three months prior to the inspection dates.

It was discussed with the Registered Manager at inspection, who advised that two of the three care receivers had been admitted into the home with the pressure ulcers.



The Registered Manager discussed that each of the care receivers had an appropriate treatment plan in place with support from District Nursing if required.

There had also been a minor concern raised with the Commission in the week prior to the first inspection date, this was followed up at inspection. Although the Registered Manager was unaware of this concern due to annual leave, the situation had been resolved internally with a satisfactory outcome.

The Regulation Officer undertook a brief overview of medication storage and administration within the home. The controlled drugs are stored in a locked cupboard within another locked cupboard within a locked room. A random check of a controlled drug medication confirmed that the running total in the controlled drug register tallied with the medication.

A review of a sample of the Medication Administration Record (MAR) charts (reviewed in isolation not in conjunction with the medications), evidenced that the charts were generally up to date with appropriate signatures. There were two missing signatures for the morning dose of medications for one care receiver on the date of the second inspection visit. This was discussed with the Deputy Manager who confirmed with the appropriate staff member that these medications had been given and the MAR chart was completed accordingly. Senior care workers check each other's administration records each day. The Registered Manager discussed plans to move over to electronic MAR sheets in September 2022. A few of the care receivers' self-medicate, medications for this purpose are stored securely within a locked drawer in the care receiver's room.

The Registered Manager carries out a monthly report that looks at key clinical indicators such as pressure ulcers, infections, and weight and accident management. In addition, a monthly audit is completed by the Regional Manager. At the time of the inspection visits, a new regional manager had just been appointed. The provider also facilitates a three-monthly audit/inspection of the home, which is carried out by external auditors.

The Regional Manager forwarded a copy of the audit for June 2022 for review; the audit includes for example the environment, staffing, medication and care receiver

experience. There is a clear action plan at the end of the audit for areas identified that need addressing.

## **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.

There was positive feedback from care receivers, family members and health professionals regarding the home being a homely and caring place to live. Care receivers and family members were highly complementary of the staff and management team within the home. The staff were seen to be attentive in their interactions with care receivers who were treated with courtesy and respect during the inspection.

Prior to admission to the home, a home or hospital visit is carried out and a pre-admission assessment is completed with the care receiver, their family and relevant health professionals if required. The management team undertakes these assessments and the new business community liaison officer assists with new referrals and admissions to the home.

The Regulation Officer received feedback from two health professionals concerning their positive working relationship with the Registered Manager and staff at the home. They described the home as being 'flexible and accommodating' in accepting both respite and routine admissions. One health professional had received favourable feedback from one care receiver and their family following a very successful respite admission to the home.

A sample of seven care plans were reviewed during the inspection. These are stored electronically and were found to be detailed, person centred and mostly up to date.

There was good evidence of personalisation for example in the washing and bathing section of one female care receiver's plan, where personal preferences could be

identified in relation to choice of perfume, jewellery and make up. There was also evidence of appropriate risk assessments being in place and of appropriate referrals to health and social care professionals.

The Regulation Officer spoke with several care receivers who spoke positively of the care and attention they received and their enjoyment of the home. The following are examples of what was directly reported:

*'I love it here; I couldn't rate it high enough. All of the staff are wonderful from the domestic staff, laundry lady through to management. The laundry is done and returned to my room, what more could I want?'*

*'The manager is approachable; you can talk to them about anything'*

*'I like to get up early at 6am and have a bath/shower and the staff will accommodate this'*

*'I like the activities, the activity co-ordinator is fantastic. Today there was a quiz at lunch and on Battle of Flowers day there was a special day organised'*

There is a board on the wall at the entrance to the dining room showing the activities planned for the week. On the second inspection visit, there was a musical sing along happening in the afternoon, which appeared to be greatly enjoyed by all. On the first inspection visit, there was much excitement as the hairdresser for the home was returning after a couple of weeks leave and so a visit to the hairdresser was top of the agenda for a number of the care receivers that the Regulation Officer spoke with. The hairdressing room has recently been redecorated and appeared welcoming and comfortable.

The feedback from relatives regarding the home was also positive; one described it as 'a well-run home' and another commented on 'the very good care' of their relative.

Feedback concerning the food was generally good from both care receivers and relatives. Care receivers described how they could opt for a lighter lunch / snack if

preferred and could chose to eat in their room or the dining room. A couple of care receivers felt that the meal times were too close together, this was fed back to the Registered Manager. It was also positive to note that there were snack trays in the communal areas for care receivers where they could select a snack and/or a drink should they so wish between meal times.

Staffing levels within the home were found to be adequate from a review of staffing rotas and from discussion with staff, care receivers and relatives. The Registered Manager provided the Regulation Officer with four weeks of off duty rota. These confirmed that staffing levels were generally in line with SoP, with the exception of one week where staffing levels were reduced due to sickness but still met the minimum staffing levels in the Standards. One staff member discussed how they enjoyed working within the home and how staffing levels were sufficient that they never felt that they had to rush care. Staff members generally described a good working environment and of being well supported by the management team.

## **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.

All new care staff are provided with an induction programme that involves shadow shifts, mandatory training and reading and understanding of policies. The standard probation period is three months.

Staff members spoken with during the inspection also confirmed regular supervision sessions every three to four months and yearly appraisal. There was also evidence of the recording of appraisal discussions in the staff personnel files viewed at the time of the inspection.

Staff also described a blended approach to training / learning with practical sessions for example in manual handling, fire and first aid but also eLearning opportunities. Staff spoke positively of training opportunities within the home both regarding mandatory training but also more specialised training and of the opportunity to

undertake the Regulation Qualifications Training (RQF) Level 2 and 3 courses. The updated SoP provided at inspection confirmed that the majority of care workers were trained at Level 2 or above or were working towards Level 2 or 3. The Registered Manager confirmed that there is a learning and development department at head office to assist with staff training and development.

Senior care workers and the Registered Nurses (RNs) can administer medications within the home, all have completed the Level 2 or 3 medication module and the Registered Manager undertakes yearly medication competencies or more frequently as required.

The learning and development team provide bespoke training on capacity and self-determination for staff, which includes training on Significant Restriction on Liberty (SROL). One care receiver within the home was subject to a Significant Restriction on Liberty (SROL) authorisation, at the time of the inspection. It was noted that an appropriate referral had been made to the Capacity and Liberty Team and that an assessment had been completed with an authorisation put in place.

Training records for staff are kept online and the Registered Manager can access a weekly report to review training within the home.

Staff members described communication within the home as good. There was a joint handover for qualified staff and care workers at the start of a shift, one member of staff commented how they felt that this was informative and aided communication between staff members.

The Registered Manager acknowledged the staffing challenges within the care sector at present; there are currently vacancies within the home for care workers and hospitality staff. The Registered Manager confirmed that the home's occupancy levels would remain below the maximum until the staffing levels can be maintained in line with or exceed the minimum standards and Statement of Purpose.

## IMPROVEMENT PLAN

There was one area 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 3, 3.6</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>The Registered Provider must ensure that all safe recruitment checks are completed and on file prior to workers commencing employment.</p>
	<p><b>Response by registered provider:</b></p> <p>Pinewood Residential Home understand this improvement in relation to provision of a second reference in place prior to commencement. We will ensure that all safe recruitment checks are completed prior to commencement of employment and will ensure this is fully adhered to. All recruitment files will be discussed with home manager and business administrator prior to agreement of a start date. If a start date is agreed and second reference is not on file, the commencement date will be delayed until such time that the reference is received.</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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