



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**HCS 105**

**Care Home Service**

**Government of Jersey  
Health and Community Services  
19-21 Broad Street  
St Helier  
JE2 3RR**

**14 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 HCS 105. At the request of the Registered Provider, the name and address of the care home has not been identified in this report in order to preserve the confidentiality of the individual who lives in the home.

The care home is located in a residential area close to many social and recreational amenities including shops, a bus stop, a sports centre and other community facilities. The home provides long term care and support to one individual and is staffed 24 hours per day. It is stated in the Statement of Purpose that the home aims to supports the individual to have choices and control to lead a fulfilling life.

The home is a domestic property which provides the individual with their own bedroom, bathroom, lounge, kitchen, dining room and sensory room. There is also an enclosed garden and a car provided for their use. In view of the home being staffed 24 hours per day, there is a designated area within the home, which is separate to the individual's living space for staff use.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care and personal support Category of care: Learning disability and autism Maximum number of care receivers: One Age range of care receivers: 18 years and above Maximum number of care receivers that can be accommodated in the following rooms: Bedroom 1 : one person
Date of Inspection	14 October 2022
Time of Inspection	10:15am – 1pm
Type of Inspection	Announced
Number of areas for improvement	Three
Number of care receivers accommodated on the day of the inspection	One

The Care Home is operated by Government of Jersey – Health and Community Services. The home is currently without a Registered Manager and the management responsibilities are covered by an Interim Manager.

Since the last inspection, completed on 6 April 2021, there have been changes to the managerial arrangements. The previous Registered Manager was registered with the Commission on 22 February 2022, and the Commission received a notification of their absence on 27 July 2022. The notification included details of the current interim managerial arrangements in place.

The Provider submitted an updated copy of the Statement of Purpose on 8 August 2022, which reflected the change in management.

## **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 individual living in this home is supported to live their life as they choose and receives support that focuses on their needs. They are encouraged and supported to make choices and decisions about how they spend their time, their rights are upheld, and their safety promoted. Their relative confirmed that they were happy with the service provided, and that they always felt welcomed to the home and were assured that their relative was safe and well supported.

Care plans were in place to address the individual's full range of needs and there was evidence that appropriate health professionals were involved in addressing and reviewing health issues where necessary. However, further work is required to develop care plans to reflect and address the individual's goals and ambitions and this is an area for improvement.

Staff said they felt supported by their managers, and they had access to regular team meetings, training and supervision. They said they felt confident to approach the management team with issues, trusting that their concerns would be addressed. There are a wide range of quality assurance processes in place to ensure adequate oversight of the home, which includes a Provider representative assessing that acceptable Standards are being met.

The staffing provision in the home is centred on the individual and the staff team had a good understanding of their needs. One relative felt that there were good relationships between the staff team and, the individual, and they felt that their relative received safe and consistent support.

There are improvements required to ensure notifiable events are submitted to the Commission and fire safety training is provided and recorded to include fire drills.

## INSPECTION PROCESS

This was an announced inspection and was carried out with the Interim Manager. It took place during one weekday morning and was pre-arranged with the Interim Manager four days before the visit. This was so that the individual and their family were informed of the visit, to allow them the opportunity to attend if they wished.

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.

The Regulation Officer spoke with one relative and was supported by the staff team to communicate with the care receiver. Four members of care staff were spoken with, and the views of two health professionals were requested as part of the inspection process.

Records including 'all about me' information, risk assessments, care plans, staff training logs, fire safety evacuation plans, fire records, monthly reports, incident records and team meeting agendas were reviewed as part of this inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager, with final written feedback provided the week following the inspection 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/>

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

## INSPECTION FINDINGS

At the last inspection, two areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that one improvement had been made. This related to the measures in place to reduce risks from hot water and radiator temperatures. The other area of improvement relating to care planning is a work in progress and remains an area for improvement.

At the time of inspection, the home had no Registered Manager, and the management responsibilities were covered by an Interim Manager. The Interim Manager has responsibility for managing two homes although is predominantly based in this home during the working week.

The service has access to relevant health and social care professionals to provide additional support to the individual living in the home and on call arrangements to registered nurses for advice and guidance outside of working hours if needed.

### **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 individual living in the home was subject to an authorised Significant Restriction of Liberty (SRoL). The Interim Manager and staff team described the rationale as to why this was in place and its meaning for the individual in their life. The staff team relayed a good understanding of the ways in which the care receiver's safety is

maintained, which included having two staff support them at all times, both in the home and whilst out in the community.

They described certain triggers which can cause the care receiver to become anxious when outside of the home and the range of measures and actions taken by staff to relieve their anxiety. This demonstrated that the staff team continue to support the individual to lead an active life in the community, in accordance with their preferences, but do so in a way that aims to minimise and limit distress.

Measures have been taken within the care receiver's living area to enhance the safety of both the care receiver and staff team. It is standard practice for the internal doors within their living area to remain open at all times, although the main door to exit the building is locked in accordance with the authorisations of the SRoL. On occasions, it is necessary for the staff team to have to lock a door within the care receiver's living area which is prompted by a change in behaviour. This was discussed with the Interim Manager who advised that these episodes are recorded in the electronic care records.

It was suggested that in order to better understand patterns and trends relating to behaviour which led to the doors being closed, a comprehensive analysis, is undertaken, which may provide useful information. This was acknowledged and accepted by the Interim Manager, who agreed to develop in house records and review as necessary.

The Interim Manager showed the Regulation Officer the internal incident recording system 'Datix' where some events had been recorded and allocated to management for further review and investigation. The Commission has not received any notifiable events as is required by the Regulations and Standards since April 2021 and this is an area for improvement.

The care receiver is supported to live in a safe environment. The Fire and Rescue Service carried out an inspection of the home on 22 August 2022 and recommendations arising from that visit have been addressed.

During the inspection the fire exits were free of any obstructions, regular checks of the fire safety systems and evacuation procedures are undertaken however the records did not always evidence that this happened. This was discussed with the Interim Manager who accepted the records need to consistently demonstrate fire safety checks are completed in accordance with the fire safety log, which should include fire safety drills for staff. This is an area for improvement.

A call alarm system has been provided so that the care receiver can request staff support; this was observed during the inspection visit to which staff responded straight away.

As previously stated, there have been changes to the managerial arrangements since the last inspection and the Commission was informed that an Interim Manager had been appointed in July 2022.

The Regulations stipulate that the Registered Provider must arrange for a representative to report monthly on the quality of the care provided and compliance with the Regulations and Standards. There are weekly and monthly meetings held with the senior management team to assess performance and compliance. Samples of monthly reports showed that the range of systems in place aim to improve the quality of service provided to care receivers.

### **Care and support**

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>
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Information about the care receiver was recorded in an 'all about me' folder which was found to be very detailed, comprehensive, and full of rich information that was written in a way that was extremely positive and respectful towards the care receiver. The folder was well organised, easy to navigate, and the level of detail contained illustrated that staff were aware of the care receiver's lifestyle choices, preferences, difficulties and what was important to them and their family. This is an area of good practice.

Samples of care plans which are recorded on an electronic record keeping system known as 'Care Partner' were reviewed. The records included plans relating to health and welfare needs and include risk assessments and entries relating to daily life. The plans provided appropriate information and guidance to ensure consistent and safe support was provided.

However, there were no plans relating to the care receiver's personal goals and ambitions and how these would be achieved, such as resuming activities that they did prior to the pandemic. The Interim Manager described the interventions taken by the staff team to help them to resume one activity, however there was no record made to describe the ways of helping the individual to achieve that goal and outcome. This is an area for improvement.

The Interim Manager and relative described an event that had taken place to celebrate the care receiver's birthday, which involved a great deal of planning, organising and risk management. This was regarded as good practice and illustrated that the care receiver's wishes and aspirations are recognised and provided for.

The Regulation Officer spoke with four members of care staff, some of whom had supported the individual for a number of years and others who had joined the staff team more recently. They all had a good understanding of the care receiver's needs, behaviour and non-verbal signs of communication and tailored their support accordingly. This meant that they could communicate with and predict the meaning of the care receiver's actions and prevent or de-escalate situations that caused distress. The Interim Manager described that should staff consider 'as required' medication may be necessary they contact the on call registered nurse who will assess and make the decision about medicine administration.

Prior to the inspection, staff had made the care receiver aware of the visit and helped the Regulation Officer to communicate with them. The staff team described their abilities in detail and the care receiver appeared to respond well to staff and seemed relaxed and at ease in their environment. The staff team encouraged the care receiver to refer to their communication aids and described that they are used every

day to allow them to express their preferences and choices around everyday matters.

Feedback from their relative confirmed that the home is homely and suitable for their relative's needs and that they are confident that their relative is well cared for. They described that there are good relationships with the staff team and were afforded privacy to enjoy their time with their relative whilst in the home. The relative commented that the Interim Manager had introduced himself, and they receive regular contact from the home about their relative.

Provision is made for the care receiver to have access to health professionals as necessary. The Interim Manager described that a recent review had resulted in a change in medication, which staff described that they had noted a change in the care receiver's presentation as a result. There was evidence of proactive health monitoring checks to include dental and optical screening.

## **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 suitable procedures in place to ensure staff are adequately trained, supported and supervised. Staff confirmed that a regular supervision system was in place and the Interim Manager's presence in the home facilitated regular opportunities for discussion. They all spoke favourably of their managers and confirmed that they were accessible and supportive and easily approachable to discuss any issues of concern.

Staff training records were examined which showed that they were essentially up to date in their mandatory training and additional training provided relevant to their roles. The Interim Manager explained that he monitors the training records and ensures all training is completed as necessary. Training is provided by a combination of online and face to face, practical training.

Staff said that they had recently completed safeguarding training and described actions which they could take if they were concerned about any aspect of practice in the home. During discussions, it was apparent that the staff team strive to support the individual in a way that is enabling and encourages them to have as much control and choice as far as possible.

There were five members of staff who had a Level 3 vocational qualification in care and three who had a Level 2. The Interim Manager, who is educated to Degree level is also undertaking a vocational qualification in care. Where staff administer medication, they have completed appropriate training as reflected in the Standards.

One staff member described their induction programme which involved a period of shadowing with more experienced staff and time given to familiarise themselves with the care receiver's care plans. Staff said that they felt adequately trained to carry out their roles. The Interim Manager expressed confidence in the staff teams' abilities and commented on their proactive approach to problem solving.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Registered Provider must ensure that all notifiable events are reported to the Commission.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>All notifiable events will be reported to the Jersey Care Commission in line with the Jersey Care Commission Standards for Care Homes (Adults) 2019 Appendix 8.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>All staff must be provided with fire safety drills and safety checks completed that meet the requirements set by the Fire and Rescue Service.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>The Government of Jersey Engineers test the Fire alarm each Wednesday and sign the log book on completion. Registered Manager has informed the Engineers they must sign all documentation required within the Fire log book including the 3 month testing of the self – closing fire doors. This will be reviewed on a quarterly basis to ensure compliance by The Registered Manager.</p> <p>Fire safety drills are carried out monthly within the Care home by fire safety officer. The Fire drills are actioned at each monthly team meeting.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 2.4 and 2.5</p> <p><b>To be completed by:</b> 2 months of the date of this inspection (14 December 2022 )</p>	<p>Care planning processes must be enhanced to identify the care receiver's personal goals, aims and outcomes.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>Personalised goals and outcomes continue to be developed with the full support of the service user, staff and family where appropriate. This will be included in their personal documentation and reflected within their annual review.</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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