



**Jersey Care
Commission**

INSPECTION REPORT

Aztec House Care Home

37 Kensington Place

St Helier

JE2 3PA

10 November 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

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.

Aztec House can provide accommodation for up to 50 service users and the primary reason relates to homelessness. However, there may be other issues arising for individuals in times of crisis, which also require a supportive and safe environment for short term occupancy.

While the registration certificate may allow for a maximum number of 50 service users to be accommodated in the home, the current capacity has been limited to 35 by the provider, to allow single occupancy rooms for all.

The service works closely with other homes operated by the same provider, and may involve onward referrals to them, as part of a recovery-based model of support. This by design aims towards independent living for service users, and a staged approach

to onward referrals to an allied service, when considered to be appropriate and helpful on occasions.

The accommodation provides a range of shared-use facilities and includes single use or, if required in exceptional circumstances, conversion to some shared rooms and with shared toilets and bathrooms. There are two entrances to the home; both entrances are covered by CCTV and staff permission is required for access into the building to promote the necessary and appropriate level of security and safety for all occupants at all times of the day.

By the nature of its remit there may be short term occupancy and longer-term occupancy of a wide range by age of service users. While the home operates with limited staff resources, there are very clear governance arrangements in place to ensure safe systems of working are in place. This is considered integral to how support is provided in challenging situations and circumstances that may be experienced by service users.

There is some outdoor space freely accessible by all service users within a courtyard and the home is equipped with domestic washing machines and dryers to be used as or when required.

Registered Provider	Shelter Trust
Registered Manager	David Wright
Regulated Activity	Care home for adults
Conditions of Registration	Maximum number of people who may receive personal support - 50 Age range - 18 and above Homelessness
Date of Inspection	10 November 2022
Time of Inspection	10 am – 12.45 pm
Type of Inspection	Announced
Number of areas for improvement	None

The service was last inspected on 19 February 2021 and at the time of this inspection the home was providing accommodation and support to 35 service users.

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 last inspection in February 2021 noted a long established, well organised service with a very high standard of governance in place as overseen by a senior management team. There has been limited correspondence received by the Commission since that inspection, other than routine enquiries to clarify best practice protocols. A recent notification to the Commission for the absence of the Registered Manager and identifying replacement was discussed and reviewed at this inspection.

The process for registering a new Registered Manager was concluded during the inspection process with all required information provided, with the experienced Assistant Manager promoted to this position. Good succession planning was evident as demonstrated by the well-informed Registered Manager contributing fully to the inspection process. The Regulation Officer was able to note their understanding of roles and responsibilities within the regulatory framework of this registered position, and their most relevant experience and qualification to undertake this role.

There is a well-informed trained staff team in place as observed from engagement with two of the support workers on duty at time of inspection. Staff vacancies and ongoing challenges for recruitment were discussed as part of a routine visit to the provider's headquarters, undertaken as part of this inspection process. This was primarily to review safe recruitment with the Human Resources (HR) Manager, which were found to be in very good order and that meets the expected Standard.

The use of a tool which is person-centred and encourages work towards independent living is an area of good practice with well-informed support workers demonstrating how this is promoted. Three service users and two allied professionals provided very positive endorsement about how the service operates.

There were no areas for improvement identified at this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on 10 November 2022. The inspection was arranged with the Registered Manager two days before the visit, to ensure that they would be available.

A separate visit to the provider's main office provided an opportunity to review safe recruitment practices. In addition, some discussion took place at this time with the Director of the charity (provider) about how the framework for Standards relating to conventional care homes can be best applied in practice for this specialist service.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**
- **Homelessness category**

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 Registered Manager and three other staff. A poster was left for reference by service users and/or other staff with contact details of the Regulation Officer. This provided opportunity for others not present during the visit to provide further feedback.

¹ 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 professionals were also requested as part of the inspection process. During the inspection, records including policies, care records, incidents and complaints were discussed and examined. This inspection included a brief unescorted tour of some of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager of the findings. This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

The service operates to meet specific needs for service users who may be experiencing homelessness, that may arise out of crisis or unforeseen circumstances and for a wide range of reasons. Ways of working and protocols in place to facilitate admission into the service and ongoing support thereafter were found to be well established, proactive, and reactive to individual needs.

With reference to the aims and objectives of the service, the Regulation Officer was confident that support provided is consistently underpinned by a very good level of governance and senior management oversight and systematic review. Noted with reference to the reviews undertaken, is that this is applied in practice daily and with extensive manager peer to peer support in place, which is accessible at any time.

Feedback from healthcare professionals who regularly work with the service provided most positive confirmation of the good practice which is evident for supporting service users, and which may include those experiencing poor mental health or challenges with alcohol/substance misuse. Some of these comments as follows, were supporting evidence of the good practice and systems in place noted from inspection:

“From what I do see, the staff are always accommodating to the residents, dealing with issues, giving out medications etc. I do have regular communication with Aztec staff regarding our shared clients, in relation to what’s happening at present,

reminding them about appointments, if I haven't seen them, what are the staff's opinions as to what is happening, staff are always helpful and willing to be involved with the care of our shared clients".

"Generally, I find the whole service friendly, helpful and supportive to our most vulnerable patients whom otherwise will be acutely destitute. Without support from providers like Aztec House, our work and service delivery will be near impossible..... Staff work collaboratively with me and there is always shared understanding of outcomes we set out to achieve in meeting the needs of my patients in their facility. They are professional and proactive in discharging their duties and I have not heard from patient of any issues that has placed them at risk of harm".

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.

Admission to the service will most often arise from a self-referral directly to staff on duty and there are clear protocols which may be followed by the staff team if there are any concerns apparent at this time. On call managers are available to assist with any decision making about a potential admission into the service if this is requested by staff.

This may arise on occasion to manage any recognised or recorded risk filed from a previous admission and if indicated this admission may be deferred if out of hours. However, by the nature of homelessness and immediate needs of any potential vulnerable service user, such measures are understandably not routinely required or followed, but nonetheless remain at the discretion of staff to meet the Standard.

The accommodation and layout require some use of CCTV to provide a reasonable means of monitoring activity outside of the building and internally that is proportionate and acceptable. Importantly it does assist with management of any distressed or unacceptable behaviours and with alarm systems incorporated within

the building which can be utilised if required. One recent event was discussed with the Registered Manager that highlighted some of the challenges which may arise when supporting service users who may exhibit challenging behaviour. This was managed by the staff on duty and immediately reviewed as routine by the senior management team. There is a central Incident log held on the providers Harmonia Paloma Information System with accidents/incidents recorded as this.

It was also noted with reference to the providers monthly quality assurance reports (as filed) that there has been a recent focus on health and safety, this was agreed by the management team, and evidences a proactive approach to such matters, with a good level of governance self-evident from this.

Medication administration is closely monitored with quality assurance checks by way of auditable procedures carried out daily, these are followed to ensure safe practice and consistent stock control is assured and recorded. Staff have received appropriate training in the management of medications for service users as set out in the relevant Regulated Qualifications Framework (RQF) Level 3 training. The Senior Community Pharmacist undertook a routine pharmacy inspection in July and reported good practice to the Commission at this time.

The service has a robust approach to fire safety procedures to include regular full evacuation drills over and above what may occur in other registered care homes. This is underpinned by regular checks on equipment such as extinguishers, alarms and with regards to the size, layout, and use of the building.

It was noted that there was some misfiling of staff attendees for fire drills in the most relevant section of Fire and Rescue Fire Logbook (Section 5). The Registered Manager was informed of this for immediate attention where drills for day and night staff require a separate audit trail at six or three-month intervals. Nonetheless the current practice for drills is in excess of these timelines, so good practice was well demonstrated for fire safety.

During the pandemic all registered care homes have had policies and procedures in place to follow for infection control measures. The provider had requested

supporting information and further guidance for such control measures with relevant agencies. It was also noted that action had been taken following advice from the Community Infection Control Team to replace some items of furniture to reduce risk of infection.

Proactive engagement with the Commission by the provider had also been initiated with reference to the needs of service users and staff living and working within this accommodation, which is not one that is a typical “care environment” with reference to the aforementioned infection control policy.

The Chef provides a good level of oversight for the meals provided and delegation of roles carried out by support workers in their absence. Recent training for specific food safety policy and protocols was reported to have been undertaken by them alongside all other staff who are involved in food preparation.

Prior to the inspection, the Regulation Officer reviewed five new staff members personnel files. Sight of these records kept centrally by the Human Resources (HR) Manager at the provider’s main office demonstrated a robust process is in place and consistently followed. All safe recruitment checks had been completed prior to new recruits being able to commence work in this service or other associated homes of the provider as registered with the Commission.

The provider has a number of policies in place to support staff working in the home to include lone worker policy, whistleblowing and with the HR Manager readily available for all staff to contact if requiring further information.

Brief discussions with three service users available to speak with the Regulation Officer during the visit established a good level of satisfaction and gratitude for the service they were receiving. Notably they all felt safe and secure living in this accommodation, and applied to one most recently arriving (in the previous week) and another who had been supported in the accommodation for more than six months.

The Registered Manager reported that there were no formal complaints being processed at this time and if arising will in the first instance usually be dealt with by service users bringing an issue to the attention of a member of staff.

The Regulation Officer reviewed monthly reports undertaken for the last three months. It was noted an appropriate focus of these reports is health and safety but does not always identify issues such as themes from incidents, staffing or training needs. It was 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.

The home's safeguarding arrangements were confirmed. The service has a nominated safeguarding lead who will review any issues that may meet the threshold for referral to the Safeguarding Adult Team. The Regulation Officer was able to note such a notification routinely submitted to the Commission since the last inspection, which demonstrated best practice and included consultation with external agencies. This might include multi-agency engagement with care partners such as the Community Mental Health Team, Probation Service, the Drug and Alcohol Team and Social Security.

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>

There are three staff on duty during the day, and two members of staff overnight to meet the minimum number as set out by the provider. In support of this when fully deployed the staff team will have a Registered Manager and Assistant Manager to oversee the operational needs of both service users and that of the staff supporting them during more conventional 9-5 business hours. The shift patterns are by design set up to ensure service users may have opportunity to engage with support workers throughout the day.

This service uses the care planning tool 'Outcome Star', which is a person-centred tool to focus on what service users might identify as their own priorities and aims to generate a pathway towards living independently. Discussion with two support workers elicited a very good summary and overview of how they utilise this tool in practice. Self-evident from this was a person-centred approach with collaboration a key approach recognised and highlighted as being central to how they work with service users.

At the point of an admission, the service user is allocated a key worker who will promote the Outcome Star method. The Registered Manager highlighted the approach taken is that the admitting support worker take on the role of "keyworker" whenever possible. This is seen as helpful to generate a positive working relationship and where key information is quite often conveyed during any admission process. Outcome Star plans are reviewed routinely but with drop down menu options noted on the electronic system which recognises that sometimes service users' concordance with this is not always consistent, and so review may only be carried out by support worker if this the only agreeable option.

It was noted at time of inspection that there were only a small number of service users in the accommodation, which was reflective of the wide range of support needs that may include persons in employment, being quite independent other than experiencing the distressing circumstance of homelessness.

As demonstrated in feedback recorded earlier in the report there are some elements of risk management when supporting service users experiencing challenges from alcohol dependency or substance misuse. Furthermore, service users experiencing long term chronic and enduring mental health difficulties might also require a level of support different to others. The Regulation Officer was able to note the high level of engagement that the service provider has with other statutory agencies for such needs as this. This is necessary to ensure that service users are involved in all decisions relating to their care and support, but may require a higher level of multi-agency involvement. Best practice was highlighted in some of the feedback provided by such agencies.

It was positive to note from discussions with the Registered Manager some of the other initiatives which the service provides to support those vulnerable to homelessness. While not directly overseen or carried out by staff on duty (although some may do this voluntarily outside of their contracted hours) the outreach service continues to provide a follow up for those who may have recently resided in this accommodation. One of the key aims of the outreach service in collaboration with Aztec House is to support and maintain progress of some service users who may have been discharged to their own independent accommodation. By providing this tertiary package of support it is hoped this may help break the cycle of some repeated admissions into Aztec House, this noted for some service users when they may struggle with independent living in the community.

The Registered Manager reported that where practical, staff members who may have second language skills may be sourced from any of the providers other services. This is to support engagement and communication with those who do not speak English as a first language. There was evidence of good practice in relation to confidentiality and data protection principles covered within the overarching employment contracts for all such staff employed by the provider.

There are clear protocols for staff to reference that include supporting service users with financial matters. Management of such activity is clearly auditable, with electronic transfers utilised for transactions wherever practical. A Cash Handling Policy is in place and there was evidence of collaborative working with key agencies to support service users; particularly with any issues arising for financial matters.

The Regulation Officer undertook a brief inspection of some of the main building, which included the kitchen and all was found in reasonable order. The Registered Manager highlighted some investment in new flooring for all bedrooms, which is scheduled for January 2023, which will enhance the rooms. Communal rooms were seen to be comfortable, clean, and tidy and with some service users presenting in a relaxed manner expressing appreciation and satisfaction with all facilities made available to them.

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>

Of the staff group noted at inspection seven of the nine have completed a Quality Credit Framework (QCF) Level 3 or equivalent qualification. These modules and subjects have an intentional focus on areas of practice, knowledge, and skills as expected and required of staff working in a service providing this category of support.

The Registered Manager is working towards a Level 5 leadership qualification, which is a routine condition of their registration, and there is an Assistant Manager in place to support their role. Noted at this time however due to ongoing recruitment challenges experienced by this provider and recognised across the sector, the Assistant Manager is mainly working on shifts to cover duty roster requirements.

Staff spoke positively about support they have from the Registered Manager and the overarching governance in place to include Trainer and Human Resources Manager. The Registered Manager has also set out some clear aims and objectives to further develop the supervisory framework and have recently undertaken specific training in this important area of management. From discussions with them around the needs of the service and staff it was positive to note their recognition of supporting staff as a key role to oversee, as part of their registered position.

The provider has a comprehensive and consistent approach across all its services to ensure that new staff receive a full induction package which is overseen by the Training Coordinator. In addition, shadow shifts are provided to enable new staff to familiarise themselves with roles and responsibilities prior to working independently.

A training log was provided for review, which has a wide range of subjects relevant to the needs of service users experiencing homelessness and/or other challenges as mentioned earlier in this report. The range of training modules includes subjects as follows:

Conflict management
Risk reader
Safeguarding
Administration of medication
First Aid
Food Safety
Introducing boundaries
Naloxone Learning
Resettlement training
Certificate in H&S

The Registered Manager highlighted some specific modules for training provided since the last inspection to include subjects related to trauma-informed care. This was an online module over three parts which involved “exploring complex trauma, responding to complex trauma and the impact on professionals, and trauma informed care and toolbox”. The Registered Manager informed the Regulation Officer that this course was particularly useful, and some follow up modules or a repeat is being considered.

All staff complete an online medications management course by a recognised training provider 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.

Two members of staff who spoke with the Regulation Officer exemplified a well-trained, confident, and competent workforce when demonstrating how they go about their roles supporting service users. The general communication between all staff present during the inspection was reflective of a positive and supportive working environment.

Homelessness category

Reference was made to Standard 4 of the Care Home Standards which states:
“You will feel safe”

There was limited opportunity to meet with many care receivers during the inspection but those spoken with confirmed they felt comfortable and supported by this service.

The provider has very well defined and long-established ways of working to support the category for which they are registered. Key discussions with the Director, the Registered Manager and Human Resources Manager confirmed the attention and investment which continues to be given to ensure the service operates safely. This has been achieved with quite limited resources as comes from its charitable status and funding.

Levels of governance and quality assurance principles which are followed to include a senior management team in place to support all service users and staff were noted to be of a very high standard. From this it was positive to note the internal reporting mechanisms, risk assessment and management processes being well embedded in the provider’s overarching governance.

It was discussed with the Registered Manager the low volume of notifications received by the Commission during the past year and which was not in itself of concern. The nature of expected notifications from this sector does not match with that of the more conventional care sector but highlighted that some consideration might be given to all internal notifications being subject to some triage i.e., at weekly or monthly quality assurance audits. This is to ensure any notifiable incidents to the Commission are not being overlooked and if indicated might then be submitted.

The home promotes the use of Outcome Star care planning principles, and these are applied in a way that is both user friendly and easily measurable and most relevant to the needs of service users being supported in this accommodation.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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