



**Jersey Care
Commission**

INSPECTION REPORT

Glanville Care Home

Care Home Service

**70-74 St. Mark's Road
St Saviour
JE2 7LD**

25 October and 2 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

This is a report of the inspection of Glanville. The service is situated in the parish of St Saviour within a residential area opposite a primary school and within proximity to a bus stop, a fitness centre and two hotels. The home is a two-storey building with accommodation provided on both floors. There is a communal dining room and three lounges located on the ground floor and pleasant gardens for care receivers to enjoy.

The service became registered with the Commission on 21 June 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: 25 Maximum number in receipt of personal care / support: 25 Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms: |

| | |
|--|--|
| | Rooms 3-8 1 person Rooms 10-12 1 person Rooms 14-25 1 person Rooms 27-30 1 person <u>Discretionary</u> 1. Bedrooms 17 and 18 (which do not have en suite facilities such as a toilet and sink) are to be used to provide respite care only to ambulant care receivers; this condition in respect of bedroom 17 will take effect once the existing care receiver vacates the bedroom. 2. As the Registered Manager, Isabel Freitas must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 23 March 2024. |
| Dates of Inspection | 24 October and 2 November 2022 |
| Times of Inspection | 13:00 – 17:30 and 11:00 – 17:30 |
| Type of Inspection | Announced |
| Number of areas for improvement | One |
| Number of care receivers accommodated on the day of the inspection | 22 residents on 24 October 2022 23 residents on 2 November 2022 |

The Care Home is operated by Glanville Home for the 'Infirm and Aged' and the Registered Manager is Isabel Freitas.

The discretionary condition on the service's registration was discussed at inspection and the Registered Manager was confident that the Level 5 Diploma would be completed within the required timeline and discussed how they would ensure adequate study time to complete this.

An updated copy of the service's Statement of Purpose was requested following inspection. This is currently being updated in addition to the home's website and will be submitted once the update is complete.

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 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. There was evidence that the Registered Manager includes both staff and care receivers in decision making at this home.

Despite there not being an activity co-ordinator employed at the home, there are a variety of activities organised for both groups of care receivers and individuals. Some of these activities are self-led by the care receivers themselves and range from French conversation to gardening and trips to the cinema.

There was evidence of relevant policies and procedures being in place to safeguard both staff and care receivers. The home has appropriate fire checks in place and a weekly fire drill; however, it was discussed with the Registered Manager that this did not meet the requirement for fire drills as set out by the Jersey Fire and Rescue Service. This will be an area for improvement.

There was evidence of a robust induction and training programme for all staff. In addition, staff also receive regular supervision and annual appraisals.

Medications are stored and administered safely. All staff have appropriate Regulated Qualifications Framework (RQF) medications training to administer medications within the home. There was a draft medication policy in place and a template document for medication audit was provided immediately after inspection. This template was found to be clear and comprehensive and is shortly to be introduced within the home to ensure regular medication audit.

There was evidence of monthly reporting within the home by both the Registered Manager and an external person (a trained social worker), to provide quality

assurance and review of the Standards. The Registered Manager also reports to the home's committee.

INSPECTION PROCESS

The inspection was announced and notice of the inspection visit was given to the Registered Manager on the day before the first visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements. The dates of the inspection visits were 25 October and 2 November 2022.

The first visit took place during the afternoon and the Regulation Officer focused on a tour of the home, a review of a sample of care plans and meeting with the Registered Manager. The second visit took place the following week and the focus of the second visit was to speak with care receivers and staff to gather feedback of their experiences of the home.

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, all the information held by the Commission about this service was reviewed, including the previous inspection reports, 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.

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

The Regulation Officer established contact with seven care receivers and five relatives. The contact with care receivers was face-to-face at the time of the inspection visits and contact with the relatives was made by phone. The Regulation Officer also spoke with three members of staff in addition to the Deputy Manager and the Registered Manager.

The views of three health professionals were also sought as part of the inspection process. One health professional had provided feedback at the time of writing the report.

During the inspection, records including policies, care records, staff personnel records and complaints were examined. This inspection included a tour of the premises that incorporated the external areas of the home.

At the conclusion of the inspection, the Regulation Officer provided feedback to 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 the Registered Provider submitted an improvement plan to the Commission 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 appropriate and timely notifications of incidents to the Commission since the last inspection.

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.

All staff complete training in Capacity and Self-Determination Law (2016). In addition, the Registered Manager had also arranged a training session on capacity and consent for the homes' care receivers. This is seen as good practice.

The Registered Manager has a good understanding of the requirements of this law and has sought authorisation for Significant Restrictions on Liberty (SRoL) when necessary.

The Registered Manager was also able to demonstrate to the Regulation Officer a good understanding of data protection and provided evidence of due process that had been followed for a recent concern. The home is registered with the Jersey Office of the Information Commissioner (JOIC).

There was also evidence of infection control procedures within the home that included adequate provision of personal protective equipment (PPE), provision of hand gel throughout the home and appropriate checks on arrival to the home.

The Regulation Officer conducted a tour of both the external and internal environment of the home. The exterior environment was generally well maintained. The Registered Manager explained that the main garden area had recently benefitted from some extra paving which allowed for easier access to the garden and the front of the property for care receivers. There is an allotment patch to the side of the home and in the rear. These are used for growing fresh fruit and vegetables. There are also a number of smaller plots that are allocated to individual care receivers (each with a small wooden name tag) for growing whatever they wish. These are at an appropriate height for standing / sitting whilst working. The produce is used in the kitchen, for example for making jam. A few of the care receivers and relatives described the enjoyment / benefit of having these small plots for gardening.

The interior of the property has undergone some renovation, and this continues. The Registered Manager discussed some of the difficulties with the Regulation Officer given the age of the building and the fact that it is listed. There was evidence of new

furniture and furnishings in the care receivers' bedrooms. However, the carpet in the lounge was displaying quite considerable wear and tear but this was not a trip hazard; this is due to be replaced in the near future. There were some nice examples of respecting care receivers personal preferences with respect to their room's décor, furnishings and fittings throughout the home.

The home has a lift and a number of chair lifts fitted throughout the home. Ramps have also been fitted to aid mobility of care receivers.

There is a maintenance person employed by the home to ensure the routine servicing of equipment and to carry out the weekly / monthly safety checks for example, fire equipment checks and drills. The Registered Manager explained that a fire drill is conducted weekly for staff at 12:30, night staff attend this on occasion if they can. However, there is no regular drill for night staff. This does not meet the States of Jersey Fire and Rescue Service's requirements and is therefore an area for improvement with immediate effect.

The Regulation Officer provided an electronic copy of the Fire Precautions Log Book (States of Jersey Fire and Rescue) to the Registered Manager immediately after inspection, which clearly outlines fire instruction and drills. There is a requirement of every six months for day staff and every three months for night staff.

The Regulation Officer undertook a review of the organisational policies and procedures in place to support the safety of staff and care receivers, focusing upon the content of the medication and safeguarding policies. The Registered Manager discussed that the homes' policies were currently being redrafted with external support. Therefore, the latest draft of the medication policy and extracts of the safeguarding policy were reviewed. It was discussed with the Registered Manager the importance of drafting policies that are relevant to local (Jersey) law and services.

The Regulation Officer reviewed the medication storage arrangements and the majority of Medication Administration Records (MAR) and found these were appropriately completed. The Regulation Officer pointed out to a senior care worker one occasion where staff had transcribed medications but there was only one

signature instead of the required two. Medication audit was discussed with the Registered Manager who confirmed that the Deputy Manager was due to implement this within the home and an audit template was provided to the Regulation Officer immediately after inspection. This was clear and comprehensive and the draft medication policy describes the requirement and process for medication audit within the home.

There have been no formal complaints raised either with the Registered Manager or with the Commission, the home has a complaints folder to record any complaints / compliments.

A sample of staff recruitment files were reviewed, which clearly demonstrated that safe recruitment practices had been followed. At the front of each file is a comprehensive recruitment checklist.

A social worker (who is also a member of the home's committee) visits the home on a monthly basis on behalf of the Provider to monitor the quality and safety of the service. They do this by reviewing the Standards and compliance with the Regulations. In addition, the Registered Manager also completes a monthly report. Copies of the external monthly reports for September and October 2022 were requested immediately after inspection, these were found to be adequate with clear actions.

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> |
|---|

It was positive to note the homely and family atmosphere within the home. Care receivers described person centred care where they were encouraged to maintain their own activities and independence as much as possible.

There is a list of weekly activities displayed within the home and a hairdresser visits the home weekly. The Registered Manager described the activities as being person centred and certain activities, such as French conversation, is led by the care receivers themselves. There is a weekly quiz and tables are laid out in the lounge for the purpose of puzzles and craft activity. The Registered Manager discussed that staff facilitate activities if required but that there is not an activity co-ordinator presently in post. Feedback from care receivers and relatives regarding the activities was generally very positive, although one person commented that a designated activity co-ordinator might allow for more outings such as shopping trips for the care receivers. Although on the day of the second visit, one care receiver was being accompanied to the cinema in the afternoon by staff.

The Registered Manager carries out an initial assessment of care receivers prior to admittance to the home; the Deputy Manager is also undertaking training in order to complete these. The majority of care receivers spoken with during the inspection commented that they had been admitted to the home initially for a respite stay, or a trial admission.

The Deputy Manager is also currently undertaking a review of all the care plans within the home. The care plans are stored in hard copy format in folders. The Regulation Officer reviewed a random sample of six care plans at inspection, including the folder for one care receiver whom the review had been completed. Much of the paperwork had undergone a review, with a clearer general information sheet and new care/support plans.

There was evidence of personalisation within the care plans and they were clear and easy to follow. In addition, the bulk of information contained within the folder appeared to have been reduced. There was evidence of regular updates on the daily records and of collaborative working with other professionals.

One health care professional commented positively on working collaboratively with the home and the Registered Manager. They also provided an example of flexible working where on one occasion the home was able to accommodate an urgent placement.

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:

'The staff are wonderful, I feel listened to. The food is good and you can always have something other than what is on the menu'.

'I feel well cared for'.

'I can't fault anything. I really enjoy the garden in the better weather'.

'I have made friends here; I would describe everyone as friends or even family'.

'I like the staff and the food; I have no complaints'.

Most of the care receivers and relatives also commented about visiting the home. The home follows the current Government of Jersey guidance in relation to Covid-19 and visiting in care homes, which advises booking a visiting time/ appointment. Visiting is permitted in the conservatory of the home with half an hour time slots. The majority of care receivers and relatives felt that this amount of time was too short and so most would come and take their relative out instead as this meant that they could spend more time together.

Other feedback that the Regulation Officer received was that evening slots for visiting would be beneficial for those relatives that worked during the day. This was discussed with the Registered Manager who agreed to review this but was obviously keen to protect mealtimes in the evening for care receivers.

The feedback from relatives was also generally positive, some examples are:

'The staff are friendly and capable; it doesn't feel like a residential home'.

'My mum is a different lady since moving into the home'.

'I notice staff interacting positively with the residents'.

'An example of what the home does well is the caring nature of staff'.

Most of the relatives commented positively concerning communication with staff and the Registered Manager. There was some feedback concerning how communication could generally be improved such as an answer phone for out of hours contact and better access to the newsletter for families to ensure that any updates or changes of any nature are communicated to relatives. The home produces a newsletter every quarter.

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 in line with the Statement of Purpose and the Standards. The staff were observed to treat the care receivers with dignity and respect in their interactions.

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> |
|---|

There are currently no staff vacancies within the home. The day staff work in two teams that work opposite each other, most staff work long days. There are a separate group of staff who work overnight and two bank staff. In addition, there is always a senior member of staff on call for out of hours. The home also has students from a Jersey college of further education who are currently undertaking B-tech studies working within the home. On occasion, some of these students have sought permanent employment within the home on completion of their studies.

There is a robust induction programme in place for the home, which ensures that all new care workers have the relevant skills and competencies for their role. New staff members are provided with a staff handbook that covers all the policies and

procedures concerning the home. An electronic copy of this was provided to the Regulation Officer as evidence. Each new staff member also receives an induction pack.

The Regulation Officer was provided with the training matrix for 2022, which confirmed that staff training was 100% completed for both mandatory / statutory training and some service specific training. The Registered Manager also provided a training plan for the care team for 2023 with an accredited trainer; this detailed a blended approach to learning with both e learning and classroom face-to-face sessions. The Community Infection Control nurse had also recently visited to provide infection control and prevention training. Staff also receive training sessions from the Community Stoma and Continence Nurse Specialist and the Tissue Viability Nurse Specialist.

Staff spoke positively of the training opportunities within the home and confirmed to the Regulation Officer that they were provided with regular opportunities for supervision and appraisal.

One staff member commented positively about the process of supervision and described it as being a 'two-way conversation, to get and provide feedback'.

It was positive to note the importance placed on the Code of Practice for care workers within the home in particular relating to safeguarding the interests of care receivers.

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

Staff members described communication within the home as good. There is a handover for staff at the start of a shift; staff use a report sheet with bullet points that acts as a visual prompt and aids communication. The Registered Manager discussed that this is also useful to review if something is missed and when. The Registered Manager also discussed that staff have an extra fifteen minutes (paid) written into their contract to allow adequate time for the handover. Staff spoken with

during inspection spoke positively of the staff team and how they felt well supported by the management team. There were also a number of long-standing members of staff employed within the home.

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.

| | |
|---|---|
| Area for Improvement 1 Ref: Standard 12.3 To be completed by: with immediate effect. | The Registered Provider must ensure that regular fire drills are carried out with all staff in accordance with the statutory regulations and requirements set by the States of Jersey Fire and Rescue Service |
| | Response by registered provider: The recommendation is accepted and has been acted upon. |

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je