



**Jersey Care
Commission**

INSPECTION REPORT

STRATHMORE

**Care Home Service
(Supported Accommodation)**

**Strathmore
80 Marks Road
St Saviour
JE2**

16 and 18 November 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services 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

Strathmore provides supported accommodation to young people, aged 16 to 17 years old and young adults aged 18 to 25 years of age, who are experiencing homelessness.

Based in a four-storey house, the service is registered to provide personal support for up to 16 residents. The home has 16 bedrooms, a lounge, kitchen, dining room, and a laundry. On the first floor there is a large administrative office room and the manager's room is a small next-door office. Adjacent to these rooms is a rest room for staff on duty and a further room for staff to undertake keywork sessions with residents.

The bedrooms vary in size, but have similar furniture and decoration, some are ensuite, however the remaining residents share a bathroom at a 2:1 ratio.

There is CCTV coverage of the front and rear entrances into the home and in the communal areas to provide security to both residents and staff.

While the home was first registered with the Commission on 5 May 2020, it was subject to regulatory inspections under the previous law.

Registered Provider	The Shelter Trust
Registered Manager	Werner Vermeulen
Regulated Activity	Care Home (supported accommodation) for young people and young adults
Mandatory conditions of Registration	Maximum number of people who may receive personal support: 16 Age range: 16 to 25 Category of Care: Homelessness Rooms 1, 2, 3, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and 18 one person only
Dates of Inspection	16 and 18 November 2022
Times of Inspection	11am to 2.30pm and 5.35pm to 6.25pm
Type of Inspection	Announced
Number of areas for improvement	None

The home is operated by The Shelter Trust and the Registered Manager is Werner Vermeulen. At the time of this inspection, this home was under its maximum occupancy of 16 residents as per its Statement of Purpose.

There have been no changes to the Statement of Purpose for this service since the last inspection.

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 Regulation Officer evidenced a homely environment where the needs of residents were prioritised, alongside a dedicated well trained staff team and experienced Registered Manager.

Residents living in this home are provided with support and advocacy to promote their independence by engaging them in a process of change in order to have skills and confidence to live independently.

Since the last inspection the staff team has remained stable, with only one new staff member joining the team, although the service is currently operating with two full-time vacancies. The service does have access to zero hours staff and some permanent staff undertake some overtime to ensure quality care continues to be delivered.

This service has good induction arrangements in place for new staff. The only new staff member to join the team since the last inspection on 7 December 2021 confirmed that they had a good quality induction package in line with the service's procedure.

This service has excellent governance arrangements in place, reflected in the structures and processes that are designed to ensure accountability, transparency, stability, equity and inclusiveness, empowerment, and participation.

The referral and induction process for potential residents was evidenced to be thorough, which included residents completing their own self-assessment, alongside the service identifying any risks to safeguard the resident, other residents, and staff.

There was clear evidence of advocacy and engagement with residents from their allocated keyworkers and other staff. Keywork sessions take place on a regular basis, with the 'Outcomes Star' model being used to good effect to promote residents' journey to independent living, work, training, or further education.

Residents spoken to as part of this inspection provided positive feedback about the care, support, and advocacy they receive from staff in this home. Equally, staff spoken to, gave positive feedback about working in this home, with high job satisfaction being reported.

Staff receive formal and informal supervision on a regular basis. Feedback from staff was that the Registered Manager and his deputy manager were accessible, approachable supportive and would deal with issues and situations quickly and effectively.

No complaints have been made by residents since the last inspection. A suggestions box is in place, with the Regulation Officer evidencing this as being used by residents and actioned by the service. Anecdotal discussions with residents and staff are that issues and situations are resolved swiftly and satisfactorily.

INSPECTION PROCESS

This inspection was announced and was completed on 16 November 2022, with a follow visit on the 18 November 2022 to gather feedback from residents for the purposes of this Inspection report. The inspection was announced with 36 hours' notice to ensure that the Registered Manager was available for the purpose of this inspection.

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

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

The Regulation Officer sought the views of the people who use the service, staff, and professionals as part of gathering feedback. The Regulation Officer established contact with three residents, spoke with three staff and received feedback from one professional. These contacts were made by face to face visits, Teams meeting and emails.

During the inspection, records including policies, care records, incidents and complaints were examined. This inspection included a full 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.

INSPECTION FINDINGS

At the last inspection on the 7 December 2021, no areas for improvement were identified that required any follow up on this visit. This inspection similarly found no areas for improvement, which demonstrates a consistently well-run service.

The people accessing this service are often experiencing difficult challenges in their life, which has left them homeless. The passion and dedication of the staff team and Registered manager was evident throughout the inspection, as well as high job satisfaction and personal reward from the support they provide to young people and young adults.

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 staff team have remained stable since the last inspection, with one new starter. The service is currently two full time staff members down, however shifts are being filled by existing staff and zero hours bank staff. The Regulation Officer was assured that there is adequate staff on duty to safeguard residents whilst in the home.

The staffing rota is produced for the whole calendar year, so staff can be well organised and know their shifts in advance. Staff work three days on and three days off, with the Registered Manager reporting positive feedback from staff, which was confirmed by the Regulation Officer when gathering feedback from staff.

The Registered Manager reported that they are currently undertaking a recruitment drive and have some applications to review, adding that it is a challenge to recruit in the sector at this time.

New staff are provided with a comprehensive induction programme, which includes time to familiarise themselves with policies, procedures, the ethos of the organisation and undertake the mandatory training requirements. For the first two weeks new staff undertake shadowing of experienced staff and acquaint themselves with particular policies and procedures relevant to this service, for example the fire evacuation plan.

Once established, they are allocated to keywork residents who are further down their journey to independence and are mentored by more experienced staff members. One new member of staff confirmed that their induction mirrored this induction programme, adding 'that he had no prior experience of care work before joining the trust, so the structured and well supported induction programme really helped develop his skills and knowledge'. This is a good area of practice.

Prior to the inspection, the Regulation Officer reviewed the new staff member's personnel file. These records are kept centrally by the Human Resources (HR) Manager at the Provider's main office and demonstrated a robust process is in place and consistently followed. All safe recruitment checks had been completed prior to new staff member being able to commence work in this service or other associate homes registered with the Commission.

The Regulation Officer evidenced that this service has health and safety policies and procedures in place. On the day residents arrive in this service, they are shown and sign of the fire evacuation procedure (PEEP) and are taken through the expectations of the service and their responsibilities whilst staying in this home.

There are effective infection control and Control of Substances Hazardous to Health (COSHH) measures in place. Bleach is not kept on site, with the home using cleaning products that are not toxic. These products are secured away from the main communal areas.

This service provides three meals a day, with a home-cooked meal in the evening. Residents' food choices are listened to and are part of the weekly meal plans. There are good food hygiene measures in place, food is appropriately stored, fridge temperatures are regularly checked and recorded and when hot food is being served, the temperature is checked to ensure food is over the legally required 63 degrees. Staff also note what residents have eaten, should there be outbreak of food poisoning, so they can react quickly to support residents. The Register Manager commented *'that the quality of food is important to us'*, reflecting that the residents deserve good quality food.

This service has also been trialling allergen labelling and listing in preparation for the new legislation requiring food providers to list the possible allergens in their food so that people can make more informed decisions about the food they consume. This is a good area of practice.

The Regulation Officer was assured that fire alarm and emergency lighting tests were being carried out in line with procedure having viewed the logs. There was also evidence of the fire alarm system and equipment being regularly serviced. As previously noted, all residents of the home have their own PEEP and full fire evacuation drills had been completed since the last inspection.

The medication policy was reviewed and the procedure for recording and dispensing of medication was tested by viewing the Medication Administration Record (MAR) sheets. No errors were recorded, and audits took place twice a day to ensure that the record was completed correctly, and stock levels were checked. The Registered Manager reported that errors rarely occur, however when they have happened these are investigated robustly and quickly. The majority of residents self-administer their prescribed medication, however where a risk assessment identifies risk or the resident requests support, the service will administer the medication to the resident. This is a good area of practice and reduces risks for some residents.

This service operates a missing policy and procedure for its residents. They work closely with the police and have jointly devised a reporting procedure (MISPER report) when residents have not returned at the agreed time and a period of grace has been given. The Police will consider risk as part of any response to the MISPER report, accepting that the residents are adults or young people over 16 years of age.

The service operates an on-call manager out of hours service across the group of homes. One staff member recalled using this service and felt supported with good advice and unexpectedly received follow calls to check that the situation had been resolved. This is a good area of practice.

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.

This service receives referrals from a variety of professionals, but also self-referrals from individuals who are homeless. The Registered Manager commented that they work with the agencies who make referrals to ensure that referral information is open and transparent in regard to the prospective resident's needs, risks, and behaviours. This is to ensure that the service is prepared as best they can be to meet needs of prospective residents and respond proactively to risk. Residents are encouraged to complete their own self-assessment as part of the assessment process. Risk assessments are carried out with all residents, through a dedicated 'risk reader' tool to identify, reduce and mitigate risk for the resident and staff.

Feedback from one professional who made a referral was, *'I would describe the process as having been efficient and timely. The young adult had been contacted, met with, and offered a place at Strathmore within a matter of weeks of the referrals being submitted' and 'The care and support offered to the young person since he has moved into Strathmore has been positive'.*

Initial action plans are developed with residents, with the general ethos of the home being to 'work with' and not to 'do for' or 'to do to'. This was clearly evident in the keywork sessions carried out with residents who actively participate in the review of their action plans on a weekly basis and plot where they are on their 'Outcomes Star' on a quarterly basis. With this being a visual model, it helps the resident see how well they have done on achieving their goals or where they need to concentrate their efforts on their journey to independent living.

The Registered Manager reflected that advocacy provided to the residents is key to getting them referred to agencies and helps build confidence and self-esteem in accessing services they need. For residents who may have challenges with drugs or alcohol issues, this service works closely with the Government of Jersey Alcohol and Drug Service who hold advice and treatment sessions every three weeks on site for residents. This is a good area of practice.

Residents also have access to a GP at one of the other group homes sites once a week, which ensures residents health needs are met.

The record keeping system of this service is largely electronic (known as Harmonia), although some essential records are also kept in paper format. A sample of resident records were viewed by the Regulation Officer and found to be contemporaneous, accurate and relevant.

For those residents on Income Support who do not have their own bank account, this service operates a robust system of record keeping ensuring that residents' money is safe and accounted for. Residents sign deposit or withdrawal slips as part of the audit trail process.

For those residents under 18 years of age, the service requires a letter from parents or those with parental responsibility confirming they can no longer live at home. Confidentiality is respected for all residents, even those under 18 years of age, with the Registered Manager providing examples of how this works in practice. The Regulation Officer was assured that this was a good area of practice.

This home also benefits from a semi-independent flat that can house up to three residents as part of developing more independence skills, whilst still being able to access support and advice from their keyworker or having their meals cooked for them.

This service has strong links with the resettlement projects of the organisation and with the Housing Gateway. When it is time for a resident to move on, they are supported and prepared through this process. They may be supported to secure a property or get help through other charities to secure furniture and white goods. Residents are offered aftercare by the organisation, which is optional, however take-up is reported to be good and well-received by those opting to continue a relationship with the service.

No complaints have been made by residents since the last inspection. The service has a complaints log, which the Regulation Officer viewed. Historical complaints appeared to be well handled and notes of the investigation and response to the complainant were clearly noted. This service also operates a suggestions box, which is located near the front door of the premises. The Registered Manager reported that they do act on these and gave an example that all residents now have an electric kettle in their rooms.

All residents sign a tenancy agreement, which sets out the expectations for how they will be treated and the expectations of the service in terms of behaviour and financial arrangements. The home operates a policy in relation to breaches of tenancy agreements. Where residents' behaviour has not met the required standards, they are given opportunities to rectify this. On occasion, this service has terminated a tenancy of a resident, where the risks to staff or other residents cannot be managed.

The Registered Manager reflected that on occasion ex-residents struggle or their circumstances change, and they might require further support in the future after leaving the facility, so there is always an open door policy at this home.

The Regulation officer observed friendly and warm interactions between residents and staff for thirty minutes. Residents were asked to comment on the service and care they receive, just a few of the remarks were:

'I feel safe enough to sleep at night'.

'They are sound' (referring to the staff).

'The food is really good'.

'I feel listened to'.

Staff were also asked about the care and support they provide to residents and what this means to them, two comments were:

'I love my work; it is rewarding, and I feel I can make a difference'.

'When it works' for residents 'it is great to see them starting their new life'.

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.

This service provides a comprehensive mandatory training package to all staff, which reflects the needs of the residents. This package of training is produced by a dedicated training manager across the group of homes, who also tracks when renewals are required.

Of the seven staff on the rota, three have completed the required qualification as per the Standards, one is just starting, and the remaining three staff are nearing completion. The Registered Provider, the Shelter Trust decided to train all care staff to a minimum of level 3, with the Standards only requiring a level 2 qualification and has developed this qualification in partnership with Highlands College. This is a good area of practice.

The service also provides specific training relating to the resident's needs, such as:

- MAYBO - De-escalation techniques
- Supporting residents under the influence of substances
- Supporting residents who may have suicidal ideation

- Mental Health Awareness
- The alphabet of fire
- Risk reader
- Outcomes Star model
- Discrimination legislation

The staff member spoken to reported that they had undertaken trauma informed training, which has resulted in staff having more reflective conversations, to do things better and improve outcomes for the people they care for. One staff member provided the following feedback in respect of the training they received:

'I am provided with loads of high quality training'.

Staff receive supervision in line with the Commission's required Standards. In addition, the Registered Manager commented that staff receive informal supervision on a daily basis, where all residents are discussed during handovers and when required. This was confirmed by the three staff members spoken to as part of this inspection. Staff members provided the following feedback:

That supervision *'was excellent and provided a chance to reflect'*.

They felt *'well supported'* and were also given the *'opportunity to debrief'* when required.

'The organisation is really supportive'.

'I have supervision on a regular basis, it is very good and if I have any problems, I get good counsel' and the management team are *'always around to help'*.

Homelessness category

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

This Provider has significant experience in delivering services for people who become homeless, with this service being in existence for over a decade. There are robust governance arrangements in place for this Service, with an experienced leadership team and Registered Manager in place, alongside a dedicated and motivated staff team.

The comments made by residents provided, assured that the Regulation Officer that they felt safe in this home, alongside residents deemed more vulnerable being offered the opportunity of rooms on the same floor as the main office.

The Regulation Officer evidenced a strong ethos of how this service provided support and care to residents. This ethos centred on working 'with' residents, alongside advocacy, respect and genuine regard for residents' welfare and future outcomes, instead of doing 'for' or 'to'. The use of the 'Outcomes Star' was an example of this way of working, where residents were supported to develop clear action plans for their journey to independent living.

This service recognises that there is limited provision in Jersey for young adults who become homeless. On occasion, this service has terminated a residents' tenancy, however in the vast majority of these cases they welcome ex-residents to refer back to the service after 28 days.

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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