



Jersey Care
Commission

INSPECTION REPORT

01 Children's Home

Care Home Service

**27 September and
14 October 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

This is a report of the inspection of a children's home. It is one of seven children's homes operated by the Government of Jersey. The name and address of the home has not been included in this report; this is to preserve the privacy and confidentiality of the children and young people who live there.

The home is a four-bedroom detached bungalow and is registered to provide residential care for three children and young people. The home has a lounge, a dining room, conservatory, kitchen, small enclosed rear garden, and a garage.

The home became registered with the Commission on 4 December 2019.

Registered Provider	Government of Jersey Children's Services Accountable Officer: Rob Sainsbury (Interim Director General Children, Young People, Education and Skills)
Registered Manager	Vacant – Temporary manager Tara Billings
Regulated Activity	A care home for children and young people's residential care
Mandatory conditions of registration	Maximum number: 3 Children (aged 12 to 18) Rooms 1 to 3, one person
Dates of Inspection	27 September and 14 October 2022
Type of Inspection	Announced

Number of areas for improvement	Three
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At the time of this inspection, there were two young people accommodated in the home. A third young person was living in other accommodation; however, this remains their substantive home.

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.

Following the last inspection in December 2021, there were two areas of improvement. The service has made improvements in both of these areas; however, this inspection has highlighted three areas for improvement, these are detailed below:

The core staff team has remained largely consistent since the last inspection in December 2021; however, two staff have transferred to other homes, with two experienced staff members joining the team recently. Unfortunately, two staff were not available due to long-term sickness and there was one vacancy, leaving twelve staff available to provide care in accordance with the homes Statement of Purpose. This has placed additional pressures on staff to cover shifts on the rota and has resulted in some staff working extra hours, over and above the maximum 48 hours stipulated in the Standards, which is not sustainable in the long term. This is an area for improvement.

There is currently no registered manager in this home, with the last manager leaving at the end of August 2022. This was the second registered manager since the last inspection in December 2021, which raises concern about stability and consistency for staff and care receivers. Feedback from staff recognised the negative impact of not having a permanent manager.

The home is currently being led by a temporary manager, with support from two other Registered Managers (who have responsibility for other homes) and the Service Manager. This is an area for improvement.

The supervision of staff has been compromised due to having no registered manager in place and staffing pressures over the summer. Staff have not received supervision in line with the Children's Homes Standards and also do not meet this Service's own supervision policy in terms of frequency. This is an area for improvement.

One care receiver is currently living elsewhere. However, their substantive placement remains in this home. Care planning in respect of this care receiver had been compromised due to staff not being available to ensure this care receiver's transition plan back to his home. This care receiver needed to re-establish and strengthen their relationships with staff; however, this did not happen until recently. The Regulation Officer is assured that this issue has now been rectified, however the Registered Provider is advised to review transition planning to avoid such situations for other care receivers in the future.

There is extensive mould in the house bathroom accessed by care receivers and the fixtures are very dated. The service lead has advised that a plan is in place, they are instructing a contractor and will advise the Commission once a date is known for the start and completion of these works.

Overall, this inspection was positive, with care receivers receiving good quality care by a staff team, that had been consistent since the last inspection, albeit impacted by a shortage of available staff. The temporary manager spoken to as part of this inspection commented this home felt like a family, who looked out for each other, and they were able to give positive examples of nurture and fondness between staff and care receivers. Staff spoken with as part of this inspection spoke of a close committed staff team who look after each other.

INSPECTION PROCESS

This inspection was announced with 24 hours' notice with an email to the Service Manager and the temporary manager and undertaken on 27 September 2022. This was to ensure that in the absence of a registered manager there would a staff member with adequate oversight of the operation of this home. A further visit was undertaken to this home on 14 October 2022, to capture staff feedback and to get an update from the temporary manager. Various emails were also exchanged with the temporary manager and the Service Manager as part of further information gathering.

The Children and Young People's Residential Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to the inspection visit, information submitted to the Commission by this service since the last inspection was reviewed. This included any notifications, any changes to the service's Statement of Purpose or variation to the conditions of registration.

The Regulation Officer sought the views of the care receivers, staff, the Service Manager, the allocated social workers, and other professionals who come into contact with the care receivers and this home on a regular basis.

Unfortunately, both care receivers declined the opportunity to share their views with the Regulation Officer.

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

Safe recruitment checks were not undertaken as there have been no new staff in this home since the last inspection. However, a review was undertaken of criminal record checks in place for staff.

During the inspection, records including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the temporary manager and the Service 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 action plan attached at the end of the report.

INSPECTION FINDINGS

At the time of the last inspection in December 2021, there were two areas for improvement identified. The Registered Provider has made improvements in one area identified; however, one area remains and two further areas for improvement have been identified, totalling three areas for improvement.

For clarity, each area of improvement from the last inspection report is set out below, with the response from the Provider and the current situation.

Area for improvement 1: To appoint a staffing structure as per its Statement of Purpose that enables the Registered Manager to achieve a staffing rota of two members of staff on duty at all times and to advise the Commission of the plan in relation to staffing to ensure that this structure is maintained.

Response by Registered Provider: A full time member of staff has now started, and we have had another staff member move from another home, meaning we are fully staffed.

Current situation: This home has met the staffing requirement, however due to the long-term sickness of two staff members and a recent resignation, this has resulted in staff working additional hours to cover shifts, some of whom have worked over the 48 hours threshold set by the Commission. This remains an area for improvement.

Area for improvement 2: To ensure that the service Policy for Medication management is shared with the staff team and is fully adhered to. To ensure that competency training assessments are reviewed and updated.

Response by the Registered Provider: This is ongoing and I, the Registered Manager have met with the Children's Home Improvement Manager and the Learning and Development Manager to discuss training, policy and procedure and have suggested a trusted provider. Medication management is currently being improved by way of coaching and mentoring staff. This is an ongoing area for improvement across the residential service and a long term solution to training and competency is being worked on.

Current situation: A medication policy is now in place and staff undertake on-line training as part of their NVQ Level 3 training in dispensing, administration, and storage of prescribed and over the counter medications. However, the competency training sign-off has not been completed with staff. Given that no medications were prescribed at the time of the inspection, any risks associated with this area were negligible. The Commission is satisfied that training is being sourced in this area and is no longer an area for improvement.

Safety

Reference is made to Standard 8 which states 'you will feel safe'.

This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

The home has recently undertaken a review of their policy in relation to the Control of Substances Hazardous to Health (COSHH). This was following an incident with a care receiver. The temporary Manager provided evidence that this was a singular incident and that hazardous substances are kept securely. In addition, an independent health and safety audit was recently completed and the actions from this have been completed. The Regulation Officer was satisfied that this review was necessary after such an event and is a good area of practice.

The last fire drill carried out was in June 2022, which was out of timescale, however this was rectified during the inspection period to the satisfaction of the Regulation Officer. Fire alarms are checked weekly, and the log confirmed that this had taken place. Each care receiver has Personal Emergency Evacuation Plan (PEEP) in their personal folder, which is a good area of practice.

At the time of inspection there were 63 notifications of notifiable events to the Commission over the last ten months. A large proportion of these notifiable events were in relation to care receivers being reported missing to the States of Jersey Police. Upon enquiry, the Regulation officer was satisfied that the multi-agency Missing Policy protocols were being followed by this home, regular multi-agency meetings were undertaken, and safety plans were in place. In addition, dynamic risk assessment evidenced that safety plans had been revised to safeguard care receivers and staff. These safety plans are person centred and provide for a detailed individual response to care receivers.

The Regulation Officer undertook a revision of the central file of policies and procedures and felt assured that this the file was maintained and had up to date documents contained within it.

The home has a medications policy in place and staff have undertaken training in dispensing, administration, and storage of prescribed, controlled drugs and over the counter medications. Whilst having the training is a good area of practice, competency sign off for staff who dispense medications requires attention by the Registered Provider. No care receivers at the time of inspection were prescribed any medications, so any risks associated with this area were negligible. The Commission understands that the Registered Provider is addressing this issue and sourcing training, so that there will be competency sign off for all staff.

Training (including induction, training, and supervision)

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

At the time of inspection there was no registered manager, having left at the end of August 2022. A temporary manager was managing the day-to-day running of the home with the support of two senior staff, the service lead and two other Registered Managers (from other regulated homes), who have been helping with the staff rota and human resource matters. The service lead updated the Regulation Officer during the period of inspection that a new manager had been identified and would starting at the end of October 2022. However, until the new manager is registered and in post, this remains an area for improvement.

The staff spoken to as part of this inspection provided positive feedback about the temporary manager in place, a few comments were:

'Xxx is doing a great job in some difficult circumstances; you can be open with her with anything that needs addressing'.

'She is very open, supportive, and I feel listened to'.

There have been no new recruits to this home since the last inspection, so no safe recruitment checks were able to take place. However, the Regulation Officer did undertake enquiries regarding criminal record updates for all staff. It was evidenced by the Regulation Officer that all staff had up to date Disclosure and Barring Service (DBS) checks in place at the time of this inspection.

The majority of the staff team are very experienced carers, with some having worked for this service for over 20 years, which is positive. The shift rota covers the required staff as per this homes Statement of Purpose, however due to two staff with long-term sickness and a recent resignation, staff have had to cover additional shifts, with some staff working over the maximum 48 hours set out in the Regulations. The Commission considers this to constitute unsafe working practice which places staff at risk of burnout. This is an area for improvement.

The service lead has secured additional funding for two extra full-time post for this home, taking the full staff team to seventeen. This is welcomed by the Commission and should provide for some helpful respite and support for the team, who must be commended for their dedication and duty of care when it has been a challenge to staff this home.

In relation to available staffing levels, staff spoken with as part of this inspection shared that it had impacted the ability to attend training, complete administration duties, receive supervision and staff retention. One staff member emphasised that *'the needs of the care receivers had to be prioritised over recent months, with staff stepping up to ensure rotas are covered'*. Another staff member spoke of *'staff wellbeing being impacted and not being able to attend events organised by the service, due to time constraints'*.

At the time of inspection, the Regulation Officer had sight of the training log for staff. The log evidenced that staff had completed both mandatory and supplementary training. However, no dates of completion were noted. The Regulation Officer has asked this to be rectified and is satisfied that a review of the training log is being

completed. The Standards require at least 50% of staff to have completed a Level 3 qualification in health and social care (or equivalent) to be on duty at any time. The temporary manager has confirmed that eight of the twelve staff has completed a Level 3 qualification, with four staff currently undertaking this training and skill/experience mix is considered when completing rotas. The Regulation Officer was satisfied that this standard was being met.

Staff spoke positively of the training offer from the service, in particular Non Violence Resistance approaches, which have helped cement positive practice in this home and reduce unwanted behaviour from care receivers. This home meets the standards in this respect and is a good area of practice.

Whilst staff supervision in recent months could not be evidenced, staff feedback was supportive of the supervision they received and the opportunity for reflective discussion about their role to improve the quality of care they offer care receivers and discuss their own development. Staff also commented that there was a high level of informal peer supervision that takes place on a daily basis where staff were able to discuss issues and drive improvement in their care and responses to care receivers. However, as formal supervision has not taken place in line with this home's own expectations, this is an area for improvement.

Staff feedback about informal supervision was, *'the staff here are an honest and open team and when something goes wrong or we can do something better, we speak about it there and then'*.

In addition to formal supervision, this home also benefits from accessing clinical supervision delivered by a psychotherapist, which is a formal process of professional support, reflection and learning that contributes to individual development and improves the quality of care delivered to care receivers. The feedback from staff regarding clinical supervision was mixed, with some staff not accessing it and other staff valuing it and appearing to use it successfully.

The use of clinical supervision in this home would benefit from a review by the Registered Provider to ensure that therapeutic trauma informed practice and care are embedded in this home.

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 majority of this home is well decorated, clean, tidy, and homely. With the house bathroom which is accessed by the care receivers being the exception, where mould was present, and the fixtures and fittings were dated. The Service Manager updated the Regulation Officer about plans to refurbish the bathroom and was waiting for a contractor to be appointed.

The Regulation Officer was warmly welcomed by staff and introduced to one care receiver. The Regulation Officer observed some warm interactions between a staff member and this care receiver. Staff were friendly, approachable, and also appeared honest in their responses to the Regulation Officer.

The Regulation Officer met with three staff members to ascertain their feedback about working in this home and delivering support and care to care receivers. Genuine fondness, commitment and positive regard for care receivers were key themes that came across during these discussions.

The Statement of Purpose and Young Person's Guide were reviewed by the Regulation Officer and were fit for purpose. The temporary manager commented that these documents were due for review in a much friendlier format for care receivers.

Each care receiver has a personal file, which is easily accessible in the office. The file contains important information about the care receiver, such as safety plans, behaviour management plans, medication administration records, contact details for family members and their fire evacuation plan. These records were up to date.

Other information in relation to care receivers, such as care plans and assessments are stored on this service's electronic recording system called Mosaic. All staff have access to these records and daily recording about care receivers is completed.

This home has behaviour management plans in place for care receivers. These are person centred and consider the individual needs of care receivers. The Regulation Officer observed that the staff spoken to as part of this inspection spoke with warmth, empathy, and a duty of care for safety and well-being of the care receivers in this home. Importantly, the temporary manager and the staff team in this home were clear about how they deliver care, where there is respect and fairness, with the temporary manager commenting that, 'without a positive relationship you have got nothing'.

Staff were able to demonstrate that they had a good understanding of the care receivers' life journeys; they showed empathy and evidenced knowledge of how to respond to the care receivers in line with their behaviour management plans and gave examples of incidents and how they managed these successfully, with good outcomes for the care receivers. It was apparent that the team members who were spoken with were passionate about the work they do in supporting these care receivers.

Staff were asked about engagement with care receivers and how they ascertain their wishes, feelings, and choices. Feedback from staff was that the care receivers are communicated with daily about choices, for example food, clothing and activities and their wishes and feelings are sought regularly in keywork sessions. The care receivers are also offered access to advocacy services.

Enquiries were made by the Regulation Officer in relation to the promotion of family contact and contact with important others. The temporary manager shared that both care receivers access family contact and staff actively promote this through discussion with the care receivers and their families on how best to improve the experience.

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>Area for Improvement 1</p> <p>Ref: Regulation 17, Standard 7</p> <p>To be completed by: 31 January 2023</p>	<p>To appoint a staffing structure as per this home's Statement of Purpose that enables the Registered Manager to achieve a staffing rota of two members of staff on duty at all times and to advise the Commission of the plan in relation to staffing to ensure that this structure is maintained.</p> <p>Staff must not regularly work over 48 hours a week.</p> <hr/> <p>Response by Registered Provider:</p> <p>Recruitment is ongoing currently and the home are actively recruiting to operate a ratio of 2 staff to 3 children during the day with management support.</p> <p>The staff team has an additional 3.5 staff permanent posts allocated. There are also 2 new zero hour bank staff.</p> <p>The home will endeavour to ensure that staff work within the hours as advised in the guidance that are set out in the standards.</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 3, standard 7</p> <p>To be completed by: 31 December 2022</p>	<p>For the Registered Provider to appoint a dedicated Registered Manager to this home.</p> <hr/> <p>Response by Registered Provider:</p> <p>The Registered Provider secured a registered manager who commenced duties on the 30th October 2022.</p>

<p>Area for Improvement 3</p> <p>Ref: Regulation 17, Standard 7</p>	<p>The formal supervision of staff needs to be undertaken on a regular basis to ensure that their needs are met, care receivers' needs are discussed, and their continued professional development is considered.</p>
<p>To be completed by: Immediate action required</p>	<p>Response by Registered Provider:</p> <p>Supervision will be completed as per regulation/standard and within the current operating policy, all supervision will be recorded on a matrix to evidence that supervision is taking place.</p> <p>As part of supervision, professional development/gaps in learning will be discussed with the supervisee and recorded at each supervision and a clear plan to ensure that each member has the opportunity to develop professionally.</p> <p>A clear training matrix will evidence staff development to ensure that each member charged with caring for children and young people are equipped, skilled, qualified and competent to work directly with children and young people.</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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