



Jersey Care  
Commission

## **INSPECTION REPORT**

**02 Children's Home**

**Care Home Service**

**25 August and  
2 September 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. The name and address of the home have 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 two-storey house and is registered to provide residential care for two children and young people. The home has three bedrooms, two lounges and a kitchen diner. One of the bedrooms is used as a staff sleeping area and office.

Outside the main building, there is a secure enclosed rear garden and a front garden with two entrances, which has opportunity for growing vegetables and plants.

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

Registered Provider	Government of Jersey Children's Services Accountable Officer: Robert Sainsbury (Interim Director General Children, Young People, Education and Skills)
Registered Manager	There is no Registered Manager in post
Regulated Activity	A care home for children and young people's residential care

Mandatory conditions of registration	Type of care: personal care and personal support Category of Care: Children and Young People (0-18) Maximum number of care receivers: 2 Age range of care receivers: 12-18 years Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-2. One person in each room
Discretionary conditions	None
Dates of Inspection	25 August and 2 September 2022
Type of Inspection	Initial visit unannounced, second visit announced
Number of areas for improvement	Six

At the time of this inspection, there was one care receiver, aged 11 to 14 years old and one care receiver aged 15 to 18 years old accommodated in the 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 July 2021 there were two areas of improvement. The service has made improvements in both of these areas, however this inspection highlighted six areas for improvement, these are detailed below:

There was no Registered Manager present in the home at the time of initial inspection on 25 August 2022 and senior staff members had also not been present due to various reasons, leaving only junior grades of staff on shift.

A Registered Manager from another home had been providing daily oversight of the home, however during the inspection period they left the service. Both senior members of staff returned to work during the inspection period after some leave.

The oversight provided by another Registered Manager was not adequate and has left the home without appropriate leadership. This is an area for improvement.

At the time of the second inspection visit, a major care planning decision was being made for one of the care receivers. Upon enquiry with staff, including a senior staff member they felt unsupported by management and did not have contingency plans in place for the potential outcomes of the care planning decision. This further evidenced the need for a Registered Manager in this home to lead on such matters.

Staff spoke of feeling listened to by their immediate line management. However, this did not translate into positive change and left staff feeling frustrated. It is imperative that a Registered Manager is secured as soon as possible to enable the voice of staff to be heard at senior levels in the organisation.

The formal supervision of staff had been poor, with the central supervision log being inadequate. Supervision for June 2022 showed compliance with the expected Standard. However, July 2022 only recorded one out of ten staff receiving supervision and no staff in August 2022 received supervision. This is an area for improvement.

In addition to formal supervision, Clinical supervision continues to be delivered to staff in this home, which is a good area of practice and should provide for better care, support and outcomes for care receivers through trauma informed care. However, feedback from the professional delivering this supervision expressed that the staff team *'appeared to be leading the field with regards to their care giving, actions and reflections on how care receivers should be supported in Jersey. This unfortunately has not been the case during the last fifteen months, as progress has stalled, which has reduced the consistency and effectiveness of the staff team'*.

Although this is not an area for improvement in this inspection, the use of clinical supervision and staff engagement in this process would benefit from a review by the Registered Provider to ensure that therapeutic trauma informed practice and care are embedded in this home. This matter will be revisited in the next inspection.

The staffing ratio recommended following a risk assessment in April 2022 is commensurate with the needs of the care receivers in this home. However, there has been considerable pressures in meeting this recommendation. Even with staff working additional shifts, the staffing ratios have fallen below what is required, especially over the summer months. This is an area for improvement.

The homes current Statement of Purpose does not reflect the current staff ratios required to meet the care receivers' needs. This is an area for improvement.

A recommendation from the risk assessment in relation to security of the home was to have a security bell and camera installed on the outside entrances of the home. This was completed, however owing to software issues the equipment is not compatible with the home's IT equipment, so does not work. This is an area for improvement.

One staff member who joined the home in October 2021 reported that her induction was very limited, and she was on shift straight away. New staff should have an adequate induction period, backed up by a robust procedure. This is an area for improvement.

The care receivers were often missing from their home or absent without the consent of staff, with sixty-eight missing notifications since the last inspection; this would result in staff implementing care receivers' individual missing protocols. Personal safety plans were in place and regular multi-agency meetings were undertaken to consider contextual safeguarding for these care receivers. The safety plans are person centred and provide for a detailed individual response to care receivers. The Commission understands that the Safeguarding Partnership Board has undertaken a multi-agency review of children missing from care and work is being completed to review the multi-agency policy.

The staff team were clearly under significant pressure during the inspection period, however a positive theme that became clear was their commitment and duty of care to the care receivers, alongside an understanding of the care receiver's life journey.

Staff spoke with fondness for the care receivers; however, this was balanced against concern for their welfare when out in the community.

The staff team are to be commended for continuing to provide adequate care, with limited management oversight.

Staff training was also a good area of practice, with all staff having completed Level Two Applied Therapeutic Skills training and eight out of ten staff having completed Level Three. Eight staff had also completed Non-Violence Resistance (NVR) training.

## **INSPECTION PROCESS**

This inspection was unannounced on 25 August 2022. The follow-up visit on 2 September 2022 was announced. A MS Teams meeting was undertaken with the Service Lead on the 23 September 2022.

Prior to our inspection visit, information submitted to the Commission by the service since the last inspection in July 2021 was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of the carer receivers, the allocated social workers, senior and junior staff members and professionals who have contact with the home.

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

The Regulation Officer focussed on the following areas during the inspection:

- The recommendations and subsequent actions from the inspection in July 2021
- Staffing of the home and leadership

- Current Risk assessments in relation to the care receivers
- Safeguarding of care receivers and staff
- Safe recruitment and staffing arrangements (including induction, training and supervision)
- Care planning

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Service Lead, in the absence of the 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 attached at the end of the report.

## INSPECTION FINDINGS

At the last inspection on 02 July 2021, there were just two areas for improvement identified at this home and these areas were successfully responded to by the Registered Provider. 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:** Pathway plans reviewed for young people to ensure timely plans in place before they turn 18. The provider to ensure allocation of personal advisors to young people allows sufficient time to develop a positive relationship.

*Response from the Registered Provider: The Registered Manager reviewed the pathway plan and ensured plans were in place before the young person turned 18yrs. The Registered Manager reviewed the allocation of a personal advisor and ensured sufficient time was allocated for the young person to develop a relationship with their PA. These plans were agreed 2nd August 2021 and the transition was successful 30th September 2021.*

Current situation: The care receiver transitioned to adulthood, so this is no longer an area for improvement.

**Area for improvement 2:** The Registered Provider to ensure that the Independent Visitor attends on a monthly basis. Reports to be forwarded to the Commission

*Response from the Registered Provider: Monthly Independent Visitor visits commenced 20th July 2021.*

Current situation: Monthly visits from the Independent Visitor have continued, so this is no longer an area for improvement.

During this inspection six further areas for improvement were identified.

The Commission received a manager absence notification on the 11 July 2022 and were advised that another Registered Manager from another home would take over responsibilities on an interim basis. Feedback from staff during the inspection process was that they had daily contact with Manager, and they were available for support and advice. However, there was not enough management presence in the home. In addition to the issue relating to the absence of a manager, two senior staff members had been off for periods in July and August 2022. The Registered Manager overseeing this home left the service during the inspection period and two other Registered Managers (who are registered for other regulated services) have been allocated duties within the home. This is area for improvement one.

With the absence of a dedicated Registered Manager and senior staff over July and August, supervision of staff throughout July and August 2022, fell below acceptable standards. The central supervision log for staff evidenced that supervision had not taken place in August and only for one staff member in July. Feedback from staff evidenced that the quality and frequency of supervision was not consistent. One staff member commented that the supervision they had received 'did not meet her needs' in terms of being new to the role.



This home also provides opportunities for staff to access clinical supervision, 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 Regulation Officer was provided with some positive feedback from staff in regard to clinical supervision they had received, with comments that the process had 'allowed them to work with care receivers better', and another reported 'that it was really good and connected them with the care they had provided'. There also appeared to be some confusion that staff had commented that clinical supervision was no longer happening in the home, however it was evident that it was. 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.

During the inspection period, staff members spoken to expressed that they did not feel supported by line management, in respect of the care planning for the care receivers in the home. During the Regulation Officer's second visit to the home there was tangible anxiety within the staff team regarding an impending care planning decision. The staff members spoken to did not have adequate contingency plans in place for the potential outcomes of this decision, which could have had major implications for the safety of staff. The Regulation Officer felt sufficiently concerned that they communicated with the Head of Service for the home outlining the situation and requesting urgent action to support the staff team. A satisfactory response was provided from the Service, however further evidenced the need for a dedicated Registered Manager in this home.

Staff spoken to as part of this inspection reported that they were working additional shifts to cover the rota. One staff member had recently worked continually for thirty-two hours, with a sleep-in shift of eight hours included in this period. Another staff member stated it was not uncommon for staff to 'work seventy to eighty hours a week'.

The Commission advises the Registered provider that this breaches the standards and regulation of care law and must be urgently rectified. This is area for improvement three.

Staffing ratios have increased since the last inspection in July 2021, due to the outcome of a risk assessment in April 2022 regarding the needs of both care receivers. This risk assessment recognised the need for three staff to be available on daytime shifts to meet the needs of the care receivers, however at this time the early shift is only covered by two staff and the late shift is covered by three staff as per the risk assessment. This home's current Statement of Purpose does not reflect these staff ratio changes and must be revised. This is area for improvement four.

Staff reported that they undertake a dynamic risk assessment when required regarding where staff resources are required for the two care receivers to ensure their needs are met and risk to staff is mitigated. The Service Lead for this home reported that they were also mindful that having too many staff present in the home could be detrimental to fostering trusting relationships with the care receivers, so there has to be a balance between risk, staff numbers and consistency for the care receivers.

The Service Lead for this home has undertaken a recent audit on this homes staffing, in particular to extrapolate hours that staff work in this home and across other homes, with a view to looking at staff wellbeing, to avoid burnout and absence. In addition, further funding has been secured for three full time and one part time members of staff, which will increase the compliment to fourteen full time and one part time staff member. The Commission welcomes this development, however at the time of the inspection this was an area for improvement.

The Commission are aware of on-going recruitment and two recent staff appointments; however, the situation remains of concern, and it has only the good will of staff that has enabled this home to operate in recent months.

A risk assessment carried out in April 2022 recommended that a security bell/camera was fitted to both entrances outside the home. This work was completed; however, the home's own IT equipment is not compatible with the software of security apparatus, hence the system does not work.

The Regulation Officer is aware that software fixes have been attempted, however without success. The security of the care receivers and staff is compromised and needs urgent attention from the Registered Provider. This is area for improvement five.

In respect of induction, a new staff member spoken to as part of the inspection feedback process commented, 'I went straight in and had no buddy allocated to me', with the staff member expressing they 'felt that this was insufficient to meet their needs'. The staff member gave the example of being on shift almost immediately, instead of being supernumerary for a period, whilst learning about the role.

It is acknowledged that considerable pressures exist relating to staffing across the whole care sector in Jersey. However, having an adequate induction procedure is essential in providing new staff with the opportunity to integrate with their colleagues, feel supported and become better able to provide support and care to care receivers. The lack of an induction period can have a detrimental impact on quality of work, increase risk to care receivers and staff and can increase staff turnover. This is area for improvement six.

Medication records were checked as part of this inspection and had been completed appropriately with over the counter medications that had been given to the care receivers as and when required. Staff undertake on-line training in respect of administering and dispensing prescribed medication. However, there is no current system in place to recognise competency in this area. Given that no medications were prescribed at the time of the inspection, any risks associated with this area were negligible. The Commission understands that plans are in place to fulfil this training need and will continue to monitor the situation.

Staff training was an area of good practice in this home. Staff have access to a psychotherapist for clinical supervision on a weekly basis, which promotes opportunities for staff to critically reflect on their caring role, where learning and development are discussed in an emotionally safe space.

Feedback from this professional suggested that previous progress in delivering therapeutic and Non-Violent Resistance (NVR) approaches to care receivers had 'stagnated' and in their opinion '*there has been a fair amount of disguised compliance from some team members and management*', resulting in an impact on the care receivers, '*especially with regards to their sense of safety and containment*' and '*implementation of recommended courses of action and strategies are not always followed through.*'

### **Care & 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.

Both care receivers in this home are registered with a GP and dental practice. Their health and dental needs are being met in this home.

The Service Lead for this home reported that over the last year they have developed personal support plans for both care receivers, that detail their individual care needs and risk profiles. Dynamic risk assessments are carried out by staff on a daily basis according to the needs of the care receivers, where staff can be utilised to mitigate risk and provide additional support to care receivers when required. These plans are regularly reviewed with the care receivers allocated social workers. This is an area of good practice.

At least three of the staff spoken to during this inspection had known one of the care receivers for at least five years. They spoke positively about their relationship with the care receiver and expressed a fondness for them. It was also clear that the staff were able to reflect on the care receivers' journey and have empathy for them and their family. This was also evident in respect of care receivers' extended family.

The Regulation Officer was able to observe care being delivered in the home. There appeared to be good interactions with the staff and young people, and a commitment to provide positive care. One care receiver was observed to be preparing a meal, with a staff member offering them a variety of choices.

The Regulation Officer enquired with staff as to how care receivers' voices were heard in respect of choices and engagement in the running of their home. Staff commented that there was no regular house meeting, as it was felt the care receivers would not engage in this process.

Staff expressed that the care receivers were given choice everyday about what activities or choices they wanted in respect of food or clothing. The Regulation Officer was satisfied that choice was being provided to the care receivers. However, it was recommended that the Registered Provider considers how to engage more positively with care receivers and be able to evidence this.

Keyword sessions with the care receivers happen on a monthly basis or as and when necessary. This is an area of good practice.

There was some positive engagement that was evidenced during the inspection in respect of both care receivers outside of the home. One of the care receivers had engaged in a programme of activities over the summer with staff and the other had developed relationships with other professionals, which appeared valuable to that care receiver.

Feedback from a professional who undertakes regular visits to this home raised significant concerns about the impact of staffing levels and staff working additional shift to cover the rota. They reported that although 'staff have been doing their best, but when compassion fatigue has been running high and some staff have gone from 160 hours a month to almost 300 hours, their ability to interact effectively and provide vigilant care for children has been compromised appreciably'. The professional also commented that he had observed inconsistent care and support given to care receivers, citing 'the lack of management and leadership during recent months has been a significant contributing factor to this.'

## Safeguarding

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.

Safe recruitment practice confirmation was undertaken on one new staff member since the last inspection in July 2021. All the necessary documentation and checks were completed prior to the staff member joining the organisation. This is an area of good practice.

Since the last inspection in July 2021, there have been ninety-six notifications submitted to the Commission in respect of the two care receivers, the majority of which were notifications of care receivers being reported missing. The Regulation Officer was also able to confirm that the current missing protocols were being observed by multi-agency partners in respect of regular meetings where contextual safeguarding was discussed. The Commission understands that there is a multi-agency review of the missing policy.

The Regulation Officer is satisfied that the Commission are receiving notifications from this home. This is a good area of practice.

One of recommendations from a risk assessment in April 2022 was for a security bell/camera to be installed to the outside gates of this home. This was completed. However, the system has not worked since installation due to incompatibility with the home's IT equipment. This must be rectified urgently and is an area for improvement.

The staff utilise protocols around visitors to the home, with the Regulation Officer having to show identification and sign the visitors register. The front door was locked on both occasions that the Regulation Officer visited the home, however, has a thumb-turn lock that allows care receivers to leave the home whenever they wish.

## **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

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.”

Although it was evidenced during this inspection that supervision of staff was an area for improvement, there have been areas that have improved. There is now a supervision policy, supervision template and supervision agreement in place, as well as competency checklists for staff, where continued professional development needs can be identified. This is a good area of practice.

Feedback regarding supervision from some staff members was positive in respect of feeling listened to by their immediate line manager. However, they did not feel their views mattered to the larger organisation in terms of change, with one of the senior staff members citing the recruitment and retention of staff being a major issue at this time.

The induction of one staff member spoken to as part of this inspection, evidenced that the process was unsatisfactory for them. The Service Lead stated that they do have a policy for induction and that staff should have at least a week before they are placed on the shift rota. On this occasion this did not happen and is an area for improvement.

The staff in this home have received a high-level of training in relation to providing therapeutic practice to care receivers, with the Service Lead reporting the following:

- All staff had completed level two Applied Therapeutic Skill training.
- Eight out of Eleven staff had completed level three Applied Therapeutic Skills training.
- Eight out of Eleven staff had completed NVR training.
- Three staff have completed MAYBO training (challenging behaviour interventions)

One new staff member had completed MAYBO training, which is the home's de-escalation and physical intervention model. The staff member commented that their training was good. However, they had not fully absorbed the training into everyday practice. Although this is not an area for improvement, the Provider is advised to fully review how the intervention model is properly embedded into day to day practice at the home.

Staff training around criminal exploitation and drugs is required to ensure that staff are provided with sufficient knowledge and skills to enable them to safeguard care receivers more effectively. The Service Lead for this home reported that they have sourced some training in this area, with a date to be agreed soon.



## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 3 and 5 Standard 7.9</p> <p><b>To be completed by:</b> 31 October 2022</p>	<p>The Registered Provider must ensure that a Registered Manager is appointed to this home.</p> <hr/> <p><b>Response by Registered Provider:</b></p> <p>An experienced interim manager is now in place, supporting the home and team.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 17 Standard 7.14</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The Registered Provider must ensure that all staff at this home receive regular supervision to enable them to provide care to care receivers to an appropriate standard.</p> <hr/> <p><b>Response by Registered Provider:</b></p> <p>Staff at the home will receive regular supervision in line with standard 7.14 with a minimum of 4 times per year and or more frequent if individual needs demands this. The focus of supervision will be to develop and build on good practice, develop their knowledge, skills, and competence through agreed support to ensure that professional relationships and sound judgement in the workplace are maintained.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 17 Standard 7.9</p> <p><b>To be completed by:</b> 30 November 2022</p>	<p>The Registered Provider must ensure there are sufficient staff to meet the needs of the care receivers in this home (as per the current risk assessment), and that staff are not working excessive additional hours, which are over the mandated threshold of 48 hours.</p>
	<p><b>Response by Registered Provider:</b></p> <p>The home currently has one young person in placement. The staffing levels have reverted back to the 2 staff per session that the home was established to provide. This has significantly reduced the need for additional staff cover.</p> <p>The interim manager is in place. Two senior staff have returned from extended leave and there have been three new permanent staff recruited to the home. Recruitment continues to fill all permanent positions.</p> <p>There have been 8 new zero hour bank staff recruited, which once inducted will support the staff team and allow the home manager to keep within the 48hr threshold.</p>

<b>Area for Improvement 4</b>  <b>Ref:</b> Regulation 20 Standard 1.1  <b>To be completed by:</b> 20 October 2022	The Registered Provider must update the current Statement of Purpose to reflect the current staffing ratios for care receivers.
	<b>Response by Registered Provider:</b>  The statement of purpose accurately reflects the two staff per session day and night as the increase is no longer required. The SOP is under full review and will be submitted to the care commission detailing how staff will be allocated to children and young people going forward.

<b>Area for Improvement 5</b>  <b>Ref:</b> Regulation 18 Standard 8.2  <b>To be completed by:</b> Immediate action required	The Register Provider must ensure that the security of this home is rectified in line with the recommendations of the current risk assessment. Specifically, the security bell/camera is not working and needs to be repaired.
	<b>Response by Registered Provider:</b>  The issue that initiated the need for security cameras is no longer an acute need or concern.  Monitoring of security is reviewed daily, and the external doorbell camera has not been implemented due to government software restrictions. There is a full government review of security cameras and that is expected to resolve broader issues.  As an interim measure, the home will purchase separate mobile broadband that will connect to the Wi-Fi to enable the camera to be used on the homes mobile telephone. This will be place at the point of the next inspection.

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 17 Standard 7.10</p> <p><b>To be completed by:</b> Immediate action required for any new employees</p>	<p>The Registered Provider must ensure that the home's Induction Policy is adhered to and that new employees are given appropriate induction support.</p> <hr/> <p><b>Response by Registered Provider:</b> All new staff will be inducted in line with organisational policy and also within the commissions standard/regulations. Staff will receive mandatory training, supervised practice via shadowing (minimum 5 shifts of shadowing) and competence will be assessed and signed off by a suitably qualified practitioner.</p>
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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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