



Jersey Care
Commission

INSPECTION REPORT

Sarum

Care Home Service

8 Clos du Rivage

La Rue a Don

Gorey

Grouville

JE3 9FA

22 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 Sarum care home. The home is situated in the parish of Grouville. There is a bus stop within walking distance of the property which provides a service between St Helier and Gorey. There are several cafes, restaurants and shops in the surrounding area.

The property stands within a quiet cul-de-sac. It is a two storey domestic property which has three bedrooms and a sleepover room on the first floor. One bedroom has en-suite facilities. The ground floor comprises of a spacious lounge, kitchen, dining area and one further bedroom. The garage has been converted into an office space for staff. The property also has access to an outside area.

Sarum is one of eleven care homes operated by Les Amis. The service became registered with the Commission on 18 July 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disability, autism Maximum number of care receivers: four

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.

Overall, the findings of this inspection were positive. The Registered Manager and staff team engaged fully in the inspection process and ensured that all requests for information and records were fully met.

The Regulation Officer had the opportunity to spend time chatting with all of the care receivers who live in the home. All expressed their satisfaction with living at Sarum and that they viewed it as their home. Each person has the freedom to follow their own vocational and leisure pursuits and balanced this with spending time with their friends that they live with.

A review of care plans demonstrated a good understanding of care receivers needs. They were personalised, provided a sense of who each individual is and their wishes and preferences.

The Regulation Officer undertook a review of the organisational policies and procedures in place. These were found to be reflective of the requirements of the Care Home Standards.

There were several examples of robust safe systems of working practices within the home. This includes medication practices, accident and incident reporting, risk management and recruitment practices.

Training provided to staff was found to be in line with the service's Statement of Purpose and categories of care provided. Training offered is generally consistent with the requirements set out within the Care Home Standards.

There are no areas for improvement made as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager five days before the 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 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 report, Statement of Purpose, communication records and notification of incidents.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

During the inspection, the Regulation Officer spoke with the Registered Manager and all of the care receivers who live in the home. There was also an opportunity to speak with one member of staff. A further four staff members were contacted via e-mail and invited to provide feedback.

Following the inspection visit, the Regulation Officer sought the views of three family members who had given consent to be contacted.

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

The views of two professionals were also obtained as part of the inspection process.

During the inspection, records including policies, training records, and incident reports were examined. A review of the care plans was also undertaken remotely by the Regulation Officer on 1 December 2022 following to the inspection visit.

At the conclusion of the inspection visit, the Regulation Officer provided initial feedback to Registered Manager. Final written feedback was provided on 1 December 2022.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified and an improvement plan was submitted to the Commission by the registered provider 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 all identified adaptations for the en-suite bathroom have been put in place.

Sarum is a permanent home for four care receivers. There are three permanent members of staff plus one staff vacancy since September 2022. The home has access to additional support via two zero hour contracted staff members who provide cover for sickness, annual leave and vacancies.

The Registered Manager reported that she will provide staff cover for the home when additional support is required for care receiver appointments and activities; however, this does not impact upon workloads.

The Team Leader explained that due to care receivers requiring minimal support within the home environment, they are able to adapt their working day to incorporate their administrative duties. Should this not be possible for any reason, additional administration time can be requested.

Safety

<p>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.</p>
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The Regulation Officer reviewed a sample of eight policies and procedures which were cross referenced with the Care Home Standards and included safeguarding, complaints and medication. The content was found to be robust with references to key legislation and supporting agencies where appropriate. All policies viewed were in date or under review at the time of inspection.

There are robust safe recruitment practices in place which are overseen by the central Human Resources (HR) team. Work has been undertaken to implement procedures for the use of agency staff. This has been necessary in order to meet the challenges of staff shortages both within the sector and as result of Covid 19.

A review of recruitment files was undertaken by the Regulation Officer at the Les Amis head office on 2 November 2022. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

There have been no formal or informal complaints received since the last inspection.

No safeguarding concerns have been noted or reported. The Registered Manager demonstrated an awareness of the principles of safeguarding, knows how to seek advice and has a good understanding of the referral process.

There was no Significant Restriction of Liberty (SROL) authorisation in place at the time of the inspection. The Registered Manager is aware of the process for application and renewal of SROL authorisations.

Notifications to the Commission since the last inspection were reviewed and cross referenced with care receivers' records of accidents and incidents. No unreported notifiable incidents were noted.

Staffing rotas were reviewed as part of the inspection process and a copy of the home's staffing risk assessment and contingency plan supplied. Due to the independence levels of the care receivers, only one member of staff is required for both daytime and sleeping in overnight. There is also provision within the rotas for additional staff twice weekly. The Registered Manager explained that this is used variably to suit the activities and plans of care receivers. In instances where special events are planned, additional hours will be offered to staff.

The organisation has a lone worker policy in place and staff also have access to the on-call system at evenings and weekends. Staff are mostly required to work on their own. The Registered Manager reported that there are lone worker assessments in place for all staff which help to identify any issues or support required with lone working. These were viewed by the Regulation Officer at the inspection visit.

There was evidence of personal emergency evacuation plans for all care receivers. These were reviewed by the Regulation Officer and found to clearly detail the specific to the needs of each care receiver.

There was a robust fire evacuation plan for the home which had been recently updated. This provided clear instructions of staff responsibilities in the event of a fire. The fire logbook was up to date with evidence of regular fire drills.

Infection prevention measures were noted to be in place. This included the availability of personal protective equipment and the wearing of masks by staff when in the home.

The Regulation Officer reviewed the provision for first aid. All staff receive first aid training which is updated every three years. A first aid box was available within the home and also in the vehicle used by the home. All supplies are checked regularly.

Medication administration practices were reviewed. This included an examination of transcribing guidelines, storage facilities, blister pack administration, stock control and rotation and appropriate use of medication administration records. No issues of concern were noted.

Daily audits are in place to ensure that all medication has been administered. There was also evidence that when difficulties with administration were encountered, the team sought advice from the appropriate professional and written guidelines were put in place for staff to follow. This is an area of good practice.

The management of tasks relating to maintenance, fire, health and safety, medication and finances are identified and scheduled for staff. All details of any tasks that need to be undertaken are logged on a planner within the staff office and recorded when completed. Any tasks that are not completed for any reason are carried forward and communicated to staff coming on duty the next day.

Maintenance contracts are in place for external contractors who provide annual servicing for profiling beds.

The Les Amis maintenance team have recently undertaken an environmental risk assessment. This has identified any immediate maintenance and repairs that require to be undertaken, as well as identifying a schedule for general upgrade and home improvement. Each task has clear actions and timescales attached.

Monthly quality assurance reports are undertaken by the Head of Governance. The Registered Manager supplied the reports for August, September and October 2022. Upon review, the reports were found to have clearly identified actions in relation to the Home Care Standards. The Registered Manager also has a tracker document for all actions identified which sets targets for completion and provides updates on progress made.

The HR Manager has confirmed that Les Amis is registered with the Jersey Office of the Information Commissioner.

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.

The organisation has an assessment process in place in order to determine that they can appropriately meet the needs of care receivers prior to offering placement. This is supported by access to the assessment undertaken by the commissioning service which forms the basis for the development of appropriate care plans and risk assessments.

A new welcome pack and financial agreement for care receivers had been devised which will be issued to existing care receivers in order to ensure that they are aware of their rights and responsibilities.

There has been one new admission to the home of a care receiver who transferred from another Les Amis property. The care receiver was given details of all vacancies within Les Amis and chose Sarum, as they had previous knowledge of the home and knew all of the care receivers living there. The Registered Manager reported that this had been a positive move and the care receiver had settled in well.

Care plans and risk assessments were reviewed for all four care receivers which are stored electronically. Everyone has an 'All about me' assessment document which gives a comprehensive overview of specific needs, wishes and preferences, aspirations and background information. This information is used to formulate care plans in five key areas (community inclusion, finances, health and medical, keeping safe and prospects, dream and goals). The care plan information promoted the individuality and strengths of each care receiver, as well as highlighting areas of support. There was evidence that reviews are undertaken every six months.

The care plans were found to provide a good overview of who each individual is and how they want to be supported. They take account of personal preference and positively support the maintenance of independence.

During the inspection visit the Regulation Officer had the opportunity to speak with all of the care receivers. Some had been out to work or attending clubs / voluntary placements. Others were enjoying a day off. All freely access the amenities of the local community, such as shops, cafes and pubs. One care receiver regularly uses the bus service to town. As well as participating in their own activities independently, they also enjoy spending time together and will participate in joint social activities.

All care receivers spoke of their fondness of living at Sarum. They described the busy weeks that they have with work / activities and the support that they receive from staff to achieve this. All felt that they were supported to be independent and that their individuality was respected. This was demonstrated in the support given to one care receiver in achieving participation in extreme sports. Other examples were shared where care receivers rights to express their individuality had been respected.

Care receivers are asked to provide feedback on the services that they receive on a monthly basis and evidence of this was noted in the care plans. They will also make their own decisions relating to how much involvement family members have in the support that they receive. One care receiver prefers that they communicate information to their family members rather than staff. This is respected by the team.

The Regulation Officer undertook a tour of the premises. The environment was found to be just like any other domestic property where individuals had their own private rooms, that were arranged according to their personal preferences. Communal areas are spacious and allowed for each individual to have items of memorabilia and equipment for hobbies close to hand. One care receiver has a table in the lounge which allows them to do jigsaws. Another has a space to display a collection of hats which has great sentimental value to them.

The home is warm and well presented. Care receivers were observed participating in their daily activities and interacting with one another in a friendly and relaxed manner.

One professional described their first impression of the home as *“very well maintained and in a tranquil setting”*. Another commented, *“Sarum is a lovely home. It is a great house with different rooms and a lot of space that the residents can do activities”*.

The home described positive working relationships with other agencies and provided examples. This included facilitating a work review for one care receiver who felt more comfortable meeting in their own home. Other examples were given by professionals who consistently described the organisation and preparation undertaken to facilitate visits to the home.

It was noted by the Regulation Officer how inclusive the Registered Manager was in involving the staff team in the inspection process. The Team Leader was invited to participate in the inspection visit as part of their ongoing learning and development. During team meetings the team will go through a different Care Home Standard and review what is required to evidence compliance. This is an area of good practice.

Staff that were spoken with as part of the inspection process talked of their pride and enjoyment in working at Sarum and also for Les Amis. All stated that they felt supported in their roles with one stating, *“It is a really good place to work”*.

Feedback received by relatives and professional was very positive. One relative described the confidence that they have in the staff team and the positive interactions that were witnessed with care receivers. Other comments included,

“Xxx leads a full and interesting life”.

“We are very happy with Xxx’s care”.

“The staff are excellent”.

A professional who had recent involvement with the home commented on the knowledge, helpfulness and welcoming nature of the staff team. They also described the care receivers as being, “*very happy*” and “*content within their own home*”, and observed a “*good rapport*” between care receivers and staff.

One issue was raised by a professional during feedback. This was in relation to care receivers returning to active participation in grocery shopping, following a period of online shopping during the pandemic. One care receiver had expressed that they missed the opportunity to go to the supermarket. It was noted by the professional that, “*This is an important daily activity for clients in order to maintain and develop their skills and it will be beneficial for clients to be able to take part in this activity again for those who wish to*”.

This was brought to the attention of the Registered Manager who gave assurances that the immediate issue had been resolved. The Regulation Officer discussed with the Registered Manager the importance of keeping this under review and ensuring that any care receivers who wished to return to grocery shopping be afforded the opportunity to do so.

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.
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There is a well-established induction process in place which provides appropriate supervision and support for staff during the first few months of their employment. All new recruits are made aware of, and given access to, a copy of the Code of Practice for Health and Social Care Support Workers in Jersey.

There have been no recruits since the last inspection. The Registered Manager explained the process for induction and the periods of shadowing afforded to new members of staff before they work unsupervised.

Following induction, staff are supported in their role through regular supervision, appraisal and competency assessments for specific tasks. This was confirmed by staff who provided feedback to the Regulation Officer.

The Learning and Development team oversee training for all Les Amis staff. A training policy is in place for the organisation, which is currently under review. A range of mandatory training courses are made available to staff and updated at regular intervals. This includes: First Aid, safeguarding, food safety, infection control, health and safety, manual handling, positive behaviour support and data protection. This was confirmed by a review of training records.

There is a blended approach to training with both online and classroom-based sessions being undertaken. The Learning and Development team reported that, due to Covid19, online training was being utilised more frequently. The Regulation Officer discussed the benefits of classroom training for particular subjects / scenarios, and it was agreed that this would be a consideration for future training. However, ongoing staff shortages have impacted upon progress.

Work has been undertaken in recent months to review training and a new online training provider has been sourced. There will be an online training programme for all new recruits which meets the requirements of the care certificate. This will be supplemented by documented observations in practice to assess competency. The Learning and Development team have also been working with external training provider to update the requirements for training updates.

The organisation also has accredited trainers for MAYBO, which provides positive and safer approaches to behaviour support, and a key trainer for safe handling. Practical training sessions for First Aid are sourced externally.

In relation to specific categories of care for which the service is registered to provide (autism and learning disability), initial online training is provided. Staff will then undertake learning disability specific units as part of their Regulated Qualification Framework (RQF) qualification.

Discussion with the Learning and Development Team highlighted the need to explore further training opportunities for staff who have completed RQF as part of an ongoing learning process. As a result, staff have recently been afforded the opportunity to undertake an online autism course with the Open University which provides 24 hours of directed learning. The team reported that they are also exploring training opportunities via Autism Jersey and the National Autistic Society.

Training in the Capacity and Self Determination (Jersey) Law 2016 (CSDL) is available to all staff who have not undertaken previous training based specifically on Jersey law. This has been running throughout 2022 and is facilitated by the capacity and liberty assessment team.

The Registered Manager reported that there are two members of staff who have a Level 3 RQF, or National Vocational Qualification (NVQ) in Health and Social Care. One other member of staff has a Level 2 RQF/NVQ. This equates to seventy five per cent of the staff team having completed this training.

Les Amis provide medication training for all staff as part of their induction. This is delivered in-house by staff who have a RQF Level 3 qualification and is based upon Les Amis medication competencies booklet which is very comprehensive. Once completed, staff will be observed in practice on at least three separate occasions by the Team Leader or Registered Manager. All observations are recorded, and a checklist is completed.

Medication competency continues to be reviewed at six-monthly intervals. New competency checklists have been implemented for reviews and the Regulation Officer was able to view the most recent checks that were undertaken for all staff. All staff progress to a Level 3 administration of medication unit as part of their RQF qualification.

The staff team receive additional training to support care receivers in the management of specific health conditions. The team also work closely with, and received training from, a specialist health team.

The purpose of the training was to update their knowledge on health and wellbeing so that they were able to educate care receivers as part of their daily living activities.

The home has a specialist piece of moving and handling equipment which supports care receivers with falls. Initial training has been undertaken and updates are due to be facilitated by the organisation's key trainer for safe handling.

Staff confirmed that they felt the training offered to them adequately supported them in their roles and that additional training could be requested when required. In Addition, there was positive praise for the Learning and Development team who were noted to be responsive and supportive in facilitating training needs.

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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