



**Jersey Care
Commission**

INSPECTION REPORT

St Joseph's Residential and Nursing Home

Care Home Service

**St Johns Road
St Helier
JE2 4XZ**

30 December 2022 & 3 January 2023

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 St Joseph's Residential and Nursing Home which is located in St Helier. The original premises date back a number of years and the home is undergoing a programme of refurbishment and modernisation to bring it up to modern standards. The refurbishment programme will include an additional 30 bedrooms and all existing bedrooms will be refurbished so that they will eventually have en suite facilities. It is hoped that the refurbishment programme will be completed in the summer of 2023.

The home can accommodate up to 82 care receivers and single bedroom accommodation is provided in four separate units which are named Jeanne Jugan, John of God, Caroline Shepherd and John Eudes. Bedroom accommodation is over three floors which are accessed by a lift and stairs and other communal facilities available include a chapel, sitting and dining rooms, activities rooms and a shop.

The Registered Manager is supported by a team of registered nurses, care assistants, activities staff, maintenance, laundry, housekeeping, catering and administration staff. As the home's registration conditions allow nursing care to be provided, there is a registered nurse on duty at all times.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, nursing care</p> <p>Category of care: adult 60+ dementia care (16 care receivers in Caroline shepherds)</p> <p>Maximum number of care receivers: 82</p> <p>Maximum number in receipt of personal care: 31 Maximum number in receipt of nursing care: 51</p> <p>Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms No: 1-32, 101 – 105, 107- 109, 111, 112, 112a, 113, 114, 114a, 115, 116, 117, 118, 118a, 119, 119a, 120 – 123, 201, 203, 204 – 219, 220 – 227: one person</p> <p><u>Discretionary</u></p> <p>As the Registered Manager, Marta Rodrigues must complete a Level 5 Diploma in Leadership in Health and Social Care by 23 May 2025.</p>
Dates of Inspection	30 December 2022 and 3 January 2023
Times of Inspection	9.40am – 3.30pm and 11.45am – 3.15pm
Type of Inspection	Unannounced on 30 December Announced on 3 January
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	81

The Care Home is operated by LV Group Limited and the Registered Manager is Marta Rodrigues.

Since the last inspection, which was completed on 24 May 2021, the Commission received several applications from the Provider to vary the conditions on the service's registration. This related to an increase in nursing beds with a corresponding decrease in personal care beds which was done in response to care

receivers' changing health needs. An application from the Provider was also received for Marta Rodrigues to become the Registered Manager, who was registered on 23 May 2022.

The Commission has also received an updated copy of the service's Statement of Purpose, which was submitted as part of each variation application and change in management.

The discretionary condition on the service's registration was discussed and the Registered Manager advised of the progress being made in achieving the Level 5 Diploma.

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 evidence gathered from a range of sources showed that the leadership and management arrangements in place were effective which ensured that a quality and safe service is provided to care receivers. Care staff were recruited safely and trained in a range of topics relevant to their roles. Supervision and appraisals were provided for. Staffing levels were maintained and met the minimum Standards.

Care receivers and their families reported a good quality of life in a homely, clean environment with care and support provided by friendly, caring and competent staff. Care receivers commented positively on the quality and variety of food provided to them. Staff knew care receiver's well and had a good understanding of their care and support requirements, social and family histories and lifestyle preferences. Staff interactions with care receivers were observed to be kind and caring.

The Registered Manager maintains a presence in the home, was clearly known to care receivers and their families and who expressed confidence in her abilities. The home was operating at full occupancy during the inspection week and pre-admission

assessments had been completed in order to determine whether or not the service could meet potential care receiver's needs. Appropriate care plans had been developed based on assessed needs and they were found to have been updated in line with changing needs.

There were appropriate governance arrangements in place to ensure oversight of the service and it was evident that this was an effective process to continually drive improvements. The home's refurbishment programme continues and environmental improvements have included an upgrade of the fire safety systems, redecoration and new furnishings throughout. There were no areas for improvement as a result of this inspection.

INSPECTION PROCESS

This inspection was completed over two visits to the home, with the first unannounced visit carried out by one Regulation Officer and the Deputy Chief Inspector who were met by the Registered Manager. The second visit was pre-arranged with the Manager and coincided with a time when Covid-19 activity was reduced.

It was requested that a poster was put up in the reception area of the home to advise any visitors (relatives, professionals, staff members), that an inspection was in progress and that any feedback about the quality of care provision in the home would be welcome. This was done immediately.

Prior to the inspection, the Regulation Officer visited the home on 17 June 2022 to meet with the newly appointed Registered Manager to discuss various aspects of their managerial role, to fulfil regulatory obligations. An unannounced medicines inspection was undertaken on 23 June 2022 by the Senior Community Pharmacist.

The Care Home Standards were referenced throughout the inspection.¹

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

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. This also included review of all correspondence and communications with the Commission since the last inspection.

The Regulation Officer sought the views of the people who use the service, and their representatives, and spoke with the Registered Manager, managerial, compliance and training staff, registered nurses and carer staff. The views of three health professionals were also requested as part of the inspection process.

During the inspection, records including care records, pre assessment records, medication administration records, complaints, governance reports and staff files were examined. This inspection included a walk round all units of the home to observe staff and care receiver interactions and engagement.

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, no areas for improvement were identified that required any follow up on this visit.

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 findings from the unannounced medicines inspection undertaken by the Senior Community Pharmacist's visit in June was positive and highlighted that medications were stored, recorded and administered safely. The medicines management policy was found to be comprehensive and up to date and best practice was noted in respect of the administration of covert medication.

Samples of medication administration records (MAR) were reviewed during the inspection which noted consistency of medicine administration, accurate record keeping and safe medicine storage. One member of staff was knowledgeable about the processes for the administration of controlled drugs which reflected the contents of the medicines management policy. One family member informed the Regulation Officer that they were concerned their relative had not always taken their medication as directed, which was brought to the Registered Manager's attention to be reviewed further.

On the first inspection visit, there was Covid-19 activity in some units of the home and staff described the measures in place to minimise further spread. The home had taken a proportionate response as visiting remained and the home had liaised with the Community Infection Control Team.

Samples of staffing rosters over a three month period in 2022 were examined which detailed the numbers and skill mix of staff on duty and confirmed that the minimum staffing Standards were met. The planned roster for January 2023 was also examined which again, showed that there were sufficient care staff and nursing staff in place to meet the Standards. The rosters showed that on occasions, staff presence exceeded the minimum Standards.

It is acknowledged that the care sector throughout Jersey is experiencing challenges associated with the recruitment and retention of staff. Despite these challenges, the care home continues to function with adequate levels of staff and staffing was not a concern at the time of the inspection. In relation to recruitment and retention, it was noted that there was only one vacancy at the time of the inspection and that two new staff members were due to commence work early in the New Year. The healthy staffing levels at the home have meant that when staffing has been depleted on unit, e.g., due to staff illness associated with Covid-19, staff can be redeployed from other units to cover any gaps.

During both inspection days, staff were observed supporting and engaging with care receivers across all units and were seen to be actively responsive to their needs. This included staff providing varying aspects of care as would be expected in a care home as well as talking with care receivers and engaging in activity sessions. Staff told the Regulation Officer that they were encouraged to sit and talk with care receivers and they described this as an important part of their role. Discussions with staff of all grades confirmed that they felt the staffing levels were adequate and allowed them to carry out their roles effectively. One family member however, said that when they visited they felt staff were “stretched” and did not always see staff around. The staffing levels on this unit were reviewed by the Regulation Officer which noted the ratio of staff to care receivers met the minimum requirements.

The management and governance arrangements were found to be effective to ensure a good quality and safe service was being provided. The Provider’s Compliance and Policy Manager was in the home at the time of inspection and they described that they visited the home at least monthly to monitor certain areas of the service which included speaking with care receivers and staff. The outcome of their visit was recorded in a monthly report and samples of reports from June 2022 were reviewed.

The reports were detailed, informative and comprehensive. It was evident that there is a process of continual improvement in that areas of development or issues of concern which were identified during one visit, tended not to reoccur and to be fully resolved by the time of the next visit. The reports identified that a concise

complaints log is maintained and that complaints are dealt with efficiently and effectively which has the impact of reducing anxiety and the likelihood of escalation. Essentially, problems are dealt with swiftly as they arise and are 'nipped in the bud' prior to them becoming bigger issues which result in formal complaints.

Incidents were notified to the Commission within the required time frames. The Regulation Officer followed up on some incidents that were notified and found good management of incidents and identified areas of learning actioned. The home demonstrated openness and transparency in respect of safeguarding alerts that had been raised. There was evidence that safeguarding concerns had been investigated thoroughly and the home cooperated with other agencies.

Effective systems were in place for the maintenance of the fire alarm system, emergency lighting and other equipment. Fire warden training has been provided to staff members. There was evidence of learning from fire drills indicated by improved evacuation times and fire safety inspections are undertaken regularly. The home had sourced the expertise of a fire safety management company to advise on additional fire safety strategies whilst the home is undergoing refurbishment.

When referrals are made to the home, a pre-admission assessment always takes place. These are coordinated by the Deputy Manager responsible for the unit in question. The Registered Manager referred to the lengthy waiting lists for admissions, and the intense pressure from social work teams to admit potential residents. The home normally operates at full capacity and demand is typically high. Samples of pre-admission assessments were examined which confirmed that the home ensures care receivers' needs are comprehensively assessed prior to admission and were seen to involve family members.

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 Registered Manager explained that her ethos in the delivery of care is that the home should be calm, relaxed, and family-oriented. This is reflected in the home's Statement of Purpose, which refers to the provision of personalised one-to-one support. Throughout the discussions which the Regulation Officers had with care receivers and staff members during the inspection visits, and in a review of the monthly quality reports, the notion of 'calmness', was a recurrent theme and it was apparent that the home operates in a way which seeks to resolve difficulties at source, and which promotes a general sense of overall serenity. In effect, the home has an atmosphere of calm.

The Registered Manager was happy to make time for the Regulation Officers and therefore much of the morning of the first day of the inspection was spent in the Registered Manager's office, during which time she answered a wide range of questions with confidence. The Registered Manager has been in post for six months. Prior to this, she was employed as a Deputy Manager in the home and as such, has significant experience in working in the home in a position of responsibility.

The Registered Manager explained that she retains direct involvement in the overall running of the home and spends time on each of the various units, basing herself 'on the floor' as opposed to in the office. This was confirmed by care receivers and family members who all made reference to seeing the Registered Manager regularly. There is also a regular rotation of staff between the units to ensure that staff members are exposed to the different needs of the client groups i.e., personal support, nursing and dementia care.

To ensure effective communication between the staff, there is a handover between shifts on a daily basis and written handover sheets are used to support the handover process. One Registered Nurse provided an example handover sheet and

confirmed that relevant, structured transfer of information helped optimise safety and continuity of care.

The Registered Manager advised that some residents are subject to Do Not Attempt Resuscitation Notices (DNAR's). This information needs to be made available to anyone who needs to know about such arrangements, such as paramedics and GP's. However, this information is also confidential and highly sensitive. Therefore, care plans and the handover system each clearly identify the care receivers who have DNAR's in situ. This enables a balance between making this information clearly visible whilst maintaining care receivers' privacy.

In the event that a care receiver's needs increase/change, the home ensures that a referral is made for a social work assessment via the Single Point of Access (SPOR) process. This is initiated by either the Registered Manager, a deputy manager, or a senior nurse. The Registered Manager advised that there is often a lengthy wait for an assessment to take place (often six-seven months).

When referrals for district nursing input are made, the response tends to be much faster. The district nursing service actively supports the home. An example was provided in that a care receiver requires the administration of insulin. The staff at the home do not currently have the required competence to undertake this intervention. Therefore, a district nurse attends each day to administer the insulin. When the appropriate training becomes available, staff in the home will be trained to do this themselves, which will reduce the demands upon the district nursing service.

The home submitted a notification when one care receiver was admitted with a grade 4 pressure ulcer which had developed in another facility. This was followed up at inspection and it was positive to hear that the ulcer had healed and the care receiver's health and comfort had improved immensely.

A discussion with the Deputy Manager and Registered Nurse highlighted that appropriate action was taken when the staff team had identified a change in a care receiver's presentation. Another example included the interventions provided to manage one care receiver's wound and pain management. This evidenced that the

home refers to relevant health professionals to address health issues when they arise.

Care planning is facilitated by senior staff members and nurses. In all cases, attempts are made to directly involve care receivers, although it is acknowledged that this is not always possible on account of varying degrees of mental capacity and willingness to be involved. However, this is often managed by involving family members in the care planning process. Family members are provided with regular updates associated with their relative/s, and positive relationships are maintained between family members and the home. All relatives spoken with told the Regulation Officer that they are kept informed about their family members.

Care planning is recorded through an electronic system known as 'Fusion'. Staff members have access to tablets/IPads which enables care plans and records to be easily shared with care receivers. It was noted wifi provision throughout the home has markedly improved since the time of the last inspection. Samples of care plans for care receivers in receipt of nursing care and personal care were examined, which showed that care plans had been developed based upon identified needs.

Entries in care records showed staff held discussions with care receivers about their past lives and interests, various approaches taken when supporting individuals living with dementia, responses and actions taken to fall events and evidence of consent having been gained prior to using specific equipment. The Compliance Officer described that the quality of care planning had improved and this remained an area of focus to strengthen and evidence the quality of care provided.

In respect of the provision of food at the home, the Head Chef is relatively new to their role. They take active responsibility in serving meals, in being visible and present in the main dining room, and in speaking with residents to ascertain their preferences. He takes pride in ensuring that he knows care receivers by name and maintains positive relationships with them by including them in developing menus and seeking their feedback about their likes and dislikes. All meals are home cooked. The home received an inspection undertaken by the Environmental Health department in 2021, at the time that the new kitchen facility was opened.

Overall, care receivers and their families expressed that they received a good level of care and support and gave positive feedback about the home and the staff team. They told the Regulation Officer the following:

“I’m very happy here, the staff are lovely and the food is really good.”

“It’s lovely here, they’re all very kind to you and I’m really happy.”

“I am comfortable here. The chef is visible and asks everyone about their preferences. A senior carer comes to visit me regularly. If I use my call bell, someone is usually here within a few minutes. If I have any serious problems, I would call someone”.

“I love it here. I wouldn’t want to be anywhere else. You’ve got the freedom to speak to the girls. I can eat in my room or in the dining room”.

“I feel lucky to be here, the staff are so lovely and I feel very safe with them. I’ve got a lovely room and the corridors are big which is great for me. I’ve got no worries or problems living here. It’s lovely.”

“The food is great here, the Chef tries really hard to please everyone. He knows that I like small portions and every day he gets it just right. The staff are really pleasant, they all try their best and they’re very patient. I think it’s great”.

“It was my choice to come in and it was a great decision because I’m still independent and I can see to myself, but the girls are there for me when I need them. I’ve enjoyed watching the project develop and it’s nice to see the improvements. I am ever so happy and feel content here”

“You get nothing but good care here, everything is immaculate and cleaned so well. I can’t fault how I’m looked after and the cleaners are lovely, the staff are lovely and they always make you a cup of tea when you ask for it. I can’t express how wonderful I think it is here and I’d recommend anyone to come here”

“It’s lovely and I feel the staff genuinely care. They’re really lovely to X and I can approach any of them and they’re really caring. I feel it’s a real homely home and feel lucky that X is here” [from a relative who was in the home at the time of inspection]

Four family members were spoken with by telephone and they felt that their relatives were well cared for by a compassionate and kind staff team. They consistently referred to the home’s cleanliness and the homely, calm atmosphere and being involved in the care of their relatives. Their expressions included: “X is in safe hands”, “the girls are awesome”, “they were on the case with X’s health”, “the home is like a retreat centre”, “X has improved so much which is down to the staff team” and “X reacts and responds well to the staff”.

One relative expressed concern that their relative did not receive sufficient stimulation from the staff team which was reported by the Regulation Officer to the Registered Manager. Some relatives commented negatively about the length of time the building works had been on-going and a preference for easy access to outdoor garden areas.

The home undertook a survey in September 2022 which aimed to find out about care receiver experiences relating to various aspects of the home’s operation.

Overwhelmingly, the feedback was very positive, however a minority of the feedback was less positive with comments such as “the dining room is dark and bare”, “I want the activity room back”, “the home is often short-staffed” and “the entertainment is not suitable”. The Regulation Officers did not note any negative feedback which related to the quality of care and support. It was noted that there were a large number of compliments retained on file for 2022.

The Registered Manager described that some care receivers had raised some concerns about an assisted bath that had been replaced on one of the units. This was resolved through a meeting where their concerns were listened and responded to. That a group of care receivers had worked together to achieve this outcome demonstrates that care receivers feel empowered and confident in raising concerns.

During both days the inspection took place, the home had a welcoming, calm atmosphere and the concept of personalisation with regards tailoring care and support to the needs and preferences of care receivers was demonstrated.

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.

New staff members undergo a process of induction. This includes a two-week shadowing period, which can be extended if necessary. New staff members need to demonstrate that they are both competent and confident in their roles before they are enabled to work without close supervision. The induction records evidence sign off on key aspects of care and procedures. The senior practice development health care assistant was in the home during the second inspection visit and described that the Care Certificate foundation training is provided for new staff who are without a formal qualification or who are new to care. She described that practical training in certain mandatory training subjects such as moving and handling and life support are provided in conjunction with E-Learning.

Staff members are able to access training and support via the Care Academy throughout their employment. Staff members are actively encouraged to train and progress through the Regulation Qualifications Framework (RQF) process. Many staff members already possess or are working towards RQF Level 3. Importantly, staff members may only administer medication if they have completed the associated medication training. The Registered Manager is studying to achieve RQF Level 5 and is expected to complete this in May 2023. The Deputy Manager is also being supported to complete this qualification and spoke favourably of the training opportunities available. The comprehensive training matrix outlined ongoing development which noted that high levels of training were provided to staff.

Supervision is provided to all staff members (140 in total), every three months including non-care staff such as domestic and catering staff members. The Fusion system logs when a staff member is due to receive supervision, and this acts as a prompt to their supervisor. It was acknowledged in discussion with the Registered

Manager that supervision can sometimes become overly formal and procedural. Therefore, it might be considered as to whether supervision could be offered in alternative formats, such as in discussing specific learning events and in becoming more reflective in format. Supervision records are maintained, and each staff member is able to access and view their own records.

Appraisals are scheduled to take place annually. It was acknowledged that this has not happened recently. However, this is due to the Registered Manager being relatively new to their post. She confirmed that she has a plan to ensure that these are undertaken in 2023. This is not an area for improvement but will be reviewed at the time of the next inspection.

On-call arrangements are in place. Each of the deputy managers and the Registered Manager take a week of being on-call each month. This ensures that the responsibility is shared equally.

Staff who were spoken with during the inspection consistently described a positive, supportive culture with a strong focus on team working which they felt impacted on care receivers' quality of life. Staff described the managerial and leadership arrangements as proactive and said the Registered Manager is approachable, visible listens to concerns, shows interest in care receivers and is an effective communicator. Some staff comments included:

“Whenever there is an event, there is a learning culture to ensure that there is lots of learning and an open discussion. The management is very good and the findings of the monthly reports are shared.”

“There’s a positive, calm, and relaxed atmosphere and training is actively encouraged. The staff group is close in the sense that everyone helps out and there is a willingness to be supportive, this is enhanced by the Manager being very involved and this tends to encourage other staff members to follow suit”.

“There is a focus on learning within the home and upon ensuring that the staff team is motivated”.

Environment

The Standards outline that the environment will enhance the quality of life for people in receipt of care and the accommodation will be a pleasant place to live or stay.

The care home is exceptionally spacious and has a great deal of light. It has a pleasant or neutral odour throughout and is noticeably clean. It was warm throughout. At the time of the inspection, on account of the time of year, there were Christmas decorations in the reception area and within each of the various units. Many of the decorations had been made by care receivers during planned activity sessions.

At the time of the inspection, a significant amount of building work was ongoing. The care home is in the process of being expanded to increase its bed capacity and refurbished to improve the facilities and décor throughout. Whilst this will be of benefit to islanders, it is causing a degree of dissatisfaction amongst some of the existing care receivers. A survey of their views was commissioned in September 2022, and this had resulted in some feedback which was critical of the building work.

Similarly, the monthly Provider reports have included evidence that there have been difficulties on site associated with the contractors. These matters were discussed with the Registered Manager who advised that the majority of the noisy building work takes place at designated times (between 2 and 4pm), and that this enables there to be planning to enable care receivers to go out on trips/to leave the home for a period, to avoid the disruption. It is acknowledged that although many care receivers dislike the appearance of the building site outside of the home, they generally recognise that the final result will be of benefit to everyone at the home. Finally, a new staff member has been employed who will have responsibility for liaising between the home and the contractors, with a view towards enhancing communication and minimising any problems.

Regular meetings are held between the Registered Manager and the contractors to discuss the plans and impact of the works upon care receivers with a focus of

minimising disruption. Minutes of these meetings are taken and were available for review at inspection.

On the first visit to the home, the Regulation Officers noted that an outdoor ramp was without a hand rail and discussed this with the Registered Manager. By the time of second visit, this had been addressed and hand rail provided as an additional safety precaution.

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.



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je