



Jersey Care
Commission

INSPECTION REPORT

Secure Children's Home

Children's Home Service

**12 January &
19 January 2023**

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 Secure Children's Home, which is operated by the Government of Jersey. The facility consists of a single storey building with multiple rooms which surrounds an internal courtyard. Prior to entering the admissions area of this home, there is a reception office, a visitor's waiting area, a meeting room, two offices, bathroom facilities and a small kitchen area.

The admissions area consists of a comfortable welcome room and a medical room where health support can be provided to care receivers. The main communal lounge area is separated by two corridors where the bedrooms are located. The communal lounge area has been remodelled since the last inspection and is now much more spacious and homely. Other rooms located off this area are the kitchen, an office, laundry facility, and a games room. Sensory lighting has been fitted, which is a welcomed addition to this area.

From the communal lounge area, the internal courtyard can be accessed where there is a small football pitch and access to other facilities in the complex. This consists of a visitor's room, an education/school area and a large sports hall. A further room is often used when care receivers require independent space.

The home is currently registered for the use of three bedrooms.

On the 28 November 2022, the Commission received a request for a variation to the registration of the bedrooms in use within this home. This was in relation to the needs of the care receivers and on-going redecoration of the home.

The service became registered with the Commission on 6 December 2019.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care and personal support Category of care: Children and young people</p> <p>Maximum number of care receivers: three.</p> <p>Maximum number in receipt of personal care/support: three.</p> <p>Age range of care receivers: 10-18 years</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1, 3 and 6 – one person</p>
Dates and times of Inspection	<p>12 January 2023 – 10.30am to 3.45pm (announced)</p> <p>19 January 2023 – 2.45pm to 4.45pm (announced)</p>
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Restricted due to the volume of care receivers accessing this service at the time of the inspection.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

This inspection was a focused inspection on the five areas for improvement identified in the last inspection completed in August and September 2022. This inspection resulted in an Improvement Notice being served to the Registered Provider.

The regulation officers undertook detailed enquiries with the Registered and Deputy Managers in regard to the five areas for improvement and were satisfied that improvement could be evidenced in four of the five areas. The one area where sufficient progress has not been made, was in relation to the transition of care receivers to other accommodation.

Several care receivers have transitioned from this home back into the community since the last inspection in August and September 2022. The Registered Manager provided details of the transition plans for these care receivers and was transparent and honest about the challenges in this regard, but also spoke positively about the relative success of these plans.

The regulation officers discovered that a transition planning decision could have potentially hampered one transition. However, this transition plan was well supported by staff who provided community-based support for three weeks alongside the care receiver's main carers.

The planning and decision making for transitions is not led by this service. Consequently, the Registered Manager has limited control over how transitions are managed. The regulation officers considered that responsibility in this area should reside directly with the Registered Provider. As a result, the Commission intends to work closely with the Registered Provider to ensure that progress is made in this area. This is no longer an area for improvement for this service.

No new areas for improvement were identified in this inspection.

Since the last inspection on the 31 August and 5 September 2022, the majority of the proposed refurbishment and redecoration has been completed, resulting in a homely and spacious feel to the main communal living area. Office space has been reduced and the dining area is now part of the open plan communal area. The visitor's room has been redecorated and new furniture has been purchased, making it a comfortable setting for families to meet. This no longer an area for improvement.

The regulation officers were satisfied that care receivers had received an education provision that was timely and met care receivers individual needs. This is no longer an area for improvement.

The Registered and Deputy Managers provided an update on the Prevention and Management of Violence and Aggression (PMVA) model used in this home. Additional training had been delivered to staff and a weekly programme of embedding this training was now underway. The Deputy Manager was now accredited to deliver training and two other staff members had been identified to undertake train the trainer training.

The management team and staff spoken too were confident that the additional training and weekly sessions would provide staff with the necessary skills to intervene if care receivers displayed violent or aggressive behaviour. The regulation officers were satisfied that the service had made the necessary improvements to provide staff with adequate training and that overall staff confidence in the PMVA model had increased. This is no longer an area for improvement.

The regulation officers viewed the central supervision record for all staff and were satisfied that regular supervision had been provided to all staff since September 2022. Staff who were spoken with as part of this inspection confirmed this and also gave positive feedback about the quality and structure of the supervision they received. This is no longer an area for improvement.

The feedback from staff, care receivers and professionals who have regular contact with this service was positive regarding the on-going improvements that have been made.

The regulation officers welcomed the positive changes made to this service by the Registered Provider, Registered Manager, and staff team over the last year. There has been a significant change, alongside a determination to make the necessary changes to provide care and support to children and young people who have had their liberty restricted and require therapeutic care.

The regulation officers are satisfied that this service remains on an improvement journey and has plans to further improve the facilities and staff training to provide better lived experiences for the children and young people who access this service.

Given the evidenced improvements set out in this inspection report, the Commission has formally rescinded the published improvement notice. However, the Commission will continue to monitor the improvement journey of this service through regular review to ensure the improvements are maintained.

INSPECTION PROCESS

This inspection was announced on 12 January 2023, with a further announced visit on 19 January 2023. This was to ensure that the Registered Manager was present for the inspection with the second visit planned to gather feedback from staff and care receivers.

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

This inspection focussed on the five areas for improvement identified at the last inspection on 31 August and 5 September 2022 and any new lines of enquiry identified.

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, any reviews of the Statement of Purpose, variation requests and notification of incidents.

The regulation officers sought the views of care receivers who are currently in receipt of a service by visiting the Secure Children's Home on 19 January 2023. These meetings were held without staff present and with the consent of those spoken to.

The regulation officers also sought information and feedback from a variety of other sources, including staff and professionals who visit this home regularly.

During the inspection, records including care records, incidents and complaints were examined. This inspection included a full tour of the premises. Information was provided to the regulation officers regarding future plans for the continued refurbishment of the home.

At the conclusion of the inspection, the regulation officers provided feedback to the Registered Manager.

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

INSPECTION FINDINGS

At the last inspection on 31 August and 5 September 2022, five areas for improvement were 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 there was evidence that considerable progress had been made to all the areas for improvement.

For clarity, each area for improvement is set out below, with the initial response from the provider and an update on the outcome of this focused inspection.

Area for improvement 1: The Registered Provider must ensure that improvements are made to the care home environment (to include the internal Courtyard and visitor's room) to make it more homely. A timeline for the repairs and refurbishment must be provided.

Response by the Register Provider: *Extensive refurbishment, repairs and upgrades have been made throughout the home in 2022. Registered bedrooms have been redecorated and new bedding has been purchased. The Visitor's Room has been fully refurbished and this is now a comfortable and welcoming space for young people to meet with their relatives and any other significant people.*

The Admissions/Welcome Room has also been refurbished and redecorated. The space is now bright, comfortable and fit for purpose. Damaged windows have been replaced throughout the property improving the appearance of the courtyard considerably. The football area, which is well used by the young people, has been cleaned and the lines renewed. Plans are in place to further upgrade the outside spaces with the addition of an outside eating area and new plants. New living and dining room furniture has been purchased and will be in place once the upgrade of the lounge and dining room has been completed. This is scheduled for the end of October, once the architect plans are revised and the builders are able to gain access to the required areas. These plans are shared with the Jersey Care Commission, and it is hoped all planned works can be completed within the calendar year. (It should further be noted that classrooms were refurbished and redecorated in time for the September term).

Inspection update: The transformation to the main communal living area has been significant. It is now more spacious and homely, with the dining room furniture now part of the open plan space. The ceiling height has been reduced and sensory colour change lighting has been fitted. Soft furnishings are on order and a projector TV was fitted during the inspection period.

The Registered Manager reported that the intention is to move away from heavy secure setting furniture and adopt a much more homely approach to the furnishings used.

The Registered Manager is liaising with other care providers to plan and equip a sensory room. In addition, there is a plan to provide a specific games room for care receivers. The regulation officers welcomed these additional plans and the move to a different approach in relation to furnishing this home.

The plans for the internal courtyard are yet to be initiated. However, the regulation officers are satisfied that the improvements observed during this inspection do not require the area for improvement to remain.

Staff spoken to as part of this inspection made the following comments in respect of the environmental changes at this home:

'I have not undertaken a shift for a month; however, the changes have been amazing, it is now so much more spacious'.

In respect of the environment, a professional who provided feedback, 'Aesthetically the residence has improved. The changes to the office which is now smaller and to the lounge are positive'.

Area for improvement 2: There will be a robust education provision at this home, to include a variety of activities if the care receiver does not engage in education. Care receivers should be able to access education at any time in the school day with a curriculum which meets their needs.

Response from the Registered Provider: *The education for children at this home is provided by their usual school and teachers attend the site, providing lessons in the on-site classrooms. Those children who are not in school have their education needs met via the Virtual Head and through Intensive Support Services. At the time of the report, there were two children at the home. One received a full timetable and had done so for a number of months.*

The other young person was to be educated by the same teachers but both children could not be taught together due to behavioural issues. There was a shortage of teachers at this time and the only education offer available was prior to the school day starting for the student on a full-time curriculum. As a result, one child had a severely reduced timetable.

Until staff are onboarded in January 2023, it is unlikely that any increased offer could be made via the Virtual School. In response to the requirement, the Head of Education, clarified the service proposal going forwards: "For any future young people joining this home, the Virtual Headteacher must be informed, and an education plan will then be put in place with immediate effect taking into account where the young person is currently on roll at (up to the age of 16) and their needs." This will be incorporated into Greenfield's Statement of Purpose. During school holidays, teachers have continued to support outdoor activities with Greenfield's staff, maintaining relationships and providing continuity for our residents.

Young people are offered a variety of planned and unplanned activities when not in education by the home staff. On site, these include a variety of sports in the hall which is now fully available, crafts, games, and cooking. All outside activities are dependent upon the young person's admission status and permissions.

We aim to take children outside accessing sports and activities that are healthy and fun alongside or in the absence of an education provision. Staff work closely with the teachers and support many activities as part of the curriculum.

Inspection update: One professional spoken to as part of this inspection commented that care receivers 'need more activities to simulate them', adding 'previously I used apparatus in the gym to create assault courses to stimulate young people physically and cognitively and helps the young person to gain trust through the activity. There is education but more thought needs to go in to delivering a holistic and stimulating approach to education'.

The Registered Manager confirmed that new care receivers received access to education in a timely manner and tailored to their individual needs. This was confirmed by a staff member and a professional spoken to as part of this inspection, who stated that the education provision provided '*was appropriate to their needs*'. This is no longer an area for improvement.

Area for Improvement 3: The Registered Provider must review and formulate a plan relating to the de-escalation and physical intervention model, to include the training provided to all staff in respect of managing challenging behaviour.

Response from the Registered Provider: *In order to review the de-escalation and physical intervention model, a number of enquiries have been made of model providers and secure home providers in the UK and it is proposed that the service will explore alternative Prevention and Management of Violence and Aggression (PMVA) models over the next 6 months. During this time, the staff will receive further training in additional MAYBO holds to enable staff to better manage more extreme behaviours. In addition, weekly embedding sessions are planned using scenarios and reflective practice.*

In 2022, all staff have received MAYBO training. A new induction was also introduced which meant that all new starters received MAYBO training prior to starting work in the home. Identified staff have received training in debriefing and are booked to attend 'Train the Trainer' sessions to renew skills and to deliver ongoing training to staff. Any trainers will be expected to refresh their skills quarterly by linking in with on island MAYBO providers. The PMVA policy for the services has been redrafted incorporating trauma informed behaviour management strategies and is awaiting ratification.

Inspection update: The Registered Manager reported that the decision was made to maintain the PMVA approach (MAYBO) and build on the physical interventions with the accredited organisation who supply the training.

This has now been completed, with the Registered Manager reporting that the additional training has been received positively by the staff team. Alongside this, weekly embedding training sessions have been introduced to maintain knowledge, practice the interventions and increase staff confidence in the model.

The Deputy Manager is now an accredited trainer in MAYBO, with two further staff having been identified to undertake the train the trainer training. This was welcomed by the regulation officers as it will mean in-house training will be available to new starters and existing staff requiring annual refresher training.

Staff spoken with as part of this inspection expressed renewed confidence in MAYBO and felt that they would be able intervene with care receivers if required, maintaining the care receivers' safety and their own. This is no longer an area for improvement.

Area for Improvement 4: The Registered Provider must ensure that all staff at this home receive regular supervision at a more frequent level than that required by the Standards, due to the complex nature of the work. Supervision should not be completed during times when care receivers are being supported, unless there is a significant increase in the number of staff on duty.

Response by the Registered Provider: Considerable work has been undertaken to ensure that all staff within the home receive comprehensive supervision each month. Each staff member has an assigned supervisor and has signed a supervision contract which outlines the expectations for both parties to undertake purposeful supervision. In addition, the supervision template and structure has been revised to make it more relevant and consistent with the requirements of work in a secure home. Each supervision date is recorded monthly and then the data centralised to a calendar year view to ensure supervision is facilitated as required each month.

It is acknowledged that supervision was difficult to conduct in the summer period when there was considerable amounts of annual leave taken by the staff team and a number of new colleagues that joined the home. However, all staff received supervision in September and will continue to do so moving forward.

Inspection update: The central supervision record was viewed by the regulation officers and evidenced that staff had received regular supervision since September 2022.

Staff spoken to as part of this inspection confirmed that they had received supervision and the quality of this supervision was good and followed a structure where their individual needs were discussed. Staff made the following comments regarding supervision and support:

'I do get regular supervision; it is structured and meets my individual needs, and the management team are very supportive'.

'As a bank staff worker who only does the occasional shift, I do not get supervision every month, however I know I can approach (the) manager and I would get the support or supervision I needed'.

Area for improvement 5: The Registered Provider must ensure that the transition plans for care receivers are co-produced with their substantive care givers in the community to ensure that relationships are re-established and strengthened to improve outcomes for care receivers.

Response from the Registered Provider: *The staff team continue to work collaboratively with Social Work colleagues and (where appropriate) other children's homes to ensure robust transition plans are in place for young people when returning to the community. These plans are outlined over a number of weeks and should reflect a phased and progressive return to the community for a young person.*

These plans should be reviewed regularly and alongside the young people in question. Recent plans have been impacted by staffing deficit in the substantive home of the young people returning and so staff from the team have helped provide some initial support for these young people when transitioning back.

This has helped maintain continuity and consistency for the young people and ensured they have individuals with strongly established relationships that are supporting them.

Moving forward, young people should be placed within the home alongside an 'exit plan' for them, which will outline what is hoped to be achieved whilst the young person is residing in this home and how the transition back to the community is to be facilitated.

Inspection update: Several care receivers have undertaken transitions back to their substantive homes in the community since the last inspection. The regulation officers explored the plans around these transitions with the Registered Manager and were not entirely satisfied that adequate planning was undertaken prior to and during transitions taking place.

During the transition of a care receiver, decision making outside the control of the Registered Manager could have caused instability. However, as a result of the quality of the relationships developed with the care receiver and on-going staff support in the community, the transition was successful.

Professionals who provided feedback as part of this inspection made the following comments in respect of transition planning for care receivers:

Transition planning was '*consistently poorly planned and managed*', adding that '*this was not the fault of the homes staff team as they only carry out the plans which are social work led*'.

'We are getting there but more detail in the plans is needed. If we have tried to do one thing that has not worked why try same thing again, we need to think differently' and in one case *'a slower transition may have been more helpful'*.

As part of some transitions, staff from this home were involved in settling care receivers back into their homes in the community for up to six weeks. Although this is an area of good practice, it is important to note that this type of provision requires that there are adequate numbers of staff available in the home to enable staff to be released.

Overall, the regulation officers evidenced that there has been improvement in care receiver transitions. However, the regulation officers were not assured that planning in this respect was robust, timely and well led. Care planning decisions must be made at the earliest juncture, and decisions communicated to care receivers at the earliest opportunity. Care receivers should also be provided with support to understand decisions.

Transition planning will no longer be a significant area for improvement (with an improvement notice) for this home. However, the Commission recognises that further work is still needed to ensure that transition planning is consistently of a high standard. To this end, the Commission intends to work closely with the Registered Provider to ensure that transition planning is prioritised, processes are clear and robust to ensure that better outcomes are delivered for care receivers.

As part of general feedback from staff, the regulation officers received the following comments which describe the culture change and other improvements which have taken place:

'It is night and day from where it was when I started'.

'I have worked in every children's home in Jersey and by far this is the best team I have worked in'.

'The changes made have been amazing'.

‘Every staff member brings something different to the team and we are all here for same purpose, for the children and young people’.

The regulation officers also sought some feedback from professionals who regularly have contact with this home to seek their views on the improvement journey of this home. Some of the comments were:

‘The staff were a super bunch and doing their absolute best’.

A care receiver ‘identified his carers as parental figures who they can turn in times of distress, when they are confused or require reassurance’.

‘I truly believe the Registered Manager and Deputy Manager are really committed to implementing change they have improved things and are continuing to do so’.

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