



**Jersey Care
Commission**

INSPECTION REPORT

'The Diner'

Adult Day Care Service

**St James Place
St Helier
JE2 4QQ**

14th December 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 'The Diner' Day Centre. The service is situated in the centre of St Helier, within walking distance of the town centre. The service aim is to provide 'a social inclusion project that offers support and a meal to clients linked with the community mental health team' (CMHT). The service's Statement of Purpose (SOP) highlights that the service provides 'essential support and routine to service users that are enduring Mental Health conditions such as depression, by enabling a structure to their day'.

The service became registered with the Jersey Care Commission on 26 February 2021. Referrals into the service are made by the Community and Inpatient Mental Health Teams.

'The Diner' is situated in a single storey building, there is a large activities lounge/games room, a spacious dining area that is also used for recreational activities and an open plan kitchen area where the daily hot meal is prepared and cooked. Service users are encouraged and supported to help with the planning, preparing and cooking of meals. There is also a small private room that can be utilised for one-to-one keyworker sessions and appropriate male and female toilet and washroom areas.

Regulated Activity	Adult day care service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care and personal support Category of care: Mental Health Maximum number of care receivers: 35 Maximum number in receipt of personal care / personal support: 35 Age range of care receivers: Adults 18 years and above
Dates of Inspection	14 December 2022
Times of Inspection	10.00-13:30
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	21

The Adult Day Care Service is operated by Government of Jersey, Health and Community Services and the Registered Manager is Jemma Quayle.

The discretionary condition on the service's registration continues. This relates to the requirement that the Registered Manager successfully completes a Level 5 Diploma in Leadership in Health and Social Care by 22 February 2024.

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 day care service was observed to provide a warm and welcoming environment in which the service users are able to relax, be involved in recreational activities of their choice and engage in social interactions with their peers. There were twenty-one service users present during the inspection and they appeared comfortable and familiar with the environment. In line with the aims of the service as described in the Statement of Purpose, the focus on social inclusion was evident and there was clear support from staff members to promote this.

At the hub of the day centre is an open plan working kitchen where the hot meal is prepared and cooked by staff and service users who wish to be involved. On the day of the inspection, the kitchen area was a hive of activity with the daily meal being cooked and service users baking cakes to raise funds. The Regulation Officer noted that the feature of the open plan kitchen enhanced the homely and relaxed feel of the centre and felt inviting for service users to get involved in the preparation and cooking of the daily meal.

The Regulation Officer observed that all the communal areas were being accessed and utilised by the service users. This ranged from playing pool in the activities room, sitting in the dining area engaging in social conversations, helping in the kitchen and generally interacting with their peers in each of the areas. The facility was observed to be delivering a client centred service that clearly met its purpose of promoting social inclusion, wellbeing, relationships and promoting autonomy for service users that have continuing mental health conditions.

Positive engagement between three staff members and the service users was ongoing. The staff were visible and fully engaged with the service users throughout the time of the inspection.

The centre is supported by a small staff group, this includes three full time senior care assistants (SCA), one Registered Manager who is on site one day in five and remains accessible to the staff via telephone when not in attendance at 'The Diner'. Additional to the three full time staff members is an activities co-ordinator/peer support worker who has been previously shared with another facility managed by the Registered Manager. This role is to have set hours assigned to 'The Diner' and enhances the support to the service users.

Staff provide the service users with support around social inclusion, wellbeing, autonomy, self-sufficiency and recovery. They offer the opportunity for service users to share their views and wishes, they also offer one to one therapeutic discussion as the keyworkers for some of the service users.

It was positive to note that the two areas of improvement from the last inspection have been actioned, this will be discussed in more detail in the main body of the report.

The Regulation Officer was able to receive feedback from seven service users attending 'The Diner' on the day of the inspection. The general themes highlighted were that being able to access the facility motivates some service users to 'get out and about', prevents social isolation, allows them to socially integrate in a relaxing supportive environment. It also provides them with a daily hot nutritious meal that they would not necessarily cook for themselves at home. All seven-service user's providing feedback commented on how they enjoyed the meal provided every day. The supported activities were also very popular, and it was evident from the discussions that the service users felt able to take part in the activities because they were supported by staff, well planned and organised which they found reassuring.

Feedback was received from the three members of the staff team during the inspection. The feedback gave an overwhelming feeling that 'The Diner' is an

enjoyable place to work, and staff presented as being passionate and enthusiastic. The staff members work collaboratively to meet the service users' needs, and it was evident that they each bring unique skills and experience to their roles which complement each other and strengthen the provision.

One of the day care standards recommends that there is a system in place to regularly review the quality of the service provided. A monthly quality assurance report is advised, this is ideally completed by a suitable person independent of the Registered Manager. The Registered Manager had identified someone to do this, however this process is not in place and there has been no monthly reporting. This is an area of improvement.

The Regulation Officer was satisfied that the service users are provided with adequate information about the service at the point they are referred by the adult mental health team. An individual assessment is completed by the Registered Manager and the service users are offered an introductory visit before deciding whether they would like to attend 'The Diner'. Service users are usually supported by their care co-ordinator to this visit, this could be a mental health practitioner or social worker. Service users are regularly consulted about the service and that they are encouraged to be involved in changes or developments. The Regulation Officer noted that there is little involvement with the service user's family and friends. This is an area of improvement.

There is not a clear complaints/compliments procedure evident in the information leaflet provided to the service users. This is essential information that needs to be available to the service users at any time and could be incorporated into 'The Diner' leaflet. This is an area of improvement.

It is recognised that the service users are a vulnerable group of clients and there may be times when a staff member recognises that a service user is at risk and may require additional interventions/support. A process of escalation of concerns has recently been devised by the Registered Manager in response to a service need. This process is not set out clearly and in an easy-to-understand way for staff to follow in a crisis. The working presentation of this guidance requires refinement,

agreement from senior management and ratification through the provider governance processes. This is an area of improvement.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given one week before the visit. This was to ensure that the Registered Manager would be available to facilitate the inspection. The inspection was completed on 14 December 2022.

The Adult Day Care 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. There had been no change of Registered Manager since the previous report.

The Regulation Officer spoke with the Registered Manager and the three full time staff members.

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

The inspection took place in 'The Diner' and the Regulation Officer was able to observe directly how the centre operates on a typical day. The kitchen area provided a focus of activity, where staff and service users concentrated their activity in preparing and cooking the daily meal. There was also activity observed in the other areas with a pool game in process and the computer being utilised.

The Registered Manager facilitated the inspection, time was spent in the centre administration office which is also used for one-to-one key worker meetings with the service users.

The Regulation Officer established contact with seven service users. This contact was face to face at the time of the inspection.

During the inspection, care records were reviewed on Care Partner, the electronic system utilised by the staff members. Individualised care plans were available and appropriate. Risk assessments were also viewed.

The inspection included a tour of the centre. The building is old and in need of structural updates, there is very little in the way of outdoor space that is green and environmentally inviting.

Systems of safe recruitment were discussed, although the Registered Manager views applications, short lists, and interviews, in practice the bulk of the recruitment process is undertaken by the Provider in consideration with the Human Resources policies and procedures.

At the conclusion of the inspection, the Regulation Officer provided some immediate feedback to the Registered Manager, this was followed up in writing the following day.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, four 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 it was encouraging to note that all the improvements had been made.

There was evidence of an increased presence of the Registered Manager within the premises. The Registered Manager reported that she now spends one full day a week at 'The Diner' and interim periods on the other days. The demands on the Registered Manager's time continue due to management oversight of another facility within the same service. On the days when the Registered Manager is not present, she reports to be available to staff by telephone and email contact.

All staff members are up to date with training in Food Hygiene and Food allergy awareness. There is an incentive by the staff team to also have service users trained in Level 1 Food Hygiene to increase their skills and allow them to utilise the training in other areas of their life. The Registered Manager confirmed that there is a regular Environmental Health inspection of the facilities.

There is now a process around the safe storage of medication should a service user bring this with them to their visit to 'The Diner'. The medication is documented, signed in by two members of staff and stored in a locked drawer until returned to the service user on their departure. Service users are discouraged to bring medication with them to prevent any issues arising. The Regulation Officer viewed the new medication proforma, this documents the signatures, type of medication and time signed in and out. This process is completed by two members of staff alongside the service user.

The most recent Statement of Purpose was provided to the Regulation Officer, this demonstrated an accurate picture of the staffing levels required to safely run the service. The current staffing levels meet the required numbers stated.

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.

Prospective service users are provided with information about the service at the point in which a referral is being considered. The Regulation Officer was provided with a copy of 'The Diner' leaflet and a booklet: - 'Information for new client's'. The content of the booklet includes the purpose of 'The Diner', the number of team members and their roles, 'The Diner' opening hours, the core values, expectations of the service users and expectations of 'The Diner' staff team. Importantly, there is also an agreement to be signed by the service users. The booklet provides key information for the service users, however what isn't clear is how a service user would raise a complaint or give positive feedback about the service.

The Registered Manager and the SCA's complete an assessment with any new service users, this is used in conjunction with information provided by the referrer. This would include any health needs and identified risks. The Regulation Officer viewed examples of current pre-assessment records for current service users. The Regulation Officer was satisfied that their needs are fully assessed and evidence that the referral is appropriate and access to the service would have potential to benefit the service user.

The Registered Manager and staff team ensure that service users are provided with a safe environment. The Registered Manager is supported by three senior care assistants who each have individual skills that complement each other's, this enriches the support to the service users.

The Registered Manager also manages a care home within the same service, this additional responsibility requires more of her presence than 'The Diner'. Due to this the SCA's are often required to take lead roles in the day to day running of 'The Diner'. This does not appear to compromise the service; the skills and experience of the staff team ensure smooth running of the service on a day-to-day basis. The Registered Manager makes herself present for a full day once a week and is available to contact via telephone or email for the rest of the time.

On the day of the inspection, the staffing levels allowed for the service users to be supported in the centre and in community activities in the afternoon.

The daily register of attendee's supports the service user's safety while using the centre. The staff team will monitor from the attendance, that less than the maximum number of service users are attending at any one time than registration conditions allow. The Registered Manager reported that 'The Diner' has fifty members on 'the books', they are registered to have a maximum of thirty-five on any one day and generally the attendance is approximately ten to fifteen regular service users each day the service is open.

Recruitment of staff is the responsibility of the Human Resources (HR) department within the States of Jersey (SoJ). The Registered Manager is involved with this process and will shortlist and interview candidates. The safety elements of the recruitment process are undertaken by the HR department, such as The Disclosure and Barring Service (DBS) and the checking of references. The Registered Manager is fully aware of the standards relating to safe recruitment of staff.

'The Diner' has appropriate fire regulations in place. One of the care assistants is the allocated Fire Warden. This role supports the Registered Manager to ensure that the fire regulations for 'The Diner' are adhered to. The Regulation Officer spoke with the Fire Warden and was informed that there had been a fire drill completed the day before. Evidence was seen of an up-to-date log of fire procedures and checks. There is a weekly fire alarm test which the Fire Warden manages and on induction new staff members are given a fire safety briefing and tour of the premises to point out the fire extinguishers, fire exit doors and evacuation procedures.

There is one pool car available to share with 'The Diner' and the residential home that is also managed by the Registered Manager. Staff will occasionally use their own cars to transport service users to an activity in the community. In such cases the Registered Manager ensures that there is business use on their insurance and a risk assessment will be undertaken. Service users are encouraged by the staff team to walk or take a bus to the activities if this is possible, and they will often escort them when using public transport or walking to an activity. This promotes health, autonomy, and independence.

Relevant policies and procedures are in place for the service. Many of the policies are standard and provided and updated by the SoJ HR department. Any new policies and procedures that are brought to the Registered Manager's notice are taken to the weekly meeting and highlighted to the staff team. This is an opportunity for the Registered Manager to alert the team members to new policies and to discuss the content. This is an area of good practice.

The Regulation Officer reviewed a sample of six policies and procedures which were cross referenced with the Day Care Standards and included, lone working, safeguarding and medication. The content was found to be satisfactory with references to key legislation and supporting agencies where appropriate. All policies viewed were in date at the time of inspection.

All members of staff can prepare and cook the daily meal. Level 2 food hygiene and food allergy training has been completed by all the staff members.

The Registered Manager informed the Regulation Officer of an incident that occurred with a service user that required escalation to the wider specialist services. What transpired from this incident was that a clearer process of escalation of concerns was needed for the staff team to refer to in a crisis. A process has recently been devised by the Registered Manager in response to this service need.

The working presentation of this guidance requires refinement, agreement from senior management and ratification through the provider governance processes. This is an area of improvement.

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.

New referrals are discussed at the weekly team meeting. Assessments and decisions are jointly undertaken by the Registered Manager and SCA's for new referrals. The Regulation officer felt that this collective way of working was an area of good practice as promoted transparency and respect for the whole team's experience and knowledge.

Referrals are received predominantly from the adult mental health services and in the majority of cases the referrer will also be the care co-ordinator. Referrals could also come from a social worker, occupational therapist, or other professional giving direct support to the service user.

If there is no care co-ordinator at the point of referral, the care plan is reviewed, and a risk assessment is completed by the staff team. A member of the staff team is allocated as the keyworker. The three SCA's each have a small caseload of allocated service users that they are the keyworkers for in the absence of a care co-ordinator.

The keyworker role is that of direct support for the service users. A regular one to one meeting is offered and areas of support are identified. There is an overarching consideration of a system of support for the service users and this is guided by a review of their needs by their care co-ordinator. The Regulation Officer noted that there is a collaborative approach from the care co-ordinator and the staff team at the centre, from the introduction through to their regular use of the facility.

One of the main purposes of the centre is to provide and encourage social inclusion. One of the ways that this is achieved is through providing and encouraging

engagement in planned activities. The activities are chosen and planned alongside the service users and include for example, swimming, art groups, walking groups and badminton. Some of the activities can take place in the centre, however there is an appetite for the activities to be outside of the centre to give more variety and to encourage service users to engage in other social areas. Sometimes the activities are also supported by the care co-ordinator or partner agencies, however it is the centre staff that predominantly promote, arrange, and facilitate the activities.

The duty staff rotas are completed by the Registered Manager who also has management oversight of a care home that is a recovery unit for service users with mental health difficulties. The staff rota is shared for both facilities and historically staff have covered both sites. The Regulation Officer was informed that the three SCA's at the centre are now allocated to work exclusively at 'The Diner'. This gives consistency to the service users and feedback from the staff was positive about the regularity that they can offer given that they are a constant presence at the centre. The team also commented that they now have the opportunity to 'gel' together as a team and that they all have different skills that complement each other. The Registered Manager informed the Regulation Officer that she occasionally may need to use staffing resources across the two services to cover annual leave and sickness. Copies of the most recent staff rotas were provided to the Regulation Officer, this demonstrated that the three SCA's were rostered exclusively for 'The Diner'.

The Regulation Officer viewed five care records on the electronic recording system. They included care plans and risk assessments personal to the individual service users. Given the remit of the service the care records were appropriate and provided the information needed for the safe use of the service.

The staff team engage with a weekly meeting which allows them to receive updates from the Registered Manager about the wider mental health services. They are able to plan activities and discuss ideas for the service. The Registered Manager informed the Regulation Officer that it is also an opportunity for her to bring any new policies or procedures that have been implemented and they discuss these as a team. During their feedback, all members of the team commented to the Regulation

Officer of an impending redesign of the service by senior management, which will involve a review of how the service operates. It was anticipated that the engagement for the staff in the planning of the redesign is going to take place in the New Year. The team expressed a view that service users should be actively consulted about the intended redesign.

There is a plan to receive regular service user feedback by providing a 'comment box', to be visible in 'The Diner'. Staff intend to encourage feedback by prompting and supporting service users to complete comment slips.

The Registered Manager explained that there had been feedback questionnaires sent to service users focusing on 'what do they want' from the service. This feedback will be used to feed into the service re-design.

Staff recognised that many of the service users accessed the local food bank, free hygiene packs and electricity voucher initiatives. Some of the service users struggle to attend at the right time and this has resulted in them missing out on these essential resources. The staff team recognised the difficulties that their service users have in engaging with these resources, as a result of this they invited these services to attend 'The Diner' on a monthly basis so that the service users could access them during their regular attendance. The staff team worked together with the other services to agree, arrange and co-ordinate this resource. This initiative has significantly improved the ability of service users to access each of these services as needed.

The Regulation Officer was satisfied that the team encourage and support the service users to be involved in planning and organising the service that is available to them at 'The Diner'. Service users and staff work together to plan the weekly menus and to think about ideas for the activities available in the centre and in the community.

The Regulation Officer noted that there is no evidence of involvement with the service user's family and friends, who can often play an important part of the day-to-day care of their relative. The Registered Manager reported that the team had recently completed the 'Triangle of Care' training, which focuses on the importance of carers in the service users' journey of care and utilising partnership working with

carers and mental health services. It was felt that this learning would be useful to better incorporate the involvement of family and friends. This is an area of improvement.

The Regulation Officer was able to engage with seven service users during the inspection. There was a resounding sense of purpose felt of the service from the people that were spoken with. Some identified that attending 'The Diner' gave them the opportunity to engage with their peers and gave them purpose to 'get out of their accommodation'. One service user stated that they found the staff helpful, they made them feel welcome and included, she felt that the activities gave her an opportunity to experience new things and helped with her confidence to gain new interests and be out and about with others.

The service users spoke highly of the support that they receive, they commented on the facilities allowing them to meet in a comfortable warm space and they expressed their appreciation for the daily meal that is provided.

The Regulation Officer observed lots of engagement throughout the centre, the service users appeared happy, laughing, and sharing activities with each other such as knitting, reading, playing pool, listening to music and some were helping in the kitchen area. One service user summed up what the service meant to him *'I meet lots of people; make friends and I am able to go out on activities that I would not do on my own'*.

The resounding themes that came out of the feedback about the service: it gives people purpose to go out into the community, the hot meal is an incentive, the activities are purposeful and enjoyed by the service users and there is encouragement and opportunities to talk to other people and make friends.

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.

The Registered Manager confirmed that there are procedures in place to ensure that staff are competent and appropriately qualified to support service users with a range of needs that are predominantly related to mental health difficulties. The three SCA's have QCF level 3 training, the staff members confirmed that they are supported to do additional training that they may identify to complement their roles.

The Regulation Officer was able to see the mandatory training matrix of the staff members, this provided good evidence that the staff are up to date with essential training identified for the role such as First Aid, Infection Control, Safeguarding and Food Hygiene. There was also evidence of more bespoke training completed. There is an electronic 'shared area' for the staff team to access the training matrix and they are able to update this individually as and when their training is completed, this also gives the Registered Manager oversight.

The Registered Manager demonstrated full awareness of the statutory and mandatory training requirements for the service.

The staff team expressed that they were happy that some training was returning to be delivered face to face as opposed to virtually. It was generally felt that virtual teaching did not offer the same quality of learning.

The Regulation Officer was satisfied that the staff team had training and skills that were appropriate for their roles and responsibilities within the service.

It was clear that the staff team are enthusiastic in respect of a change and redesign in how the service operates and is delivered. Several staff member expressed that they have ideas for the future of the service.

The current induction programme used for the service is the generic Health and Social Care (HCS) model. The Registered Manager has designed a more bespoke induction that she would like to introduce for new staff coming to the service. This will include a relevant competency framework that has more detail about the specific roles than what the current competency's offer. There is a six-month probationary period which is also part of the generic Health and Community Services, HR processes.

The Registered Manager confirmed that regular supervision was given to the staff. This was confirmed during feedback with the staff members that they receive one to one supervision. There is also a weekly team meeting where referrals, allocation and service operations are discussed. Additionally, there is a monthly meeting which includes the wider service of the second provision that the Registered Manager has responsibility for.

Annual appraisals are undertaken for each staff member. The Health and Community Services framework of appraisal, 'My conversations, my goals' is used, which is a standardised tool across the wider organisation.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 11.2</p> <p>To be completed by: January 2023 and every month thereafter.</p>	<p>Establish a system to regularly review the quality of the service provided. A monthly quality assurance report is recommended.</p> <p>Response by registered provider: Monthly reports will be completed in a timely manner- if the registered manager from another service is not available an independent staff member from community mental health will be asked to assist with this.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 1.1, 1.2</p> <p>To be completed by: January 2023 and ongoing</p>	<p>Introduce involvement of service users' family/friends when introducing them to the service and throughout their time engaging with the service.</p> <p>Response by registered provider: The Diner will ask service users on referral if they would like to invite family/friends to first session at The Diner and introduce a friends/family session every 3 months.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standard 1.2</p> <p>To be completed by: January 2023</p>	<p>A clear complaints and compliments process to be available to the service users.</p> <p>Response by registered provider: A poster will be put up in The Diner for all service users to see regarding the compliments and complaints process and this will be explained to them individually so they</p>
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	have a full understanding of the process. This will also be put on the new leaflet created in the redesign.
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<p>Area for Improvement 4</p> <p>Ref: Standard 4</p> <p>To be completed by: immediate effect</p>	<p>A clear operational process for escalation of concerns if a member of staff feel that a service user is at risk. Process requires senior management agreement, reformatting for easy use, and ratification.</p>
	<p>Response by registered provider:Registered Manager to create a clear flow chart for operational process of escalation of concern with Care Group Lead to then be sent for ratification before publishing/ disseminating to staff.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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