



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**HCS 102**

**Care Home Service**

**Government of Jersey – Health and  
Community Services  
19-21 Broad Street  
St Helier, JE2 3RR**

**14 December 2022 and 13 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 Care Home HCS 102. At the request of the Registered Provider, the name and address of the care home has not been identified in this report in order to preserve the confidentiality of the individual who lives in the home.

The home is a large, detached property within a quiet housing area. It provides private accommodation for one care receiver who has access to their own lounge, kitchen, bathroom and bedroom. There is also a large, enclosed garden which can be reached via the patio doors in the lounge. A specially adapted vehicle is available for sole use of the care receiver and their staff team, for the purpose of facilitating outings and appointments.

Separate facilities are in place for the staff team. This comprises of sleeping areas, washing facilities, a seating area with facilities to make drinks and snacks, an office area and a separate toilet.

The service became registered with the Commission on 11 November 2020.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support  Category of care: learning disability, autism  Maximum number of care receivers: one  Maximum number in receipt of personal care / support: one  Age range of care receivers: 18 years and over  Maximum number of care receivers that can be accommodated in the following rooms:  Bedroom 1 – 1 person  <u>Discretionary</u> There are no discretionary conditions in place
Dates of Inspection	14 December 2022 and 13 January 2023
Times of Inspection	10am to 2.30pm and 9am to 9:30am
Type of Inspection	Announced
Number of areas for improvement	Five
Number of care receivers accommodated on the day of the inspection	One

HCS 102 is operated by the Government of Jersey. The home is currently without a registered manager and the management responsibilities are being undertaken by an interim manager.

Since the last inspection, completed on 2 June 2021, there has been changes to the managerial arrangements. The previous manager was registered with the Commission on 22 February 2022 and we received a notification of their absence on 27 July 2022. The notification included details of the current interim managerial arrangements in place.

An updated copy of the service's Statement of Purpose was submitted as part of the inspection. This was reviewed by the Regulation Officer and it was found to be reflective of the service provided.

## **SUMMARY OF INSPECTION FINDINGS**

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

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

The staff team are a blend of experienced and new staff. This is beneficial to both the care receiver and staff members as time is needed to build trusting relationships and develop an understanding of needs and routines. Interactions observed were positive and responsive, with staff striving to ensure that a person-centred approach is provided.

The environment is designed to meet individual needs and maximise independence and privacy, whilst ensuring that a safe environment is maintained at all times.

There were positive examples of robust safe systems of working practices within the home. However, some work is required to improve maintenance, fire drills for staff and organisational policies.

Care plans were found to be reflective of the needs of the care receiver, were well maintained and reviewed regularly. However, there was a lack of consideration given to personal goals, aims and outcomes.

There is a robust training and development plan for staff which takes account of the mandatory requirements, as well as recognising the specialist training needed to ensure that specific needs are met.

There are five areas for improvement as a result of this inspection.

## INSPECTION PROCESS

This inspection was announced and was carried out with the Interim Manager. Notice of the inspection visit was given two weeks before the visit. This was to ensure that the care receiver was informed and prepared for the visit.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report and communication records.

The Regulation Officer was supported by the staff team to interact with the care receiver and had an opportunity to observe their daily activities and interactions.

During the inspection, the Regulation Officer spoke with the Interim Manager and two members of the support team. A further three members of staff provided feedback via e-mail.

There was also an opportunity to gain feedback from one relative and one professional.

During the inspection, records including policies, care records, training records, maintenance files, incidents, complaints and audits were examined. This inspection also included a tour of the premises.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager. This was followed by final written feedback on 13 January 2023.

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

## **INSPECTION FINDINGS**

At the last inspection, one area for improvement was identified. No improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The area for improvement was discussed during this inspection and it was positive to note that all of the improvements had been made. This means that there was evidence of regular review of care plans.

HCS 102 has a team of six full time and one part time member of staff. There is currently one vacancy. The team is supported by three bank staff who have the appropriate training and skills to work within the home. Two members of staff are on duty during the day and sleeping in at night.

At the time of inspection, the home had no registered manager and the management responsibilities were covered by an Interim Manager, who has responsibility for managing two homes.

The Interim Manager reported that they have settled into their new role and are progressing well. They are supported by network of fellow registered managers and have the direct support of a Team Leader who is in regular contact. It is anticipated that a new registered manager will be appointed in the first quarter of 2023.

## 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.

Recruitment is co-ordinated by a centralised Human Resources (HR) team within the Government of Jersey, who are responsible for ensuring that the recruitment policy is followed, and that all safer recruitment and occupational health checks are undertaken. There have been no new recruits since the last inspection, only one internal transfer.

The Interim Manager was able to demonstrate a good understanding of the recruitment practices and their responsibilities in relation to safe recruitment. They also provided examples of their experiences of managing performance which highlighted the importance of following policy and involving the appropriate departments, such as HR, in the process.

The Regulation Officer undertook a review of the policies and procedures in place to support the home. The home predominantly follows Health and Community Services (HCS) policies which can be generic in nature and often orientated towards health and medical care, with little development of localised procedures and practices. Some of the policies reviewed were found to be several years old and had not been reviewed at the pre-determined intervals identified. Examples of this included complaints, vehicle maintenance. This is an area for improvement.

There have been no formal / informal complaints or safeguarding alerts raised since the last inspection. During feedback, staff demonstrated an understanding of their responsibilities in ensuring that they protect care receivers from harm and report any concerns they have. The Interim Manager provided a good example of an incident involving a member of the public which had been highlighted by staff and followed up appropriately.

There is an electronic system in place for the reporting and reviewing of all incidents and accidents. This was reviewed by the Regulation Officer at the second inspection visit. There had been five incidents reported in the preceding six months. There was evidence that pre-determined plans of support had been followed to support effective resolutions to incidents and that all incidents are investigated by the Interim Manager.

It was noted by the Regulation Officer that one incident potentially met the threshold for notification to the Commission. This was discussed with the Interim Manager and advice given by the Regulation Officer regarding seeking advice in relation to any future incidents.

There was one Significant Restriction of Liberty (SROL) authorisation in place at the time of the inspection. The Interim Manager reported that there had been a lapse in the renewal process in March 2022. Immediate steps were taken to rectify this and a new authorisation was approved in June 2022.

Fire safety for the home was examined. All new staff undertake a fire induction questionnaire. This helps to orientate them to equipment location; fire exits and the fire evacuation plan for the home. There is a personal emergency evacuation plan in place for the care receiver which details the support required in the event of a fire. A review of the fire logbook confirmed that all necessary checks were being undertaken in relation to equipment. However, fire drills for staff were not being undertaken with the regularity required. This is an area for improvement.

There is regular use of a specifically adapted vehicle to support the care receiver with their social and leisure activities and facilitate daily living tasks, such as shopping. The vehicle is regularly serviced and a risk assessment is in place for safe access and use by both the care receiver and staff members.



The home has schedules in place for regular cleaning. Maintenance and repair is supported by HCS engineering team and Jersey Property Holdings (JPH), as well as from external contractors. The Interim Manager reported that there can sometimes be delays in responses to requests for repairs. This is due to the processes for establishing which service is responsible for carrying out the repair.

Upon review, it was noted that there was no schedules or records available in relation to maintenance checks being undertaken within the home. The Interim Manager was not aware of the type or frequency of checks required. Maintenance schedules and logs must be available at all times within the home in order that the Registered Manager / person in charge is in possession of the relevant information to fulfil their health and safety responsibilities. This is an area for improvement

Infection prevention measures were noted to be in place. This included the availability of personal protective equipment and the wearing of masks by staff when in the home. The Interim Manager and staff team reported that mask wearing can be a barrier to effective communication with the care receiver. Therefore, a pragmatic approach is taken and staff will adapt their practices to meet the needs of the care receiver.

Monthly quality assurance visits are undertaken on a monthly basis by a manager from another care home within the organisation. A report of the findings is compiled and shared with the Interim Manager. Any identified actions are added to an action tracker for the Interim Manager to implement. Copies of reports for October, November and December were supplied by the Interim Manager and were found to provide a detailed overview of a different standard each month.

The Interim Manager confirmed that the home is registered with the Jersey Office of the Information Commission (JOIC).

## 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 Regulation Officer reviewed all care plans which were accessed via an online system known as 'Care Partner'. Daily notes and recordings are also stored within the system and includes any contacts, assessments, or interventions by professionals.

The care plans consist of information relating to communication, personal care, medication, behaviours which may challenge. Meal preparation and social activities. Robust risk assessments are also in place for activities, support in the home and getting out and about.

In addition, there is an 'All about Me' folder in place within the home which gives a comprehensive and personalised overview of the care receiver. It gives information from their perspective of what is important to them, their likes and dislikes and what works for them in terms of the support they require.

It was noted by the Regulation Officer that there were no care plans in place which captured the practical, day-to-day support being given. Including the work being undertaken to improve social opportunities, independence and choice, all of which is based upon the care receiver's goals and ambitions. This is an area for improvement.

Communication with the care receiver is very important in achieving positive outcomes in their day. Staff demonstrated a variety of methods which are used to ensure effective communication. This included a daily activity plan which is updated every morning and afternoon and includes activity and meal choices.

Generally, verbal communication works well for staff who know and understand the care receiver. If any difficulties are encountered, staff will encourage the use of a white board. In order to explain more complex scenarios, the team will use social stories to help the service user understand and process information and use calendar dates to provide time frames for when events will occur.

The care receiver has access to a variety of activities which they enjoy, such as swimming, walking and bicycle riding. They will make choices each day as to the activities they wish to participate in. Staff are very skilled in assessing which activities the care receiver will enjoy on particular days. An example was given by staff that when special events, such as birthdays are imminent, lower stimulus activities are more achievable and enjoyable.

Staff on duty on the day of the first inspection visit demonstrated a high level of skill and knowledge relating to the care receiver's needs. They promoted choice and independence throughout, whilst assessing requests and responses to determine the level of support required. One staff member explained that the choices offered on a daily basis are guided by the care receivers responses to stimuli and levels of anxiety.

The team also explained about their approach to the induction of new staff. This has to be undertaken at the pace of the care receiver as they require time to build relationships with new members of the team and feel re-assured that their unique methods of communication will be responded to appropriately. Due to the complexities of induction, staff are introduced intermittently and work alongside experienced members of the team. This helps to reduce anxiety for the care receiver. This is an area of good practice.

Other staff members were eager to provide feedback on their role, speaking of the positive experiences created for the care receiver and the cohesiveness of the team. Their comments included,

*"I always come into a positive working environment. Working with the client brings me a lot of satisfaction. I love the fact that we work hard in the team give them many choices in their day"*

*“I feel Xxx is given as much support as needed and the correct resources to be as independent as possible within their home environment”.*

*“I feel very supported in my role from both colleagues and management”.*

*“I strongly believe that Xxx receives the best support and we are always looking at new ideas”.*

*“I feel that the team work really well together and all go above and beyond. The consistency and reliability of core staff that have known Xxx for such a length of time supports them to have a calm, well established and enabling environment”.*

*“I feel listened to and appreciated”.*

The environment of the home is set out to meet the needs of the care receiver. There is a physical access control (PAC) door entry system in place. This has allowed for separate spaces to be created for care receiver and staff and for the care receiver to move independently within their own environment. Doors are only closed when there is a risk to safety, or at the request of the care receiver.

The decor is neutral and designed to meet sensory needs. The care receiver chooses where personal belongings are placed and had just decorated for Christmas when the Regulation Officer visited. The lounge area has space for dining facilities and the living space has been set up to optimise comfort for the care receiver when watching television. There is also an activity room where the care receiver can enjoy indoor activities of their choice, with all equipment resources close to hand.

Staff reported that the garden area has recently undergone some maintenance and repair and would soon be ready for the care receiver to access again.

The separate staffing area that is incorporated within the home is a great advantage as the care receiver chooses to spend periods of time on their own. Staff can withdraw to allow personal space to be respected and the care receiver is aware of how to seek staff assistance if required.

Relative feedback was complimentary of the staff team and the support provided stating, *“I think the staff are very cued up on Xxx’s needs and they seem very happy”*. However, they did express their dissatisfaction with the communication during a recent health matter and felt they would benefit from a list of the main contacts for the home”.

Professional feedback was very positive. Comments included,

*“The experience and knowledge of the staff team is very good. Most have worked with the client for a long time and know him well”*.

*“The quality of care and support delivered is very good”*.

## **Training**

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.
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There is a comprehensive induction programme, known as ‘preceptorship’, in place for new members of staff which is undertaken over a six-month period. The preceptorship booklet covers a range of topics relating to Health and Community Services. There are details of the mandatory training which must be completed during the induction period with opportunities to review and record progress with supervisors / line managers at regular intervals.

The home also has its own staff competency framework for new staff which covers routines, personal care communication activities and night-time routines. This is personalised to the care receiver.

In addition, the Government of Jersey provides an online corporate induction programme known as ‘My Welcome’ which is undertaken by all new employees.

Supervision records for staff identified that they have the opportunity to participate in 1:1 sessions with the interim manager to discuss their role, development needs and

identify any issues they may have. It was noted that there was no appraisal schedule in place for 2022. This is an area for improvement

The home has a training and development plan in place which is consistent with the Statement of Purpose. Statutory, mandatory and specialist training requirements are clearly detailed. The Interim Manager maintains a database of all training undertaken with renewal dates identified.

There is a blended approach to training with both online and classroom-based sessions being undertaken. Topics such as manual handling, fire safety, basic life support and first aid are always delivered within a classroom setting, in order to meet the practical requirements of the course,

The interim Manager reported that there are six members of staff who have a Level 3 Regulated Qualification Framework (RQF), or National Vocational Qualification (NVQ) in Health and Social Care. Two other members of staff have a Level 2 RQF/NVQ or are working towards the qualification. This equates to eighty per cent of the staff team having completed this training.

Medication administration is only undertaken by staff members who are in possession of a level 3 Regulated Qualification RQF in the administration of medication. The Interim Manager reported that there were no requirements for the administration at the time of inspection. As a result, annual competency checks were not being undertaken.

The Regulation Officer emphasised the importance that competency checks continue to be undertaken annually as staff require an opportunity to update their skills and knowledge. There is also a risk that medication administration may be required at short notice and staff would not be permitted to administer if they had not undergone their competency checks, therefore impacting upon the quality of care delivery. This was acknowledged by the Interim Manager who agreed to immediately escalate the issue to senior management.

In relation to specific categories of care for which the service is registered to provide (autism and learning disability); when undertaking level 2 and 3 RQF, the modules are selected which directly relate to the care and support of people with learning disabilities. Other opportunities include positive behaviour support training. The Interim Manager reported that there has been some difficulties in sourcing specific autism training courses such as SPELL (structure, positive approaches, empathy, low arousal, links) framework training. This must be identified as a priority by the Provider, due to the complexities of the care provision and specific skills required of the team to deliver the appropriate support.

## IMPROVEMENT PLAN

There were five areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 3 months from the date of inspection (14 March 2023)</p>	<p>A schedule for the provision of annual appraisals for staff must be in place which meets the requirements of the Care Home Standards.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response by registered provider:</b></p> <p>Supervisions are booked in with staff between 5-6 weeks apart and all staff now have access to Connect system to set objectives and track goals and annual targets.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>Regular fire evacuation drills must be undertaken as stipulated within the home's fire logbook.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>New in house fire warden has been appointed as a point of contact and the Health and Safety Training and Compliance Officer is to attend and support staff with training/scenarios for staff to carry out. Monthly fire drills will then be carried out at the team meetings and recorded in the in-house fire drill logbook.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>To be completed by:</b> 3 months from the date of inspection (14 March 2023).</p>	<p>All policies and procedures utilised by the home must be in date and updated within the stated review dates.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>The Government of Jersey are currently revising Government-wide employee-related policies that will be in place on Gov.je to allow transparency. These policies are more user friendly than in the past, and Toolkits have been created and embedded within the policies to give staff more detailed guidance and support. Specific information regarding the roles involved in each policy and their responsibilities have been outlined, along with a useful glossary of terms and an emphasis on effective communication and employee wellbeing. Until a policy has been revised and launched onto Gov.je, it will remain accessible on the staff intranet and policies will be reviewed and revised often. Care home specific policies will be updated and ratified within the Adult Social Care</p>



	group and sent to HCS Policies and Procedures Ratification Group for information.
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Maintenance schedules and logs must be available at all times within the home in order that the Registered Manager / person in charge receives the relevant information to fulfil their health and safety responsibilities.</p> <p><b>Response by registered provider:</b></p> <p>Maintenance schedules will be printed and available on the system for all staff to populate when work is carried out. Speaking with Estates Building Manager about the Planned Property Maintenance schedule being put in place and adhered to.</p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 2.4 and 2.5</p> <p><b>To be completed by:</b> 2 months from the date of inspection (14 February 2023).</p>	<p>Care planning processes must be enhanced to reflect the day to day support being provided which is based upon the care receiver's personal goals and ambitions.</p> <p><b>Response by registered provider:</b></p> <p>Personalised goals and outcomes continue to be developed with full support of the service user, staff and family where appropriate. This will be included in their personal documentation and reflected within their annual review. Date set to review care plans with case coordinators.</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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