



**Jersey Care
Commission**

INSPECTION REPORT

Highlands Care Home

Care Home Service

**La Rue de Froid Vent
St Saviour
JE2 7LJ**

7 December 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Highlands Care Home. The service is situated in the parish of St Saviour within a residential area. The property is in close proximity to bus routes to and from town. There is also a small cluster of shops and a garden centre within walking distance.

The main building of the home consists of 13 single apartments and eight two-bedroom apartments. All apartments have a kitchen, bathroom and lounge. There are also a communal lounge and a main dining area.

The home also comprises of 18 self-contained flats to the rear of the main building which is known as Bon Air Court and a two bedroom bungalow which is called Girasoli.

There is a large garden area which has free access for all care receivers. Car parking is provided for both the main home and Bon Air Court.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care</p> <p>Category of care: adult 60+, physical disability and / or sensory impairment, learning disability, autism, mental health</p> <p>Maximum number of care receivers: 49</p> <p>Maximum number in receipt of personal care: 49</p> <p>Age range of care receivers: 18 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Highlands Apartments 1,2, 3, 4a, 4b, 5, 6a, 6b, 7, 8, 9, 10a, 10b, 11, 12, 13, 14a, 14b, 15, 16, 17a, 17b, 18a, 18b 19, 20a, 20b, 21a, 21b - One person</p> <p>Bon Air Court Apartments 1 – 18 - One person</p> <p>Girasoli Bedrooms 1 and 2 – One person</p> <p><u>Discretionary</u></p> <p>As the Registered Manager Agnieszka Gurgielewicz must either provide formal confirmation from an appropriate educational source that their academic qualifications have equivalence to QCF Level 5 Diploma in Leadership in Health and Social Care Module or obtain this specific qualification by 04 January 2025.</p>
Date of Inspection	7 December 2022
Time of Inspection	8am to 7pm
Type of Inspection	Unannounced
Number of areas for improvement	one
Number of care receivers accommodated on the day of the inspection	46

Highlands Care Home is operated by St Philips Care Limited and the Registered Manager is Agnieszka Gurgielewicz.

Since the last inspection on 17 & 22 July and 3 August 2021, the Commission received a notification of absence of the Registered Manager in October 2021. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place.

A registered manager application was submitted for Agnieszka Gurgielewicz on 8 December 2021. This was approved by the Commission on the 4 January 2022.

Two visits were made to the home by a Regulation Officer on 20 June and 7 November 2022. The purpose of the visits was to review progress on building renovation work being undertaken.

An application was received by the Registered Manager to vary conditions on the service's registration in October 2022. This was to increase the number of beds from 47 to 49. The variation was approved on 23 November 2022. An updated copy of the service's Statement of Purpose was submitted as part of the variation application.

The discretionary condition on the service's registration was discussed during the inspection visit. The Registered Manager reported that she commenced her Level 5 in Management and Leadership in January 2022 and was making steady progress towards completion.

An updated Statement of Purpose was submitted to the Commission as part of the variation application received in October 2022. This was reviewed as part of the inspection and was found to be reflective of the services 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 Registered Manager and staff team engaged fully in the inspection process and ensured that all requests for information and records were met.

Time was spent during the inspection visit talking with care receivers and staff, and observing interactions and activities as care receivers went about their day. There is a very relaxed and calm atmosphere throughout with care receivers expressing that they regard Highlands as their home. The layout of the home allows people to spend time together, while having the option to spend time in their own apartments if they wish.

Relatives and professionals were happy to contribute to the feedback process which was generally positive. However, some expressed concern regarding staffing shortages and the impact that had upon communication and the ability to provide more individualised programmes of support.

There was a range of quality assurance measures in place to maintain and improve the safety and quality of care provided. This was supplemented by regular monitoring visits by the Regional Manager.

A review of recruitment procedures highlighted some inconsistencies in adhering to safe recruitment practices. This is an area for improvement.

A comprehensive training programme is in place which has a clearly identified mandatory training for all staff. This is supplemented by the availability of additional training opportunities.

The home has experienced some difficulties with recruitment and retention of staff. As a result, there is a largely new team who are still in the process of understanding their roles and getting to know care receivers. However, all staff spoken with presented with positive and enthusiastic attitudes towards their work and the care receivers they supported.

INSPECTION PROCESS

This inspection was unannounced; therefore, no notice of the inspection was given to the Registered Manager prior to the visit on 7 December 2022.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

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

During the inspection, the Regulation Officer spoke with the Registered Manager and six staff who were on duty, including the Deputy Manager. There were also opportunities to speak with nine care receivers.

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

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

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

During the inspection, records including policies, care records, incidents, maintenance schedules and complaints were examined. The Regulation Officer also undertook a walk round of the premises.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to the Registered Manager. Final written feedback was provided on 23 December 2022 following completion of the inspection process.

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, three of 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 positive to note that all of the improvements had been made. This means that there was evidence of,

- Up to date policies and procedures
- A review of security and access to the building
- Regular review of the home's Statement of Purpose

Highlands Care Home has a total of 49 beds, which provide personal care to care receivers who have a wide range of needs.

The team consists of two deputy managers, six senior carers, 16 carers and five zero hour contracted staff. There were three vacancies at the time of the inspection. The home is also supported by domestic, catering and maintenance staff.

The Registered Manager shared that there would be no new admissions to the home until all staff vacancies were filled.

Safety

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.</p>
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The home has a range of quality assurance and governance processes in place which are initiated and monitored by both the Registered Manager and the Provider. Examples of all reports undertaken were made available to the Regulation Officer at the inspection.

There are six-weekly visits from the Regional Manager. Reviews of areas, such as maintenance, accidents and incidents, falls and complaints are reviewed. A report of the visit is compiled for the Registered Manager which identifies any actions required. In addition, care plans are audited monthly and a compliance assessment tool is used to report on various topics throughout the year. This includes health and safety, finances, infection control and the dining experience. The frequency of audits is dependent upon the area being reviewed.

The Registered Manager reported that some elements of the quality assurance processes are not always appropriate for the client group supported at Highlands. An example of this is analysis of falls risk assessment for care receivers who are in a younger age group and are quite independent. This has been acknowledged by the Provider who is working with the Registered Manager to develop a more appropriate programme of quality assurance checks within the home.

The Registered Manager undertakes a daily walk around of the home and records findings and actions required. Any identified issues which cannot be resolved within two days are added to the home improvement plan. A clear target date is assigned to each task and progress is reviewed weekly. There are also daily flash meetings in place. This includes key members of the team and is designed to identify any immediate concerns which require prompt attention. It also helps to keep the whole team informed of the priorities for the day.

The home employs a full time maintenance officer. Maintenance schedules and logs were examined and were found to be robust and up to date. Fire maintenance checks and drills were found to be compliant with the requirements of the fire logbook. External contracts are also in place for specialist checks, such as hoists, lifts, gas appliances and portable appliance testing.

The Regulation Officer reviewed a sample of seven policies and procedures which were cross referenced with the Care Home Standards and included safeguarding, complaints, medication and infection control. There were references to key legislation and supporting agencies where appropriate. All policies are available to all staff online and are updated regularly by the Provider.

There has been one formal complaint received since the last inspection which was ongoing. The Registered Manager was able to describe the actions taken to date to find a resolution. A care receiver also provided information relating to an informal complaint that they had raised. They confirmed that they had felt comfortable to discuss their concerns with the Registered Manager and that they had been listened to.

There have been four safeguarding alerts raised by the home. The Registered Manager gave details of the actions and outcomes identified. There was evidence of prompt actions when issues were identified and that the Registered Manager sought support from relevant agencies when required. During feedback, staff demonstrated an understanding of their responsibilities in relation to safeguarding and described their confidence in reporting any concerns they had.

The Registered Manager is aware of the thresholds for reporting incidents and accidents to the Commission. This was demonstrated through a review of all notifiable incidents submitted since the last inspection and a review of a sample of internal reports.

It was noted that there were two Significant Restriction of Liberty (SROL) authorisations in place. The Registered Manager has introduced a flagging system to ensure that any deadlines for renewal are not missed. There is also a programme of Capacity and Self Determination Law training underway for staff.

The home is proactive in recognising when care receivers require additional support with managing behaviours which can challenge. Positive behaviour support plans are in place and have been developed with the advice and support of the relevant specialist professionals. The Registered Manager confirmed that the team request advice and support when required.

Medication administration practices were reviewed. Highlands has an electronic medication administration system in place. Weekly audits are undertaken and daily alerts are received if there any issues associated with the administration of medication. The Registered Manager reported a significant decrease in medication errors because of the alerts now in place. Annual audits are also undertaken by the supplying pharmacy.

The Regulation Officer reviewed the provision for first aid. All staff receive first aid training which is updated regularly. First aid boxes were available throughout the home. All supplies are checked regularly and stocks replenished.

Personal protective equipment (PPE) is available within the home and masks continue to be worn by staff. The Registered Manager reported close links with the community infection control nurse who is accessed for advice and support when required.

The service has a recruitment policy in place which demonstrates compliance with the requirements for safe recruitment practices. A sample of 14 recruitment files were examined of individuals who had commenced employment since the last inspection.

It was noted that some files did not have two references and there was insufficient audit trails to evidence that nonresponses were followed up. There was also a high number of character references noted with no recording of decision making processes. Some Disclosure and Barring Service (DBS) certificates were not present in a small number of files. The Registered Manager took immediate steps to locate the missing certificates. It is important to note that internal quality assurance processes had recently highlighted the issues described. Nonetheless, this is an area for improvement.

It was positive to note that the Registered Manager was able to demonstrate the procedures that the home has followed, when issues arise with safe recruitment that require further scrutiny. All practices are in line with the human resource policies of the home and the requirements of the Care Home Standards.

The Registered Manager confirmed that Highlands Care Home is registered with the Jersey Office of the Information Commission.

Care and support

<p>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.</p>

Pre -admission assessments are undertaken prior to placements being offered. A copy of the referrer's assessment is also obtained. Care receivers, relatives and relevant professionals are all consulted and included in the completion of the assessment which then forms the basis for the initial care plans. These are then updated as the care receivers settles into the home.

All care receivers are issued with a service user guide and agreement upon admission. The guide provides details on the philosophy of care and the facilities provided. The service user agreement lays out information relating to fees, responsibilities of the home, responsibilities of the care receiver and notice periods. Agreements are signed by the Registered Manager and the care receiver or their representative.

The last inspection report highlighted the following.

“The breadth of care currently being provided was discussed with both the Deputy Manager and the Registered Manager. The Regulation Officers expressed concern that the diversity of need may be too broad, resulting in the staff team needing to have experience and proficiency in a wide range of skills and competencies, to the point that this may be unrealistic”.

During feedback, some professionals had expressed concern relating to the ability of the staff team to meet such a wide variation of needs. This was discussed with the Registered Manager who reported that the breadth of support offered is narrowing, with the focus moving towards learning disabilities, autism and mental health. However, progress has been slow as there is an ongoing commitment in maintaining the existing placements.

Another professional spoke of the potential for the home to provide bespoke packages of support which focus upon maintaining or promoting independence for care receivers and could lead to progression towards more independent living. They stated,

“Highlands staff team are always keen to enhance the capacity of individuals, promoting their strengths, identifying specific needs and working towards increasing their levels of independence. Highlands is unique in its presentation and the facilities it offers”.

However, they felt it was difficult for the team to offer bespoke packages of support due to the restrictions which registration as a care home and subsequent funding structures presents. It was recognised that this was out with the control of the home. An example of this was that in addition to paying fees, *“Xxx would struggle to buy food for their home at Highlands and still have income for social activities or daily life. This is a great shame considering every care receiver at Highlands has their own kitchen”*.

A number of professionals noted that there had been a high staff turnover and reduced staffing levels in recent times. They felt that this had impacted upon the home’s ability to offer bespoke support for some individuals when it was requested. This was echoed by relatives; however, it was not felt that this had impacted upon the quality of care provided.

The Registered Manager reported that maintaining staffing levels had been challenging at times; however, the team is nearly at the full complement and staffing levels have not fallen below the minimum standards set out in the Care Home Standards. A review of the staffing rota for the previous four weeks confirmed this. The Registered Manager also explained the contingencies that are in place to manage any unplanned absences, such as sickness.

The Registered Manager stated that staff do not work over 48 hours per week unless exceptional circumstances occur. Staff spoken to advised that they are sometimes asked to undertake additional hours but confirmed that there is no pressure to do so.

Communication was highlighted as another area which could be improved upon. Some professionals described delays in receiving updates on care receivers progress and lack of preparation for formal appointments. One relative spoke of extended delays in maintenance and repairs for their family members apartment. This was shared with the Registered Manager who gave an overview of the actions taken to date and of the plans in place to follow up on all outstanding issues highlighted.

There was also much praise for the team and the Registered Manager from professionals, relatives and care receivers themselves. Comments included,

“I have always found the staff team and management to be friendly, welcoming and approachable. I have always been met with a willingness to co-work with myself and other professionals”. [professional]

“I like my apartment and Xxx who I share with”. [care receiver]

“I am very happy here, I have friends”. [care receiver]

“The team adapt to meet changes in need and are not fazed by anything”.
[professional]

“They go above and beyond and make it like a home as much as possible”.
[professional]

“The staff are kind and caring”. [relative]

“We like the Registered Manager and will tell staff if anything is bothering us”. [care receivers]

“I find Highlands to be a very proactive and empowering care provider working within a challenging landscape. I have no concerns about the quality of care or the safety of residents, the staff are attentive and think outside of the box. Highlands have taken on board advice from myself and my colleagues and work collaboratively with us towards positive outcomes, contributing creatively”. [professional]

“I feel Xxx is genuinely happy at Highlands”. [relative]

“I am happy with Xxx’s care. The most important thing is that Xxx enjoys being there and has no complaints at all”. [relative]

The Regulation Officer had the opportunity to speak with staff who were on duty during the inspection visits. All expressed an enthusiasm for their roles and spoke fondly of the care receivers they supported. All reported that the management team were friendly and approachable and they would be confident to raise any concerns they had. One carer commented, *“Management endeavour to give the best to care receivers and will go to any lengths to ensure needs are met”*.

Recent staffing shortages were discussed, with nearly all describing how the team had worked together to ensure that standards were maintained. Newer members of staff described the support available to them and of the value of the training that they had received.

Care plans and risk assessments were reviewed for a sample of care receivers. These are stored electronically. Care plans are based upon the activities of daily living and are tailored to meet individual needs. Short and long term goals are identified, as well as the interventions required to achieve the stated outcomes. Plans also have a “who I am” section which provides information about what is important to the person. This includes likes, dislikes, wishes and preferences.

Reviews are undertaken monthly and there is an alert system in place which identifies when reviews are due / overdue. Daily notes were noted to be kept up to date. All health and wellbeing interventions are kept up to date, this includes GP and professional visits.

There is an activity co-ordinator who works over five or six days per week and every other weekend. The programme of activities is care receiver led with the coordinator supporting with planning outings and indoor sessions. Activities include shopping trips, picnics, afternoon teas, beach days, karaoke and cooking classes. Care receivers have also recently created a family wall which celebrates all of the individuals who live in the home and their friendships.

Care receivers have initiated their own forum for residents meetings. They are co-ordinated entirely by residents and any actions or outcomes are fed back to the Registered Manager for her consideration and action.

The environment of the home is very welcoming. There is a relaxed atmosphere with care receivers having opportunities to socialise in the communal areas or spend time in their own apartments. During a walk around of the home many positive interactions were witnessed between staff and carers.

Independence is respected with care receivers following their own routines and timetables. Some care receivers have employment and voluntary opportunities. Others enjoy the freedom of getting out and about independently, with many accessing public transport.

Mealtimes were observed to be relaxed with care receivers enjoying their meals at their own pace while chatting with friends and staff. Adequate support was provided for those who required assistance with no sense of urgency. Some care receivers prefer to eat in their own apartments and this is accommodated by staff who will take meals to them. The Regulation Officer also observed different meal choices being accommodated by the kitchen staff.

Training

<p>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.</p>

Recruitment was discussed in detail. The Registered Manager explained that there has been a high turnover of staff and it has been difficult to fill vacancies. There has also been an increase in employing individuals who are new to the care sector. As a result, more time has been spent on the induction and training of new staff.

One new recruit described their experiences of joining the team who they found to be welcoming and supportive. They also talked of the clear plan they had been given to introduce them to care and guide them through the first few months of employment. Another described that they were still learning about the various aspects of their new role, and felt they were being supported to do so.

There is an established induction programme in place. Staff are given the opportunity to shadow more experienced staff for a period of time and also have an orientation and induction portfolio to complete. This includes information relating to health and safety, moving and handling, documentation and personal care. Once tasks are achieved they are signed off and there are opportunities to review overall progress at regular intervals. New staff members are also issued with a copy of the code of practice for Health and Social Care Support Workers in Jersey.

Supervision is undertaken with all staff on at least a three monthly basis. Samples of supervision records were viewed. There was evidence of regular tracking of progress with training and development, role progression, areas for development and wellbeing support. One example highlighted how a member of staff was being supported and encouraged to take on a lead role for a specific area of practice.

Annual appraisals are in place. The Registered Manager explained that new recruits undergo induction / probation for the first six months of employment; therefore appraisals are not undertaken until twelve months after employment commences. The Regulation Officer discussed the benefit of having appraisal after probation periods are complete. This will help to give clear direction and put in place clear training plans for additional training plans, such as Regulated Qualification Framework (RQF).

There is an established training and development programme in place for staff. Details of all mandatory training are clearly identified within the Training and Development Policy.

Training is delivered mainly through an online training platform and is updated on an annual basis. Certain topics are supplemented by practical sessions, such as manual handling and First Aid. The Registered Manager reported that some practical training sessions are running behind schedule. This is due to staffing pressures and the availability of key trainers. It is anticipated that this will be rectified in the near future as a number of staff have been identified to undertake training to become key trainers.

The training logs for eight members of staff were examined in detail together with an overview of all staff training records. Progress is tracked and monitored by the Registered Manager. There are also opportunities to discuss training within supervision sessions. Compliance with completion of mandatory courses is not allowed to fall below 70% at which point the Registered Manager will intervene to agree a plan for completion. The Registered Manager also shared that zero hour contracted staff are not permitted to volunteer for shifts unless all mandatory training is kept up to date.

Medication administration is only undertaken by staff members who are in possession of a level 3 RQF in the administration of medication. New staff members in possession of this qualification are observed initially to ensure competency and the twice annually thereafter.

The Registered Manager reported that there are four members of staff who have a Level 3 RQF, or National Vocational Qualification (NVQ) in Health and Social Care. A further six members of staff have a Level 2 RQF/NVQ. The Registered Manager explained that staff are offered the opportunity to undertake RQF once they have completed their probationary period. Due to a high volume of new staff being recruited in recent months, it will take some time for all to progress on to the awards.

It was noted by the Regulation Officer that one of the deputy managers was not in possession of or working towards a level three RQF. Standard 3.12 of the Care Home Standards states that this is a requirement for staff who hold a supervisory or senior positions. This was brought to the attention of the Registered Manager who gave assurances that this would be rectified.

The service is registered to provide support in relation to specific categories of care. This includes adult 60+, physical disability and / or sensory impairment, learning disability, autism and mental health. Whilst it was recognised that there is basic online training in place to support the majority of the categories, the service must consider how they will support ongoing learning and development which allows staff to enhance their knowledge and skills as the home progresses towards specifically supporting people with learning disabilities and mental health.

The home supports one care receiver with Percutaneous Endoscopic Gastrostomy (PEG) feeding. Three staff members have undertaken accredited training in order to support the administration of feeds.

The Registered Manager shared that all staff had undertaken mental health first aid training. This had been welcomed and a positive impact had been noted within the team by the Registered Manager. This is an area of good practice.

A recent teaching session has been devised by the Registered Manager for the deputy managers. This sets out the priorities of the management team and the expectations of the deputy manager role.

The Regulation Officer discussed with the Registered Manager, the processes in place to ensure that standards of practice are maintained. The Register Manager described the role of supervision in identifying any areas for development and the expectation that this will be undertaken in a supportive way. The Regulation Officer observed examples of this within supervision records viewed.

There are also a range of policies and procedures in place which are available to formally address instances of poor practice. The Registered Manager was able to provide examples where they had been utilised.

IMPROVEMENT PLAN

There was one area 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 3</p> <p>To be completed by: 1 month from the date of inspection (8 January 2023).</p>	<p>The Registered Manager must ensure that all recruitment files contain all the necessary information relating to safe recruitment checks, as set out in appendix 4 of the Care Home Standards.</p>
	<p>Response by registered provider:</p> <p>We have implemented an improvement plan, which is as follow:</p> <ol style="list-style-type: none"> 1. All HR files were reviewed and inconsistencies found were addressed. Expired DBS requested and now in place, not printed references are now printed and in files. 2. HR files that we have inherited from previous company with missing paperwork, risk was assessed and documented and in folders with relevant documentation. 3. New employee HR files are now inspected for accuracy, orientation in front of all folders signed and dated when completed.

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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