



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Clifton Care Home**

**Care Home Service**

**Bagatelle Lane  
St Saviour  
JE2 7TD**

**3 and 8 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 Clifton Care Home. The service is situated in the parish of St Saviour within a quiet residential area. Parking facilities are provided at the front of the building and garden areas are situated to the side and rear.

The home provides nursing care and personal care for a maximum of thirty care receivers over the age of 60 years. Single bedroom accommodation is provided over three floors and some bedrooms are without en-suite toilets and sinks. There is a communal lounge located on the ground floor and a lounge / dining area on the first floor.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: nursing care, personal care  Category of care: adult 60+  Maximum number of care receivers: 30  Maximum number in receipt of nursing care: 29  Maximum number in receipt of personal care: 1  Age range of care receivers: 60 years and above

	<p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Bedrooms 2 – 12 &amp; 14 – 32 – One person</p> <p><u>Discretionary</u></p> <p>1. With reference to the premises and grounds, communal space, bedrooms, toilet and washing facilities, medicines storage, clinical or treatment room, infection prevention and control, sluice room, laundry, catering areas, storage and staff facilities within Clifton Care Home must meet the standards within Jersey Care Commission Care Standards Care Homes (Adults 2019) by 1st February 2024.</p> <p>2. A project plan should be submitted to the Commission within 5 months from the date of this proposal (by 11 May 2023) outlining how the refurbishment will be planned, managed and coordinated and confirmation as to whether the necessary works will be carried out within a fully operational home.</p> <p>3. The Registered Manager Anand Tewari must obtain a Level 5 Diploma in Leadership in Health and Social Care by 6 April 2023.</p>
Dates of Inspection	3 and 8 December 2022
Times of Inspection	9:50am to 4:20pm and 9am to 2pm
Type of Inspection	Unannounced
Number of areas for improvement	Five
Number of care receivers accommodated on the day of the inspection	29

The Care Home is operated by Clifton Care Home Limited and the Registered Manager is Anand Tewari.

Since the last inspection on 16 and 19 November 2022, the Chief Inspector and Regulation Officer visited the home on 12 May 2022. This was to view the requirements for refurbishment in relation to the proposed plans.

A meeting was held with the Provider and Registered Manager at the Commission's offices on 15 June 2022 to discuss the refurbishment plans for Clifton Care Home. It was identified at this time, that the Provider would not meet the requirements of the home's discretionary conditions within the designated timeframe. However, evidence was provided of submission of an application to the Planning Department.

The Commission received an application from the Registered Provider to request an extension to the discretionary conditions relating to the refurbishment of the home. A temporary extension was granted on 8 July 2022. This was further extended on 11 January 2023.

Another application was received from the Registered Manager to extend the completion date for the discretionary condition relating to attainment of a Level 5 Diploma in Leadership in Health and Social Care. An initial extension of two months was granted on 2 August 2022, which was further extended by six months on 11 October 2022.

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 Registered Manager and staff team engaged fully in the inspection process and ensured that all requests for information and records were fully met.

During the first inspection visit, the Regulation Officer had the opportunity to spend time with care receivers and relatives. All spoke of their confidence in the home, complimenting the staff and their warm and friendly approach. The Registered Manager was described as always being available to care receivers and their families and has a positive presence within the home.

Staff spoke positively about their work and were committed to providing a caring and friendly environment. There is a seamless working relationship between registered nurses and carers, with all understanding and respecting each other's roles and responsibilities. This is complimented by the role of the Care Services Lead who supports the staff team to improve and maintain care standards in the home.

There is a comprehensive, paper based care planning system in place which clearly identifies health, medical and social / personal needs. They are both informative and reflective of the wishes and preferences of individuals.

In order to meet the requirements of the discretionary conditions of registration, the home is scheduled to undertake a programme of refurbishment which is anticipated to commence in late 2023. It was noted by the Regulation Officer that there were several areas of maintenance and repair outstanding. Prompt action is required to ensure that the building maintains the requirements of the Care Home Standards until such time as the refurbishment commences.

The Regulation Officer noted that bathing equipment within the home was broken or in need of upgrade. This was impacting upon care receivers' access to bathing facilities and requires immediate action.

There were several examples of robust safe systems of working practices within the home. This includes medication practices, accident and incident reporting, risk management and recruitment practices.

Training for staff was found to be up to date with all mandatory requirements being met. Specialist training is provided depending upon care receivers' needs. A framework is in place for the delivery of regular, recorded supervision to staff, however this has not been delivered consistently throughout 2022.

Maintenance schedules were found to be in place within the home. Regular checks were in place for firefighting equipment but a deficit in the frequency of fire alarm testing was noted.

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

## INSPECTION PROCESS

This inspection was unannounced; therefore, no notice of the inspection was given to the Registered Manager prior to the first visit on 3 December 2022. The second visit was arranged for the purposes of reviewing records and meeting with the Registered Manager.

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, communication records and notifications 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, a registered nurse and five members of the care team.

There was also an opportunity to gain feedback from six care receivers and two family members.

Posters were displayed at the front entrance of the home informing people that an inspection was taking place and inviting people to get in touch with the Regulation Officer to provide feedback.

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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/>

The views of three professionals were also sought as part of the inspection process.

During the inspection, records including policies, care records, recruitment files, training records, maintenance files, incidents, complaints and audits were examined. This inspection also included a walk round of the premises, with time spent on each floor.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This was followed by final written feedback on 23 December 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, three 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 two of the improvements had been made. This means that there was evidence that:

- a carbon monoxide detector had been fitted in the kitchen
- existing care receivers and their representatives have been informed about the future refurbishment plans for the home.

It was concerning to note that insufficient progress had been made to address the remaining area for improvement. This means that the Registered Provider has not



met the Standards required for maintaining a good state of repair of the interior and exterior of the building. This is explored in more detail within the inspection findings.

Clifton Care Home has a total of 30 beds that predominantly provides nursing care. There is provision for one personal care bed within the home's registration.

The staff team consists of registered nurses senior carers and carers, who are supported by a small number of bank staff, domestic and catering staff. There were two registered nurses and four to five care workers on duty each day. Overnight, there was one registered nurse and three carers on duty.

## **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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Since the point of initial registration, Clifton Care Home has been subject to discretionary conditions on their registration relating to the requirement for extensive refurbishment, in order to meet current Care Home Standards.

The current building poses multiple challenges for both staff and care receivers and poses a potential risk associated with their health and safety. This includes a lack of appropriate ensuite toilets and sinks, narrow corridors (some of which have dips and inclines), no viewing panels in corridor doors to alert people to anyone approaching from the opposite direction, low height bannisters and doorways.

This impacts upon care receivers' ability to move independently within the home. When assistance is required from staff, they have to manoeuvre wheelchairs and other equipment through narrow corridors, doorways and turning spaces, often having to bend and stretch to do so.

A planning application was submitted in May 2022 and plans for the proposed building works were submitted to the Commission. Subsequently, the Provider made

a request for an extension to the timeframe for meeting the discretionary conditions, as the original date of 1 August 2022 would not be met.

The Commission met with the Provider in June 2022 to review progress and seek assurances that a revised structured plan was in place to meet any revised timescales. As a result, a temporary extension to discretionary conditions was agreed which will be reviewed when planning permission is granted.

At the time of the inspection, formal approval of planning permission had not been received.

The previous inspection report highlighted the following,

*“The Regulations state that the premises must be fit for purpose, are of sound construction and kept in a good state of repair and be decorated and maintained to a standard appropriate for the regulated activity. The environment requires that immediate attention is given to improve its appearance. This matter cannot be delayed until the refurbishment commences”.*

*“There remains an obligation on the Provider to ensure that the home remains safe and in good order, taking account of all aspects of health, safety and welfare, whilst it is fully operational”.*

Following a walk around of the building and discussions with the staff team and the Registered Manager, it was noted that there are several ongoing issues with maintenance and repair.

There were differences in the temperature in parts of the home, with some areas notably cold. A significant damp patch was present in the stairwell and it was reported that a toilet was broken in one room which had been awaiting repair for some time. It was further noted that no work had been undertaken to improve the exterior décor of the building. All issues were brought to the attention of the Registered Manager for their immediate attention. This is an area for improvement.

There is one small shower room and two bathrooms within the home. Upon inspection, it was noted that neither of the baths were operational, leaving only the shower room to facilitate the needs of 29 care receivers. One bathroom has been out of use for some time and was found to be utilised mainly for storage of equipment. The second bathroom had been out of use since January 2022 with no timescale in place for the repair or replacement of the bath. This is an area for improvement.

There are a number of shower chairs in operation. It was noted that not all parts of the chairs were easy to clean. This presents an infection control and prevention risk and the shower chairs need to be replaced. This is an area for improvement.

At the time of the inspection, the home had two vacancies with one other member of staff on extended leave. Each of these factors were adversely impacting on the number of hours worked by the Registered Manager and the staff team.

The Registered Manager explained the difficulties he has experienced relating to the recruitment and retention of staff. The home regularly advertises for care staff and was in the process of recruiting additional bank staff to support the permanent team. It was noted from a review of the staff rotas that staff were working in excess of 48 hours per week and had been for some weeks.

The Registered Manager acknowledged this and explained that he anticipated a resolution in the coming weeks, with the introduction of new bank staff and a reduction in annual leave requests in the first quarter of 2023. The Regulation Officer discussed the importance of staff not undertaking excessive hours unless there are exceptional circumstances. Other options, such as a reduction in bed numbers may need to be considered should the pressures continue.

Recruitment files for six new recruits and one long standing member of staff were reviewed. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

The home has one volunteer who attends to support activities and offer social contact for care receivers. All necessary safe recruitment checks were in place. The Regulation Officer highlighted the need to develop a written description of the role of the volunteer in accordance with Standard 9.5 of the Home Care Standards.

There is a comprehensive suite of policies and procedures in place, a sample of which were reviewed by the Regulation Officer. This included safeguarding, complaints, medication, recruitment and grievance procedures. The content was clear, with references to key legislation and supporting agencies where appropriate. All policies were found to be in date.

The home has received one complaint from a relative since the last inspection. The Registered Manager provided copies of the complaint, explained the steps taken to resolve matters and provided evidence of the written response sent to the complainant. Several examples of compliments received from relatives were also reviewed. The Regulation Officer also observed a family member visiting the home to thank staff for the care given to their relative.

One safeguarding alert has been raised. However, upon review it did not meet the threshold for safeguarding and was referred to case management for further follow up. The Registered Manager reflected on the learning from this incident with the Regulation Officer and identified some issues that could be improved upon in relation to communication with and referral to specialist services.

There were two Significant Restriction of Liberty (SROL) authorisations in place at the time of the inspection. The Registered Manager reports that he is aware of the process for application and renewal of SROL authorisations.

There is a robust system in place for the reporting of accidents and incidents. All reports are reviewed by the Registered Manager and any further actions identified. Family members are always made aware of any accidents that occur. A sample of reports were examined. No unreported notifiable incidents were noted.

The Regulation Officer undertook a review of the medication practices. This included an examination of compliance with transcribing guidelines, storage facilities, blister pack administration, stock control and rotation and appropriate use of medication administration records. No issues of concern were noted.

There is adequate provision for first aid within the home. All staff receive first aid training which is updated every three years. First aid boxes were available. Stock levels and expiry dates are checked regularly by night staff.

The management of tasks relating to maintenance, fire and health and safety have fallen to the Registered Manager in recent months. A new member of maintenance staff has recently been employed and was undertaking a period of induction. Records for water temperatures, legionella checks, window restrictors and bed rails were reviewed and found to be up to date. External contracts were also in place for lift, hoist and bed maintenance.

The home has an up to date fire evacuation plan in place. The fire logbook was reviewed which had evidence of fire drills and regular checks of firefighting equipment, but there was no record of weekly fire alarm testing having been undertaken. This is an area for improvement.

Monthly quality assurance reports are undertaken by the Registered Manager of another home. The Registered Manager supplied the reports for August, September and October 2022. Upon review, they were found to review a different standard in detail each month, with any actions clearly identified at the end of each report.

## 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.

Pre-admission assessments are undertaken prior to placements being offered. They provide a detailed overview of the care receiver's needs. There is also consideration of actions required before placement commences, such as referrals for any equipment required. Consideration is also given to any potential conflicts with care delivery.

An example of this is the recommendation for a low fat diet to be followed with acknowledgement that the care receiver has the right to make their own decisions. Another care receiver had taken the decision to not follow medical advice and had provided written confirmation of their decision.

Upon admission, care receivers are provided with a resident handbook and agreement. This gives essential information about the home and the facilities available. The documents also provide details of fees, notice periods, complaints, philosophy of care and rights and responsibilities.

The Regulation Officer undertook a detailed review of five care plans which are based upon the activities of daily living. They clearly identify the needs of the individual and the aims / interventions required. Treatment options for specific medical interventions are clearly identified at the front of each plan. Personal preferences as to how care is delivered is included. Examples of this include preferences relating to positioning or timings for specific interventions.

There is also a personal profile included within the plan. This provides an introduction to the care receivers i.e., their background, likes, dislikes and preferences in respect of their personal appearance, activities they enjoy and memories they enjoy talking about.

There are appropriate risk assessments undertaken to assess individual needs in relation to pressure care, nutrition and manual handling. Any specific nutritional needs and food preferences are detailed on catering information slips and shared with the catering team.

Care plans and risk assessments are evaluated on a monthly basis. Daily notes are kept up to date and stored separately along with all records of GP and professional visits. This allows easy access for staff throughout the day.

The Registered Manager provided several examples of effective partnership working with other professionals. During feedback, one professional commented, "*The Registered Manager was very friendly and helpful when trying to organise assessments*". They also spoke of the honest feedback received following assessments, however they noted that it could take some time to receive the information.

Some difficulties with partnership working were highlighted by the Registered Manager. This included waiting times for responses to referrals and potential delays in receiving new prescriptions following paramedic visits.

During the inspection visits, the Regulation Officer witnessed very positive interactions between staff and care receivers which respected privacy, wishes and preferences. One care receiver described how the staff team have worked with them to accommodate specific preferences relating to food. Facilities have been adapted in their room to allow them to prepare simple snacks at times that are convenient to them. They also spoke of the responsiveness of staff to not wear scented perfumes and deodorants as it impacted on their wellbeing.

There are opportunities available to participate in activities in the home. One care receiver spoke of her fondness for attending art and craft sessions. The home also offers trips to the garden centre, which is in walking distance of the home, or walks around the local area. There is also access to a wheelchair adapted vehicle. However, it can only transport one wheelchair user at a time. This results in multiple trips being undertaken when a group of care receivers choose to go out together.

The Registered Manager reported that it is his intention to explore other transport opportunities.

The home has a Care Services Lead. Their role is to liaise with families to assess satisfaction with the quality of care and to listen to any concerns that they may have. They also have responsibility to problem solve any issues that care staff may be experiencing. This includes equipment issues, quality assurance, health and wellbeing concerns, and training needs. They work alongside staff to support and problem solve, as well as assess quality of care delivery.

Family members freely attend the home on a daily basis. The Regulation Officer spoke with two relatives who visit every day and who expressed that they always feel welcomed. Other relatives were observed coming and going freely. Greetings from staff were warm and friendly with positive relationships noted. All relatives have the opportunity to speak with registered nurses and the Registered Manager at any time to give feedback or ask any questions they may have.

Feedback from care receivers was consistently positive. One described how they were being supported to recuperate from a period of ill health, which meant they could not live at home. However, the staff team were supporting them to work towards returning to living independently.

Other comments included,

*“I like the staff; they help me with everything”*

*“The Registered Manager is very supportive. He helped me recently with concerns I had about a hospital visit”.*

*“I like the staff. Xxx is excellent”*

*“The staff are lovely. I am happy here”.*



## 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's progress with the Level 5 Leadership was discussed. He explained that there is now a structured plan in place to support him with achieving the Level 5 Diploma within the agreed revised timeframe, a copy of which has been submitted to the Commission.

There are induction programmes in place for both registered nurses and care staff. For care staff, there are a range of topics which include health and safety, code of practice, understanding your role and personal development plans. Each section is evaluated and signed off at the mid and end point of the induction period. The areas covered are based upon the Care Certificate framework and the Care Home Standards. Registered nurse induction focuses upon their clinical roles and responsibilities.

The Registered Manager shared examples of appraisals which had been undertaken. There is a comprehensive pre-appraisal questionnaire which is then used to guide discussions during the appraisal meeting. All outcomes are then recorded on a review form and shared with both the Registered Manager and the appraisee.

The Registered Manager reported that there has not been a consistent undertaking of staff supervision in 2022. This is as a result of recent staffing pressures experienced. This is a task which has been solely undertaken by the Registered Manager. However, it was recognised that some delegation may be required. The Care Services Lead has been identified to support with staff supervisions moving forward. This is an area for improvement.

The Registered Manager explained that the home is moving to an online training provider called iHASCO. This also provides an up to date database which tracks staff progress. The mandatory training list was in the process of revision as the new system provides a greater library of online courses.

Current training logs were examined and all key training requirements were found to be in place and up to date. This included food hygiene, safeguarding and infection control. Both online and practical sessions are provided for First Aid and manual handling.

The home has identified the need for further training in Capacity and Self Determination Law and end of life care. Suitable training providers are currently being sourced. The Regulation Officer also discussed the benefit of introducing pressure care training for all care staff.

Regulated Qualification Framework (RQF) training is offered to all care staff as part of their career progression.

The Registered Manager explained that the home is transferring to a new provider for their monitored dosage systems (MDS). As part of the handover there will be a training session for registered nurses which will be repeated annually. The Registered Manager also undertakes annual medication administration competencies with registered nurses. This is an area of good practice.

All clinical tasks are currently undertaken by registered nurses. The Registered Manager is proactive in ensuring that nursing staff have the clinical skills to meet the needs of care receivers. An example was given where the team underwent specific training to support the admission of a care receiver with a specific clinical need. There was also evidence of recognition by other health care professionals of the team's willingness to work collaboratively and proactively. This is an area of good practice.

Another key strength of the home is the collective understanding and commitment to high standards of care delivery. The Registered Manager works alongside the team, promoting the standards expected and demonstrating a positive and professional approach. There is a seamless working relationship between registered nurses and carers, with all understanding and respecting each other's roles and responsibilities.

## 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 4</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The Registered Manager must ensure that fire alarm testing is carried out on a weekly basis as set out in the fire service logbook.</p> <p><b>Response by registered provider:</b></p> <p>There is a designated person appointed to conduct Weekly Fire Alarm Tests which are being documented in the Fire Precautions Logbook. In addition, the Care Home is up-to-date with all Fire Safety Regulations.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 2 months from the date of inspection (8 February 2023).</p>	<p>The Registered Manager must ensure that all care / support staff are given regular opportunities to discuss their role and identify any issues through formal supervision. Supervision sessions must be carried out a minimum of four times per year with records retained.</p> <p><b>Response by registered provider:</b></p> <p>All staff with various job roles have signed Supervision Agreements and there is a new system in place to conduct Formal Supervision Sessions which are designed to tie in with their Annual Appraisals.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 18, Standard 7.1</p> <p><b>To be completed by:</b> 3 months from the date of inspection (8 March 2023).</p>	<p>The Provider must ensure that all aspects of the internal and external building are kept in a good state of repair, decoration and maintenance. This must meet the standards required for a regulated activity.</p> <p><b>Response by registered provider:</b></p> <p>Seepage to the stairwell area has now been resolved and the area painted. There is now a regular programme in place to ensure that the general state of the building meet the standards, however, due to the age of the building this aspect has its challenges but Clifton continues to provide their residents and families with a warm, homely atmosphere. The Home is avidly awaiting its refurbishment.</p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 18, Standard 7.1</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>Immediate repair or replacement of the baths on the ground and first floor must be undertaken.</p>
	<p><b>Response by registered provider:</b></p> <p>Bathing Facilities including the Bath located on ground floor are now fully functional. The Bath located on the first floor will be functional by 11-03-2023.</p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 12, Standard 6.6</p> <p><b>To be completed by:</b> 3 months from the date of inspection (8 March 2023).</p>	<p>The Registered Provider must make arrangements to replace the existing shower chair equipment.</p>
	<p><b>Response by registered provider:</b></p> <p>The Home has ordered new shower chairs and awaiting deliveries. Nevertheless, the current chairs in use have been serviced and have comfortable soft back rests.</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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