



**Jersey Care
Commission**

INSPECTION REPORT

Ronceray

Care Home Service

Rue du Huquet

St Martin

JE3 6HE

10 and 15 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 Ronceray Care Home. It is located in the east of the island in a quiet rural setting. The home provides support for care receivers living with dementia.

Within the care home there are a variety of communal areas where care receivers can spend time socialising with fellow care receivers or meet with family and friends. There is an enclosed and secure garden, which care receivers can freely access from the ground floor communal areas.

Planning permission has been granted for refurbishment works to be undertaken. This will bring the home in line with the requirements for care home environments, as determined by the Regulation of Care (2014) Law.

The care home was first registered with the Commission on 8 August 2019.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: dementia

	<p>Maximum number of care receivers: 25</p> <p>Maximum number in receipt of personal care / support: 25</p> <p>Age range of care receivers: 55 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms 1-26 (no room 13) one person</p> <p><u>Discretionary</u></p> <p>Proposed alterations to the premise in accordance with revised drawings submitted by Gallagher Architects are to be completed no later than 9th January 2024.</p>
Dates of Inspection	10 and 15 December 2022
Times of Inspection	10:45am to 2:50pm and 9am to 3pm
Type of Inspection	Unannounced
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	Twenty

Ronceray is operated by Ronceray Care Home Ltd and the Registered Manager is Carole Keenan.

Since the last inspection on 11 August 2021, The Commission received an application for an extension to the home's discretionary condition relating to the refurbishment of the home. This was supplemented by the submission of a project plan on 29 April 2022.

The Chief Inspector and a Regulation Officer visited the home on 8 June 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 Ronceray 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 supplied to confirm that planning permission for the required building works had been granted.

The Commission therefore agreed to grant the request for an extension to the home's discretionary condition. Confirmation of an extension of 18 months was issued on 20 June 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.

Care receivers' family members and professionals were happy to provide feedback on the home. Relatives spoke extremely positively of the home and the quality of care their family members receive. All commented on the warm, friendly, and relaxed atmosphere and the support they receive from staff in maintaining positive relationships with their loved ones.

The staff team demonstrated professionalism and compassion in their interactions with care receivers and in their attitudes towards their roles, always promoting a person-centred approach to care delivery.

There were positive examples of robust safe systems of work within the home. However, some work is required to improve infection control practices, fire drills for staff and the reporting of incidents to the Commission.

There is an induction programme in place for all newly recruited staff. However, there was no evidence to confirm that staff have access to a consistent programme of supervision and appraisal which meets the requirements of the Care Home Standards.

A review of care planning was undertaken with evidence of appropriate assessments and risk management plans being in place to determine the levels of support required for individuals. Plans also took account of the individual wishes and preferences of care receivers.

Training provided to staff was found to be in line with the service's Statement of Purpose and generally consistent with the requirements set out within the Care Home Standards. While there are basic training opportunities for staff in dementia care, it was noted that the team may benefit from more advanced dementia training for all as part of an ongoing learning process. It was also noted that staff have opportunities to identify training needs which are then taken forward by the Registered Manager.

There are four 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 10 December 2022. The second visit on 15 December was arranged for the purposes of reviewing records and meeting with the Registered Manager.

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, 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.

The Regulation Officer spent time observing practice and interactions within the home, sought the views of 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, Deputy Manager and three members of the care team.

There was also an opportunity to gain feedback from three care receivers and four family members.

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

A poster was 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.

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 tour of the premises.

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 2022.

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 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 the improvement had been made. This means that there was evidence of an up-to-date training log being in place

Ronceray has a total of 25 beds that provides personal care and personal support to adults who have a diagnosis of dementia.

The staff team consists of the Registered Manager, Deputy Manager, two senior carers, 14 carers and an activities coordinator. In addition, the home is supported by a chef, kitchen staff, domestic staff and a maintenance officer. Staffing levels range between three and four staff on duty each day. The home has reduced bed occupancy to 20, this is in preparation for proposed building works commencing.

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.

Since the point of initial registration, Ronceray Care Home has been subject to a discretionary condition on their registration relating to the requirement for refurbishment work to be undertaken, in order to meet current Care Home Standards. At the time of the inspection, planning permission had been granted and the home had arranged for a temporary re-location of the office to a base within the grounds of the home.

The Registered Manager reported that some final permissions were pending relating to bye laws and it was anticipated that work would commence in February 2023. The home will remain operational, but with a reduced bed capacity. As a result of some additional work being identified, the home has to revise the project plan to ensure that the impact upon care receivers is kept to a minimum. Progress will be kept under review by the Commission.

The Registered Manager explained the difficulties she has experienced relating to the recruitment and retention of staff. The home regularly advertises but numbers of suitable applications are low. The home has a core team of staff who have been employed for several years; however, newer recruits tend to move on due to the level of competition within the sector. There are currently two vacancies within the care team.

Rotas for November and December were reviewed by the Regulation Officer. While there were variations to the numbers of staff on duty each day, contingencies were available to ensure that the minimum requirements for the Care Home Standards were met. This included the Deputy Manager and Activities Coordinator stepping in to provide direct support.

Recruitment files for all new recruits since the last inspection were examined. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices.

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 informal complaint from a relative since the last inspection. The Registered Manager provided details of the complaint and explained the steps taken to resolve matters to the complainant's satisfaction.

One further complaint was raised with the Commission in July 2022 relating to a broken lift. This was raised directly with the home at the time of receiving the report. The Commission was assured that the necessary risk assessments had been undertaken and contingency plans implemented.

The Registered Manager has also implemented a compliments folder. Several examples of compliments received from relatives were examined.

There have been three safeguarding alerts raised by the home. One further alert did not meet the threshold for safeguarding and was referred to case management for further follow up. The actions and outcomes of the alerts were discussed with the Registered Manager who has confidence in the team to identify safeguarding issues and report them appropriately. This was confirmed during feedback with staff, with

one member of staff highlighting the support they received when they raised a concern.

Notifications to the Commission since the last inspection were reviewed along with care receivers' records of accidents and incidents. No unreported notifiable accidents were noted. However, there was no consistent reporting in place for Significant Restriction of Liberty (SROL) authorisations and renewals. This is an area for improvement

There were 19 SROL authorisations in place at the time of the inspection. The Registered Manager is experienced in the process for application, transfer and renewal of SROL authorisations to the Capacity and Liberty team.

The Regulation Officer undertook a review of the medication practices. This included an examination of the processes for controlled medication, compliance with transcribing guidelines, storage facilities, blister pack administration, stock control and rotation and appropriate use of medication administration records.

Some minor issues were noted which required updating, such as tablet counts for packaged items, and a signature list for all staff authorised to administer medication. This was reported to the Registered Manager who agreed to action the necessary changes.

Fire logs for the home were reviewed. It was noted that fire drills for staff were not being undertaken. All other fire checks were found to meet the requirements of the fire logbook as stipulated by the fire service. This is an area for improvement

Personal emergency evacuation plans were in place for all care receivers which provide clear details of the needs of each care receivers and the support required should evacuation be necessary.

During the first inspection visit, the Regulation Officer noted several areas relating to infection control where improvement was required. This included storage of continence aids in communal toilets, equipment storage in bathrooms, wear and tear of clinical waste bins, and maintenance of flooring and grouting in some bathrooms and toilets.

The Regulation Officer recommended an independent audit be requested from the community infection control nurse. This will help to identify areas for improvement and any training needs for the staff team. It will also be an opportunity for the assessment of any actions required during the refurbishment. This is an area for improvement.

There are a range of audits in place to support the safe and effective running of the home. The frequency of audits is dependent upon the area being reviewed. The areas covered include health and safety, medication, care planning, call bell responses, activities and quality of meals / mealtimes. There are also regular checks of the premises and equipment.

Monthly quality assurance reports are undertaken by the Registered Manager of another home, a sample of which were made available to the Regulation Officer. 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.

The Registered Manager informed the Regulation Officer that the home was exploring the possibility of employing a Compliance Officer to implement a more standardised process for governance.

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 home's Statement of Purpose states,

“Residents shall be treated with respect and sensitivity to their individual needs and abilities. Staff will be responsive to the individual needs of residents and will provide the appropriate degree of care to ensure the highest possible quality of life within the home”

This matches the findings of the Regulation Officer. Care receivers move around freely, interacting with staff as they go. Individual personalities are understood and respected, with staff who are adept at interpreting and responding appropriately to care receivers needs.

Staff displayed positive attitudes with care receivers and families alike. Some examples were given and observed of the team adapting to meet individual needs.

- One care receiver was speaking in French and staff responded in French
- A relative spoke of visiting the care home in the evening and staff wearing pyjamas to support care receivers to recognise it was night-time and help them to settle.
- One care receiver had photos and labels in their room which were written in their first language. This was to help orientate them to their surroundings
- One care receiver was given the opportunity to continue activities related to their previous employment, with staff securing materials for them to work with.

The home is proactive in organising outings which reflect individual personalities and wishes. One care receiver has detailed in their care plan their fondness for getting out to place a bet. Staff will also create opportunities for people to try new things.

One relative commented, *“Xxx’s interactions with staff are lovely and they are enjoying things they would not have done before (singing and dancing)”*.

Professional feedback praised the willingness of the team to work collaboratively and highlighted their positive and proactive attitudes. One stated, *“Any advice given or recommendations made are always taken on board. They are great to work with. I like that they will get in touch if they are struggling as early intervention support can help to avoid placement breakdown”*.

The Regulation Officer had the opportunity to speak with staff who were on duty during the inspection visits. Whilst there were consistently positive attitudes, motivation to provide high quality care and genuine compassion for care receivers, some expressed their frustration that staffing shortages can impact upon time spent with care receivers. Their comments included,

“We are able to be relaxed and be ourselves, but we have boundaries”.

“It is a good team. We are able to have open communication”.

“Staff shortages are hard. It is frustrating”.

“When we are short staffed it impacts on the time spent with the residents and the activities we can do”.

“The team have been very supportive to me when I took on a more senior role”.

The home is designed to resemble that of a domestic environment, as much as possible. The lounge area had blankets on the chairs and newspapers were laid out for care receivers to read. Each area is easily identifiable with dementia friendly signage guiding the way. There is access to a large patio garden which is secure. This allows care receivers to go outside independently. Bedrooms were generally spacious and pleasantly decorated to meet individual preferences. Care receivers who were spoken with indicated that they found their rooms to be comfortable.

During a tour of the building several areas of minor repair and upgrade were noted by the Regulation Officer. This was brought to the attention of the Registered Manager for further action

Families were generally happy with the environment, however one relative commented, *“Only negative would be the appearance of the outside of the home. It could do with a general clean and tidy”*.

Pre-admission assessments are undertaken prior to placements being offered, a copy of which is retained in the care receiver’s file for reference. This is supported by access to the assessment undertaken by the commissioning service.

All care receivers are issued with a resident handbook and terms and conditions of admission. The handbook provides comprehensive details of the care and the facilities provided, rights of residents and complaints procedures.

The terms and conditions set out information relating to fees, trial periods, absences, care of personal possessions and insurance arrangements. The Regulation Officer noted that there was no information regarding notice periods. This was brought to the attention of the Registered Manager who agreed to review and amend the agreement.

The Regulation Officer undertook a detailed review of four care plans which are based upon the activities of daily living and social care needs. Treatment options for specific medical interventions are clearly identified at the front of each plan, together with details of SROL authorisations. Appropriate risk assessments were undertaken to assess individual needs in relation to pressure care, nutrition and falls.

Each plan also has a personal profile which provides an account of the person’s life before admission and what is important to them. It also includes information relating to likes, dislikes, worries, achievements and skills. There are also details on the best way to offer / provide support.

Care plans are reviewed evaluated on a three-monthly basis and progress notes are maintained on a daily basis.

Feedback from relatives was consistently positive, with all expressing a high regard for the staff team and confidence in the quality of care provided. Comments received are captured below.

“Staff are compassionate and caring”.

“The care is amazing. I can’t speak highly enough of the home”.

“The staff are lovely and it appears to be a consistent team which I feel is very good”.

“Xxx seems happy and has thrived there”.

“The team are good at managing Xxx’s dementia and they treat Xxx like family. They will take Xxx on outings (battle of flowers and pantomime), these are things the family could not do now due to level of need”.

“The Team gave great support to our family when Xxx was in hospital and really advocated for them to return home and recover in familiar surroundings, with a team that understood their needs”.

“We are so glad that we got Ronceray. It really suits Xxx’s needs”.

“It has been such a good move for Xxx. They were so lucky to get Ronceray. They love it”.

“The management team drive down positive behaviour to the team”.

“We are so lucky that Ronceray accepted Xxx into their care”.

“I can’t fault the staff; they are always helpful”.

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.

There is a detailed induction programme in place for new recruits, a sample of which was viewed at the inspection. There are a range of topics covered which includes day one orientation, working practices, policies and procedures, person centred working and health and safety. There is also an opportunity to explore personal development and support.

Staff are also issued with an employee handbook which provides information relating to contracts and expected standards of conduct.

Supervision and appraisal records were examined. It was noted that this had not been undertaken consistently and did not meet the requirements set out in Standard 3.14 of the Care Home standards. This is an area for improvement.

The Registered Manager explained that the home has moved 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. Practical sessions for First Aid and manual handling were being sourced to supplement the online learning. The Registered Manager anticipated that they would be underway by January 2023.

The staff have identified a training need for the management and de-escalation of behaviours which challenge. This has been acknowledged by the Registered Manager who is working with Government of Jersey departments to source appropriate training.

In relation to the categories of care for which the home is registered to provide (dementia), initial online training is provided. Additional training sessions have also been provided by the Older Adult Mental Health Team. Two members of the senior team also hold additional qualifications in dementia care. The Regulation Officer discussed with the Registered Manager the need to explore opportunities for advanced dementia training for all staff as part of an ongoing learning process.

The Registered Manager reported that there are four members of staff who have a Level 3 Regulated RQF, or National Vocational Qualification (NVQ) in Health and Social Care. Two members of staff have a Level 2 RQF/NVQ. One member of staff spoke very positively of the adaptations made by management to support their style of learning when they were completing a particular unit of their RQF.

Medication administration is only undertaken by staff members who are in possession of a level 3 RQF in the administration of medication. All staff undergo annual competency checks which are measured and recorded against a checklist. The Registered Manager explained that the competency checks for 2022 were behind due to staffing shortages; however, arrangements are in place for a Registered Manager from another home to undertake the competency reviews.

The Registered Manager was aware of her responsibilities in relation to ensuring that appropriate training is in place to support delegated tasks. Several staff members are trained in the administration of insulin. Training programmes and reviews of competency are undertaken by Family Nursing and Home Care.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 3.14</p> <p>To be completed by: 3 months from the date of inspection (15 March 2023).</p>	<p>A schedule for the provision of regular supervisions and appraisals for staff must be in place which meets the requirements of the Care Home Standards.</p> <p>Response by registered provider:</p> <p>New spread sheet formulated and supervisions /appraisals undertaken in order to meet care standards</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.2</p> <p>To be completed by: with immediate effect</p>	<p>To ensure that regular fire evacuation drills are undertaken as stipulated within the home's fire logbook.</p> <p>Response by registered provider:</p> <p>All staff have undergone training to ensure compliant</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 4.3</p> <p>To be completed by: with immediate effect</p>	<p>To put in place suitable measures to ensure that notifications of significant events are reported to the Commission in a timely manner and an accordance with the Regulations and Standards.</p> <p>Response by registered provider:</p> <p>All SROL s have been forwarded to inspectorate and all information up to date</p>
<p>Area for Improvement 4</p> <p>Ref: Standard</p> <p>To be completed by: 3 months from the date of inspection (15 March 2023).</p>	<p>The Registered Manager must ensure that there is a review of infection control practices within the home. This should include a request for an infection control audit, analysis of staff training requirements and planning for any interventions required during the planned refurbishment.</p> <p>Response by registered provider:</p> <p>Infection control audits undertaken and community infection control nurse to undertake audit on 7th March 2023</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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