



**Jersey Care
Commission**

INSPECTION REPORT

St Ewold's

Care Home Service

**Balmoral Drive
La Route de la Trinite
St Helier JE2 4NJ**

**27 February and
3 March 2023**

THE JERSEY CARE COMMISSION

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

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

ABOUT THE SERVICE

The service is owned and operated by the Parish of St Helier.

This care home service is registered by the Commission to accommodate up to 66 care receivers, including up to five with nursing care needs. This provision enables care receivers to elect to remain in the home if they develop nursing care needs (if there is a vacancy).

The care home is approached via a driveway that encircles the building, with parking provided in front of the main entrance and to the rear. The home benefits from impressive views of St Helier and a recently remodelled large garden.

The main sitting room is located near the entrance on the first floor; this is equipped with a variety of comfortable seating and is an environment that can promote both social activities and relaxation. A small shop is located opposite this sitting room, providing care receivers with opportunities to purchase various snacks.

In addition, each of the three floors providing bedroom accommodation has seating areas and a kitchenette with good-sized dining facilities at one end of each of these floors. The main dining room is located on the ground floor next to the main kitchen.

All bedrooms have an ensuite shower and toilet, with care receivers able to furnish their rooms to their personal taste.

Registered Provider	Parish of St Helier
Regulated Activity	Care Home
Conditions of Registration	<p>Type of care: nursing care and personal care. Category of care is Adults 60+ Maximum number of care receivers: 66 Number in receipt of personal care: 61 The maximum number in receipt of nursing care is 5 The age range of care receivers: 65 and above</p> <p>The maximum number of care receivers that can be accommodated in the following rooms:</p> <p>First Floor: 22 bedrooms 100A, 100B, 101 – 120. Second Floor: 22 bedrooms 200A, 200B, 201 – 220 Third Floor: 22 bedrooms 300A, 300B, 301 – 320</p>
Date of Inspection	27 February and 3 March 2023
Time of Inspection	10am to 3pm 10am to 2.30pm
Type of Inspection	Announced on both days
Number of areas for improvement	Four
Number of care receivers accommodated on the day of the inspection	63

Since the last inspection on 24, 26, and 31 August 2022, the Commission received an application on 27 January 2023 to change the Registered Provider. This application was approved on 20 February 2023.

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.

Two regulation officers carried out the inspection on 27 February 2023, with one returning to complete the inspection on 3 March 2023.

At the time of this inspection, there were 63 care receivers in this service receiving personal care and support. The registration conditions of this service are for 61 residential beds and five nursing beds. However, at the time of the inspection, six care receivers received nursing care. The Registered Manager confirmed that they were actively seeking a solution but reported that there was considerable pressure in the care sector as a whole, which was creating challenges in sourcing nursing provision.

The regulation officers appreciated the challenges and were assured by the Registered Manager that the service was meeting the needs of these six care receivers, as their care needs were well known to the care staff providing their care. The Registered Manager reported that they were monitoring the situation. If the needs of any care receiver receiving nursing care were to deteriorate, they would need to consider other options.

The last inspection in August 2022 identified six areas for improvement in this service. The regulation officers were satisfied that five of the six areas for improvement had been addressed by this service. The area for improvement that still needed to be successfully addressed was regarding fire drills and record keeping associated with them. The Registered Manager assured the regulation officers they had taken place in line with fire precaution recommendations. This remains an area for improvement.

The staff team had remained stable since the last inspection in August 2022, with only one staff member leaving and two additional care staff joining the service.

The service has also managed to recruit a receptionist, which has reduced front-of-house responsibilities for the staff team. The regulation officers evidenced safe recruitment procedures for these new staff members, which is an area of good practice.

The Registered Manager was open and transparent regarding their self-evaluation of this service and shared their perceptions regarding the strengths and deficits of this service with the regulation officers. The Registered Manager had identified two areas where the service needed to make improvements. These were Health and Safety and the adoption of some new or revised policies by the staff team. These areas were identified as areas for improvement by the regulation officers.

The quality of the personnel files in this service could have been better. Some key documents were missing, such as Criminal Record Checks (Disclosure and Barring Service checks), probation reports, and induction checklists. This service is in the process of transferring all personnel records onto a specialist electronic portal. This is an area for improvement.

An external Infection Control Audit was completed in January 2023 for this service and recorded a 93.7% compliance with recommended infection control measures. The Registered Manager has actioned the recommendations from this audit, with one of them to identify a designated Infection Control lead. This is an area of good practice.

This service continues to provide care to a range of care receivers, many of whom have extensive personal care needs. While staffing does meet the ratio set out in the Care Home Standards, feedback from care receivers, their relatives, staff, and the observations of the regulation officers evidences a challenging working environment. This was acknowledged by both the Registered Manager and the Registered Provider, who advised they were exploring the possibility of increasing staff numbers and considering changes to rotas that would result in higher staffing levels at critical times. The regulation officers welcomed this development.

The feedback provided to the regulation officers as part of this inspection by care receivers and their relatives was largely positive, with care receivers and their relatives genuinely appreciative of the care they are provided with. The regulation officers observed positive interactions between staff and care receivers where they witnessed warmth and positive regard. This is an area of good practice.

During this inspection, an open and transparent discussion occurred between one of the regulation officers, the Registered Provider, and the Registered Manager. The Regulation Officer felt assured that the Registered Provider and Registered Manager were fully aware of the deficits in this service, that there was a business plan to address these, and that they had a clear vision of what they wanted to achieve.

Despite this inspection identifying four areas for improvement, this service has demonstrated a desire to improve continually, especially in the area of governance. Overall, the regulation officers were assured that care receivers were being provided with the care and support to meet their needs.

INSPECTION PROCESS

This inspection was announced to ensure the Registered Manager was available to facilitate the inspection and that infection control measures were in place.

The first day of the inspection was 27 February 2023 and was undertaken by two regulation officers. On the second inspection day, on 3 March 2023, one regulation officer returned to complete the inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

- **Management of the service**
- **Care and support**
- **Choice and safety**
- **Areas for improvement Identified in the previous Inspection carried out in August 2022**

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

The regulation officers sought the views of the people who use the service and or their representatives and spoke with managerial and other staff.

The regulation officers approached nine care receivers for their feedback and observations on the care they received over the two inspection visits. One regulation officer also approached three relatives of care receivers by phone, and they provided additional feedback on the care delivered to their relatives in this service.

The views of one professional who has regular contact with this service were also obtained as part of the inspection process.

During the inspection, records, including policies, care records, incidents, and complaints, were examined. The regulation officers were provided access to all areas of the home, and appropriate respect and permission were sought from care receivers before they entered their rooms.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines 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 in August 2022, six areas for improvement were identified. The Registered Provider submitted an improvement plan to the Commission, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, with the regulation officers satisfied that five of the six areas for improvement have been successfully addressed by the Registered Provider and Manager. The regulation officers evidenced the following:

1. There was now six care staff on nights, an increase of one staff member.
2. There are now clearly defined shift leaders across all three floors of this service during the day and night shifts. In addition, senior staff members have been recruited, starting on 13 March 2023.
3. The storage facilities for waste management have improved and are deep cleaned regularly.
4. Air conditioning had been installed in the laundry areas of this service.
5. The balcony areas on all three floors had been sealed off to prevent the misadventure of care receivers.

The remaining area for improvement from the previous inspection was in respect to fire drills. The Registered Manager provided an assurance that the service had carried out the fire drills under the Jersey Fire and Rescue fire precautions procedures. However, the record-keeping associated with this still needed to be undertaken as thoroughly as required. One regulation officer also identified that the weekly fire alarm tests had also not been recorded correctly. The Registered Manager reported that they had only recently discovered that the fire precautions logbook existed and, before this, were using their own documentation to record maintenance and testing of fire protection equipment. The fire precautions logbook is now in place for this service. This remains an area for improvement.

The regulation officers identified a further three areas for improvement as part of this inspection, making a total of four areas for improvement.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size, and complexity of the service.

The Registered Provider has a business plan in place and understands the needs, strengths, and deficits of this service and the changing demands in the care sector as a whole. The Registered Provider has commissioned an independent review of staffing in this service to consider whether staffing numbers need to be increased and if shift patterns can be altered to provide more agility to respond to care receivers in times of high need, for example, in meeting personal care needs in the morning. The regulation officers welcome this review of staffing and the recognition from the Registered Provider of the increasing needs of care receivers and of the impact that this is likely to have.

Three additional senior care workers have been recruited since the last inspection in August 2022 and are due to start during this inspection period. This will provide closer supervision and management of the staff team and release care staff from some duties that took them away from providing care and support to care receivers. The regulation officers felt assured that the Registered Provider and Registered Manager had a clear vision of how they envisage the service developing over the course of the next twelve to eighteen months.

This service has satisfactory internal monthly reporting in place that reviews several areas of the service, for example, notifiable events, staffing, training, complaints, and compliance with the Commission's Care Home Standards. The Regulation Officer who viewed these reports felt assured that this service uses monthly reporting to self-critique how it delivers care and seeks to improve internal governance.

The Registered Manager reported that the service has a full suite of policies and procedures recently commissioned by a specialist provider.

Senior leadership in the broader organisation have ratified these policies and procedures. However, approximately 40% of the policies require either formatting or a formal launch to staff. This is an area for improvement.

One of the regulation officers reviewed a sample of staff personnel files. Some files were incomplete, with essential documentation missing, such as criminal record checks (Disclosure and Barring Checks), induction checklists, and supervision records. The Registered Manager was able to satisfy the Regulation Officer that DBS checks were in place, that staff inductions had taken place for new staff, and that staff were having regular supervision, as these were recorded on a new electronic Human Resource portal that the service was in the process of transferring all personnel records to. While this is a positive development and should improve record keeping in the future, this was identified as an area for improvement.

The Registered Manager demonstrated the capability of the new Human Resource portal during the inspection in respect of evidencing that safe recruitment had been undertaken for the staff who have joined the service since the last inspection in August 2022. This new portal also alerts the Registered Manager when criminal record checks or mandatory training needs to be refreshed. This is an area of good practice.

Senior staff meetings take place daily to discuss emerging needs of care receivers or other essential issues, alongside a more formal weekly meeting with a set agenda.

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>
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This service provides new care receivers with information about its services; however, the Registered Manager reported that this could be more comprehensive, adding they are currently working on a new welcome pack, which is much more informative.

This home operates a resident satisfaction survey every three months. It facilitates a residents' meeting bi-monthly to provide feedback on the critical issues for care receivers, which helps inform the Registered Manager where the service needs to improve or celebrate good practice. This service also has a suggestions box for care receivers. The service has recently resumed quarterly relatives' meetings to seek feedback from them, which the Registered Manager commented was really important and well attended. This service also produces a monthly newsletter for care receivers. Unfortunately, the regulation officers could not review the resident satisfaction surveys during the inspection due to an IT issue. However, it is acknowledged that seeking feedback is an area of good practice in this service.

An external Infection Control Audit was completed in January 2023 for this service and evidenced a high level of compliance in a range of areas, with a score of 93.7%. The Registered Manager has already acted upon the audit's recommendations and recently put infection control measures in place in the home to prevent the spread of a virus successfully.

The home was very clean and well-maintained throughout. There was a pleasant or neutral odour across all areas that the regulation officers visited. This is an area of good practice in this service.

Care plans for care receivers were reviewed by one of the regulation officers. These were found to be adequate. However, the Regulation Officer noted they could be improved significantly and be more person-centred. The Registered Manager was aware of this issue and reported that a plan was already in place for a review of ten care receivers' plans per month by a colleague in the wider organisation who also completes the internal monthly reports. The Regulation Officer welcomed this development.

Unfortunately, at the time of inspection, the range of activities provided to care receivers was compromised due to issues outside the Registered Manager's control. This was a temporary situation, and staff were providing additional support in this area. Ordinarily, this service has a programme of events that is made available to care receivers.

In addition to organised activities, this service provides care receivers with opportunities to access a therapy dog regularly and has also used other animals, such as a Shetland Pony, which was well received by care receivers.

The Registered Manager reported that care receivers' religious beliefs are promoted in this service. They will provide support for care receivers to attend their place of worship and have a weekly hymn service, which is well attended and took place on one of the inspection days.

Care receivers provided feedback to the regulation officers that when they raise an issue or complaint, this is dealt with satisfactorily. There is also evidence in the monthly reports for this service that where a care receiver makes a complaint, there is an audit process to ensure complaints are managed effectively.

The views of relatives were sought as part of this inspection, as well as entries from this service's 'Complaint and Compliments register,' some of which are detailed below:

'We would like to thank all the staff at the home for the wonderful care and support that they have given through XXX's short stay and towards the end of her life; they have all been stars.'

'From our perspective, my XXX and I can't recall XXX being happier or healthier during the past ten years. St Ewold's has been very good for XXX.'

'It was of huge comfort for us to know that XXX was in such caring and competent hands. We are eternally grateful.'

The care my relative receives is *'pretty good, there is a good atmosphere in the home, and it is well maintained.'*

'The management and senior care staff are really helpful.'

'All in all, the care provided is very good, the staff are very attentive, and I am happy with the service provided to my relative.'

The staff are brilliant, they are as good as gold and I would not want my XXXX anywhere else'.

While the feedback from care receivers and relatives was largely positive, some comments provided were negative about certain aspects of the care and support provided in this service. These comments have been shared with the Registered Manager, who assured the Regulation Officer that these matters would be investigated and acted upon.

Feedback was also sought from professionals who have regular contact with the care home service, one professional provided the following comment:

'There is no problem with the care of the residents; they are well looked after and happy. The staff are lovely and treat the residents with respect.'

Overall, Feedback from care receivers was positive. Much of the testimony was complimentary about the hard work of staff members and the general ethos of the home. Some care receivers referred to a sense that there are not enough staff members.

One care receiver alluded to inconsistencies associated with the communication, that staff sometimes convey different messages, particularly concerning whether the home is open to visitors or not (owing to infection control matters), and that this may be due to staff not receiving clear or consistent messages from management.

Choice and safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

This service does not have a dedicated Health and Safety officer who can lead on this important area of work for this service, with senior staff endeavouring to take responsibility for health and safety, without the necessary experience, knowledge, or qualifications. A Regulation Officer had the opportunity to discuss this deficit with the Registered Provider, who acknowledged that the service needed to address this urgently and was actively seeking a solution. This is an area for improvement.

The regulation officers were able to evidence that equipment used in the home, such as hoists, wheelchairs and walking aids, were appropriately maintained and serviced. Where necessary, staff were trained to use specialist equipment. It was also noted that equipment is sanitised and labelled ready for use, which is an area of good practice, with care receiver safety prioritised in this service.

The induction of new staff who provide personal care and support to a range of care receivers, some with extensive needs, is satisfactory in this home. A Regulation Officer interviewed one of the new staff members regarding their experience of induction.

The staff member provided a positive account of their induction, confirmed that they had completed an induction checklist and made the following comments regarding the management team, *'they are very approachable and ever so helpful, lovely and really nice.'*

The Registered Manager evidenced that this service has an up-to-date training matrix. Mandatory training needs are identified for staff, and training refresher dates are recorded where necessary. Face-to-face training appeared well organised, with the Registered Manager commenting that staff feedback on the e-learning provider was excellent.

One of the regulation officers reviewed a sample of Medication Administration Records. These were found to be in order, with evidence of weekly audits having taken place. The Registered Manager commented that they have a medications policy in place, all staff complete the level 3 certificate in administering medications, there is a competency sign-off by the Registered Nurses in the service and the policy details procedures if there are medication errors. This is an area of good practice.

The regulation officers noted a variety of menu choices for the meals provided to care receivers in this service, for example, a vegetarian option or where individual needs can be catered for. A regulation officer undertook a tour of the main kitchen facilities and was assured that all hygiene measures were in place and temperature checks for refrigerated, frozen and cooked meals were regularly undertaken and recorded. Separate fridges in the dining areas on each floor were also subject to regular temperature checks and these were recorded.

This service has also introduced an allergen information sheet for every meal, per the Food Standards Agency (UK) recommendations. However, no known care receivers had allergies at the time of this inspection. This is an area of good practice.

Care receivers are provided with choices regarding clothing and other personal items. The Registered Manager reports that they involve families in this area of care as they are the greatest advocate for their loved ones.

The Registered Manager is exploring with senior staff how they can provide evidence that they promote choice for all care receivers.

The regulation officers were satisfied that this service continues to update the Commission of notifiable events, including Significant Restriction of Liberty (SROL) authorisations. The Registered Manager evidenced good governance and review of SROL's and notifiable events, which is an area of good practice.

This service carries out regular water temperature checks to ensure care receivers cannot scald themselves when using their private facilities in their rooms.

A senior staff member is responsible for these checks, with a regulation officer seeing the record-keeping file. Care receivers can request decreased or increased temperature (within acceptable levels). This is an area of good practice.

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 4</p> <p>To be completed by: Immediate</p>	<p>The Registered Provider must ensure that this Service undertakes testing and maintenance of fire protection equipment in line with the recommendations in the Jersey Fire and Rescue fire precautions logbook, which is a requirement of the Fire Precautions (Jersey) Law 1977.</p> <hr/> <p>Response of Registered Provider:</p> <p>All senior staff have undertaken fire training recently. All documentation such as fire drills and testing of equipment is being recorded in the Jersey Fire and Rescue precautions logbook.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4</p> <p>To be completed by: 4 months from the date of inspection (3 July 2023).</p>	<p>The Registered Provider must ensure that there is a dedicated Health and Safety lead for this service with the necessary skills, experience, and qualifications for this role. In addition, the revised Health and Safety policy needs to be launched within the service.</p> <hr/> <p>Response of Registered Provider:</p> <p>Contact has been made with a Health and Safety advisor to enable us to manage the service safely. This will enable us to examine risks and manage these effectively. We aim to launch our Health and Safety Policy by June 12th 2023.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 1</p> <p>To be completed by: 3 months from the date of inspection (3 June 2023).</p>	<p>The Registered Provider must ensure that the newly revised suite of policies for this service is launched with staff and that they are provided with any additional training that these policies require.</p>
	<p>Response of Registered Provider:</p> <p>We are moving forward with launching our suite of policies and they will be complete and published by 12th May 2023.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 3</p> <p>To be completed by: 3 months from the date of inspection (3 June 2023).</p>	<p>The Registered Provider must keep employee personnel files updated and contain all the necessary documents. The Commission understands that this service is currently transferring employee documentation to an electronic portal.</p>
	<p>Response of Registered Provider:</p> <p>We continue to move information from paper to our digital HR platform. This will be complete by 12th May 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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