



**Jersey Care
Commission**

INSPECTION REPORT

05 Children's Home

Children's Home Service

**Liberte House
19-23 La Motte Street
St Helier
JE2 4SY**

8 June & 12 June 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 80 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 a Children's Home. It is one of nine Children's Homes operated by the Government of Jersey. The name and address of the home have not been included in this report. This is to preserve the privacy and confidentiality of the children and young people who live there.

The service is delivered in a three-story terraced house and is registered to provide residential care for three children and young people. The home has four bedrooms; each bedroom has an en-suite bathroom. There is a large lounge on the ground floor, a kitchen dining room, and a toilet also on the ground floor. One of the bedrooms is utilised as an office space which is converted to the staff sleep in room at night.

The service is located on the outskirts of St Helier in a quiet residential area, and it sits within a small development of houses with neighbours on each side. The home is not distinguishable as a residential children's home. There is parking at the rear of the house and a small courtyard garden. To the front of the house, there is a small garden with a decked eating area.

The property is on a main bus route into the centre of St Helier, and the journey takes approximately 10 minutes.

Regulated Activity	Children's Home Service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal support Category of care: Children (under 18), Learning disability, Autism Maximum number of care receivers: 3 Maximum number in receipt of personal support: 3 Age range of care receivers: 12-18 years Maximum number of care receivers that can be accommodated in the following rooms: 1 care receiver per bedroom (3 bedrooms)
Dates of Inspection	8 and 12 June 2023
Times of Inspection	09:30-13:20, 14:00-17:15
Type of Inspection	Announced
Number of areas for improvement	No areas for improvement
Number of care receivers accommodated on the day of the inspection	Restricted to prevent the identification of the care receivers

The Children's Care Home is operated by The Government of Jersey through the Children, Young People, Education and Skills (CYPES) department. There is a Registered Manager in place.

This is the first inspection of this service which was registered with the Care Commission on 15 May, 2023.

As part of the registration process, a Statement of Purpose and Children's Guide was received from the service.

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.

There is a small, consistent staff team in place for this service. Staff members have been thoughtfully placed with considerate matching of experience and previous relationships with some of care receivers.

Staff members feel safe and supported to undertake their caring roles, partly due to the service being well-led with supportive management and leadership of the home.

Impact risk assessments are completed during the matching process for each young person; this ensures that the home is suitable for their needs and the needs of the other residents.

There is evidence of clear care planning for each young person. Care records give an understanding of the young people's likes and dislikes, previous experiences that have contributed to them becoming looked after and provide a sense of most of their needs going forward.

There was a lack of information about the young people's health needs, with no evidence of health care plans. It was unclear from the care records whether the young people had received essential health care such as dental checks.

Two care staff members are assigned as key workers for each resident. Key workers are instrumental in building a relationship with the young person and supporting them to communicate with other members of the team involved in their care.

There was evidence of safety plans and risk assessments developed for the care receivers. Plans are regularly reviewed.

A Young Person's Guide has been developed for this new service. This was reviewed and was found to be designed to engage the young people and provide a clear overview of the home. The Keyworker role is explained, and expectations of the home, the boundaries, and house rules are defined. The guide also includes helpful contact numbers for support services that young people may wish to utilise.

There was no clear oversight of the training needs of staff, however, at the time of the inspection, there was a focus on this, and a training matrix was being developed. The matrix provided to the Regulation Officer evidenced gaps in the mandatory training needs of the team; this was in the process of being addressed by the manager and Deputy Manager.

The Regulation Officer was assured that staff receive regular supervision from the Deputy Manager. There is clear oversight to ensure that supervision is completed monthly. This is recorded and placed in the staff member's files.

All members of the staff team focus on promoting a homely atmosphere; they refer to the home as the care receivers' home. The young people are consulted on the decoration of their bedrooms and other areas of the house.

Staff members offer support and encouragement in the things that the young people identify that they want to do, such as outdoor activities, interests in the community, participation in sports, or other recreational pursuits.

Staff provide a person-centred approach when working directly with the care receivers.

INSPECTION PROCESS

This inspection was announced and completed on 8 and 12 June 2023. Notice of the inspection was given to the Registered Manager two days before the intended visit to ensure that the Registered Manager would be available and that the care receivers' needs could be considered. There was a need for the original date of the

visit to be adjusted as the Registered Manager was not going to be available, this was considered, and the date was changed, giving the service a week's notice of the inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the Statement of Purpose, Children's Guide, and Notifications sent to the Commission.

The Regulation Officer sought the views of the young people who receive the service; these are detailed in the body of this report. The views of five care staff members and the Registered Manager were gathered as part of this inspection.

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

During the inspection, records, including policies, care records, risk assessments, staff duty rotas, training records, and supervision reports, were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and the Deputy Manager, who was also present.

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

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

This is the first inspection of the home since registering with the Commission on 15 May 2023.

The Regulation Officer reviewed all notifications received from the service since becoming operational. It was positive to note that the staff team had followed policy when responding to several missing events for a care receiver living in the home.

The Regulation Officer observed that the home was welcoming, appropriately organised, and well-run.

This was demonstrated through the robust leadership from the Registered Manager, Deputy Manager, and the presence of a supportive team with previous experience, skills, and competencies in their roles.

One member of the staff team gave positive feedback about working in the home. They reported that they feel well supported by the Registered Manager and acting Deputy Manager, and that the whole team helps each other out and works well together. A second staff member also commented that the team works together to support the care receivers.

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 home is operated by the Government of Jersey through the Children, Young People, Education and Skills (CYPES) department. The service has a Registered Manager who ensures the safe day-to-day running of the home.

The Statement of Purpose (SoP) for this home appropriately reflects how the care and support will be provided and the type of care receivers who would access the service. Information provided in the SoP includes the number of staff, their qualifications, and experience.

Duty rotas seen by the Regulation Officer evidence adequate staffing to run the home safely, however, bank staff are also utilised alongside permanent members of the staffing team to meet the Standards for safe staffing levels.

An Independent Visitor commissioned from the UK completes monthly quality assurance reports. They have experience of working with children and young people with care experience. The reports are comprehensive, detailed and reflect the Care Commission standards for a children's home service. In the most recent report completed in June 2023, the author acknowledged that "staff promote a person-centred approach when directly working with children in placement".

The independent visit gives the opportunity to the care receivers to express their views, wishes, and preferences and for the visitor to ensure that the voice of the care receivers is being listened to by the staff team. Through engaging with care receivers for feedback, the Regulation Officer was satisfied that care receivers are given opportunities to share their views and wishes and that these are listened to and acted upon where possible. This was also collaborated by the independent visitor in their report.

A training matrix is under development; the Deputy Manager is completing a training needs analysis of the care staff team. Activity is reviewed during supervision sessions. There have been gaps identified in the mandatory training requirements for the care role; the Registered Manager and Deputy Manager have a plan to rectify this. Staff receive protected time to complete any statutory/mandatory training.

The Registered Manager reported that specialist training in trauma, known as the Trauma Recovery Model (TRM), was being made available to the staff team. This would allow the staff to follow a model adopted by the whole service when supporting children and young people who are looked after.

It was encouraging to note that at least 50 % of the care staff on duty at any one time have a relevant QCF level 3 qualification. Two care team members are due to commence level 3 training in the Autumn. This is an area of good practice.

There is an Induction program for new members of the care staff team. New staff will remain supernumerary for thirty days while the required competencies are completed. Inductees receive support from their colleagues, the Deputy Manager, and the Registered Manager. In this period, weekly supervision is offered.

All staff receive monthly supervision; this is more frequent than the minimum standard of four times a year. The management team feels that this frequency is necessary for the role due to the direct care responsibilities of the residential care staff. Management oversight of staff supervision ensures that time frames are maintained, and staff receive consistency.

Daily handover meetings for each shift change allow the staff team to share updates on the care receivers' daily activities and recognise any unmet duties for the next shift. The management team hold a monthly staff meeting, this helps to facilitate communication and keeps the team up to date with practice changes, training, and policies.

The organisation system for annual appraisals has changed; the Deputy Manager is to coordinate the initial appraisals for each team member, which will entail navigating them around the new system known as 'connect people'. This system will prompt the manager to complete a review in six months.

The Children's Guide gives a clear outline of the process for complaints should a care receiver be unhappy with any aspect of their care. The process is easy to

follow and includes the escalation process if the complainant is unsatisfied with the initial outcome.

The Registered Manager benefits from having a senior member of staff who is in the acting Deputy Manager role. This role is given protected time to complete management and leadership tasks; however, it is available if care shifts need to be covered. The role is mentored by the Registered Manager, who considers it to be an aspiring manager role.

Policies for the care home are shared across the broader organisation of Children, Young People, Education and Skills (CYPES). The Registered Manager reported that the Children's Care homes are working towards having a set of standard policies that relate directly to the care homes.

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>

The home has recently been registered with the Care Commission. The facilities within the home are comfortable, modern and provide a homely setting for the care receivers. Staff complete daily facility checks to ensure that the home is safe and clean. The kitchen appears to be the hub of the home, where staff and care receivers gather.

Feedback from a professional that works with the team shared that "the care staff are keen to create a relaxing home for the residents, and this sends a message to the care receivers that they are cared about and worthwhile".

A staff team member was preparing and cooking a meal ready for dinner that evening. Care receivers are given the opportunity and encouraged to help staff to

cook the daily meal. Food is made daily using fresh ingredients; the care receivers will work with staff to choose and plan their weekly meals.

They can help themselves to breakfast foods, and healthy snacks are available throughout the day. At weekends care receivers can choose a takeaway meal to enjoy as a treat.

Staff members are trained in food hygiene and ensure safety measures are taken when preparing, cooking, and storing food.

One of the care receivers confirmed that they are consulted about planning meals and are always given a choice, that meals are freshly prepared, and that nutrition is considered in the meals and snacks provided.

Another care receiver reported that they enjoy the meals provided and get to help plan them each week. They also confirmed that staff have supported them to prepare and cook their own food choice.

The Regulation Officer was able to view three sets of onsite records for some of the care receivers. The residential care records utilised the 'all about me model', which provides a comprehensive profile of the care receivers. This includes background information, impact risk assessments, care plans, and likes and dislikes. The care plan reflects the current needs of the care receivers.

The records did not include health care plans for each care receiver. This meant that the health needs of the care receivers were not recognised.

The Deputy and Registered Manager were unclear about the health status of the care receivers, and they could not provide evidence if and when essential health appointments had been organised or attended. There was no evidence of liaison with health services to support the care receivers' health needs and no health assessments in the care receivers' records. This is an area of improvement.

Staff consider care receivers' interests and hobbies, and facilitate attendance at clubs, events and activities in the community. The Deputy Manager explained that

when they could rota additional staff on shift, this gives the capacity to plan targeted activities. A professional working directly with the staff team reported that the staff promotes friendships with the care receivers and encourages participating in activities together.

The staff team encourages independent skills with the care receivers, such as preparing and cooking meals, keeping rooms tidy, responsibility of attending school on time.

The Regulation Officer spoke directly with several members of the staff team, and they all spoke positively about the home and the care receivers. The conversations about the care receivers felt extremely positive and referenced the progress that the young people have made.

The staff team promotes and facilitates contact with relatives for the care receivers. Family members can visit the home; this would be planned carefully with the care receiver to ensure the visit goes well and isn't disruptive to other care receivers. The service is in the process of developing a plan to enable there to be managed contact between a care receiver and their sibling/s to support sibling relationships.

Care receivers said they love having a room with their own bathroom. They expressed that their rooms are big, and they can decorate them with their belongings. One professional stated they were impressed with how the staff encouraged the care receivers to personalise their rooms as a means of self-expression.

One care receiver shared that they felt safe as they could talk to staff if they were worried, and that staff made it feel "like a home".

The staff team supports the individual educational needs of each care receiver and works in collaboration with the schools and educational members of staff.

The educational packages are bespoke to each care receiver; staff motivate and encourage attendance and involvement in their education.

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.

There are currently no care receivers in the home taking prescribed medication. All staff completes mandatory medication awareness online training. Level 3 medication training is required for any staff administering medication to care receivers; not all staff members have completed this training.

The home does not have a medicines cabinet that is secure; the Registered Manager has given reassurances that this is on order. There is an interim plan should medication require safe storage. A locked drawer in the office has been identified if needed.

The staff utilise the missing from care processes when a care receiver does not return by an agreed time. Once a missing episode has been reported, there is a multi-agency response to it. The Regulation Officer was reassured that multi-agency responses ensured a safety plan was considered and safeguarding outcomes improved for care receivers who are missing from care.

The Regulation Officer was able to review the care records for all of the care receivers in the home. A residential risk plan, and risk assessments, such as Personal Emergency Evacuation Plans (PEEP), were in place. The residential care plan is reviewed and updated monthly, including educational plans. There was limited information regarding the health needs of the care receivers, health assessments or health care plans were not available in the records, and there were no recordings of essential health appointments attended or needing attendance. This has been identified as an area of improvement.

The Registered Manager was able to provide reassurance that fire procedures are followed. There is a fire certificate in place, and safety checks/alarm tests have taken

place in line with the State of Jersey Fire Service precautions logbook; this includes a recent fire drill.

There is a holiday budget, and care receivers are central to the planning and organisation, such as choosing where to go, accommodation, and activities to participate in while on holiday.

There was evidence that the staff team is following safeguarding practices around missing from care episodes of the care receivers. The missing from care procedure is followed, leading to a multi-agency approach and a more positive outcome for the care receivers.

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 11.1</p> <p>To be completed by: 3 months from date of inspection.</p>	<p>The Registered Provider must ensure that the children and young people living in the home are having their health needs identified through ongoing statutory health assessments.</p> <p>Where young people decline to engage in a health assessment, the staff team should record this and ensure that the basic health needs such as dental health, vision, immunisations, and hearing are attended to.</p> <hr/> <p>Response of Registered Provider:</p> <p>The service will ensure that standard 11.1 will be fully met within the timescale as stated in the report.</p> <p>The home will evidence at the next inspection that each young person's health care plan is accurate/reflective of appointments that have been attended/declined and all outcomes of appointments will be recorded. All specialist services where specific treatments/therapies/interventions are agreed will be recorded as above.</p>
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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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