



**Jersey Care
Commission**

INSPECTION REPORT

Glenferrie

Care Home Service

**24 Pierson Road,
St Helier
JE2 3PD**

23 and 31 May 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 (as amended) 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 Glenferrie House Care Home. The service is situated in the parish of St Helier and is close to town, the park, and the beachfront. The Statement of Purpose states that the home aims 'to enable care receivers to live as independently as possible.'

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support.</p> <p>Category of care: mental health</p> <p>Maximum number of care receivers: 9</p> <p>Age range of care receivers: 50 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms 1, 4 and 6 – one person Rooms 2,3 and 5 – two people</p> <p>At the time of this inspection, there was one vacant room, all other rooms were single occupancy.</p> <p><u>Discretionary</u></p>

	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 Glenferrie House care home must meet the Standards within Jersey Care Commission Care Standards Care Homes (Adults 2019) by 1 November 2023.
Dates of Inspection	23 May and 31 May 2023
Times of Inspection	14:00-16:55 and 09:25-13:20
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Five

Personal Care Limited operates the Care Home Service and there is a Registered Manager in place.

Since the last inspection on 2 March 2022, the Regulation Officer had met with the Provider and the Registered Manager on 20 September 2022 to discuss the discretionary condition on registration. An application was made to extend the discretionary until 1 November 2023, which the Commission granted on 25 October 2022.

The discretionary condition on the service's registration was discussed with the Registered Manager at the inspection. The discretionary condition will not be met within the given timeframe, and an application will need to be made to the Commission by the Provider for consideration of a further extension to the discretionary condition.

The Commission received an updated copy of the service's Statement of Purpose immediately before this inspection. The Statement of Purpose had been updated following the previous inspection.

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.

The management structure and governance of the home is appropriate to the size of the service. The Registered Manager supports a small but experienced core staff team. Appropriate policies and procedures are in place to ensure the safety and well-being of staff and care receivers.

Staff are provided with statutory and mandatory training in line with the Standards. There is also the opportunity for service-specific training in Mental Health for all staff. Staff confirmed receiving regular supervision and appraisal sessions, and the Registered Manager provided examples of the paperwork used to carry these out.

There was positive feedback from the inspection process regarding the staff and the care provided. The staff accurately understood the care receivers' needs and demonstrated person-centred care. There was evidence of collaborative working with other health care professionals. Care receivers' preferences are respected, and they are supported to remain as independent as possible. The care receivers also access several meaningful activities/clubs within the community.

Before being admitted to the home, there is a thorough assessment process. Care plans were comprehensive, with evidence of regular review and updates.

There was evidence of appropriate safety checks, for example, fire procedures and safe medication administration within the home. The first aid box was reviewed, and a few items needed to be updated. The Registered Manager rectified this immediately at the time of the inspection.

There were no areas for improvement identified at this inspection.

INSPECTION PROCESS

This inspection was announced, and notice of the inspection visit was given to the Registered Manager on the day before the visit. This was to ensure that the Registered Manager would be available during the first visit. The inspection was completed on the 23 and 31 May 2023. This home is one of two homes carried on by the same Provider.

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 of the information held by the Commission about this service was reviewed, including the previous inspection report.

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 established contact with four care receivers. This contact was made face-to-face during the inspection. Further to the inspection visit, the Regulation Officer made contact with one relative and two members of staff by phone.

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

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

During the inspection, records including policies, care records, incidents and monthly quality 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.

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 regular supervision sessions for all staff members as per the Standards (Standard 3.14) '*Supervision will be carried out at least four times a year*'.

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 has close links with another home carried on by the same Provider. The registered managers provide support to each other and are in regular contact. Face-to-face training for staff is often facilitated at the other home and allows a sharing of resources. The Registered Manager provides regular written updates to the Provider in addition to the quality assurance monthly reports. The Registered Manager from the other home carried on by the same provider completes the monthly reports. The Regulation Officer reviewed a sample of monthly reports from January, February, and March 2023.

The reports looked at several areas: staffing, training, appraisals, incidents, safeguarding, and complaints. The reports also contained staff and health professional feedback questionnaires. One health professional provided positive feedback concerning using these forms to give feedback and how they had never been given such an opportunity elsewhere. This is seen as an area of good practice.

The home comprises a hallway, lounge, one bedroom, downstairs toilet, dining room, small kitchen, and utility room downstairs with access to a small garden at the side and rear of the property. The Registered Manager's office is a chalet within the garden. There is a small-seated area at the front of the property as well. The home is split over three levels, with two bedrooms, a shared bathroom on the first and second floors, with one bedroom on the top floor, which currently is unoccupied. There is also a sluice on the first floor. There is stair lift access to each of the floors if required.

None of the bedrooms currently have en-suite bathroom facilities. On discussion with care receivers, this was not viewed negatively, and all felt they had access to appropriate bathroom facilities as required. The Registered Manager discussed that some general maintenance had been delayed while plans for the home were being finalised. However, they confirmed that these were now being undertaken due to the delays in the service's future development plans. There was evidence of some wear and tear to the paintwork at the front of the home and a small area of dampness in one care receiver's room, which had already received some treatment but was highlighted to the Registered Manager during the inspection.

The home has a homely feel, is well looked after by staff, and is extremely clean. In addition to the staff cleaning rota, a cleaner is employed to carry out a deep clean every other week. There was positive feedback from the inspection regarding the home's cleanliness, the food quality, and the 'family atmosphere.'

As highlighted under the heading of 'inspection findings', following an area for improvement at the previous inspection, all staff now receive regular supervision and appraisal in line with the Standards. The Registered Manager confirmed that each staff member receives four supervision and assessment sessions and an annual

appraisal. This includes bank/relief staff. Staff are given a questionnaire to complete before these sessions to aid discussion. Each staff member also has a yearly assessment of medication competency or more frequently if required. Staff provided positive feedback to the Regulation Officer concerning supervision and appraisal within the home.

There was evidence of mandatory and statutory training in line with the Standards for all staff, and it was positive to note the opportunity for service-specific training for staff. There was a blended approach to learning with both online training and face-to-face. The home subscribes to 'Social Care TV' for online training, there is a free course every three months for every staff member, and the Provider buys an additional course each month. Examples of these monthly courses are; safe medications (January 2023), fire training (February 2023), and managing challenging behaviour (May 2023). The Registered Manager introduced a questionnaire for staff to complete after training to check for learning and understanding. This is good practice as it provides evidence of learning.

The Registered Manager also undertook courses entitled 'The caring manager in Health and social care' and 'making sense of mental health problems.' In addition, the Registered Manager has subscribed to a two-day first aid for mental health course in September 2023. All carers undertake a half-day mental health course, and the Registered Manager hopes that all senior carers will attend the two-day course in the future.

One carer was interested in care planning, and the Registered Manager sought appropriate training. One staff member described the training as 'plentiful' and was currently undertaking their mental health-training book.

The Regulation Officer advised that although all staff are undertaking Food Hygiene and Safety training as per the Standards, as they are all directly involved in food preparation, the Level 2 Food Hygiene and Safety would be required rather than introducing food hygiene. The Registered Manager confirmed that they would make this change immediately. Copies of the staff members' training certificates are kept in the training folder, and training is also recorded in a training log.

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 accepts referrals from several organisations, and the Registered Manager completes an assessment for each care receiver. Visits to the home are encouraged to ease the transition, even just for a cup of coffee. The home does not accept emergency or respite admissions.

A sample of three care plans was reviewed as part of the inspection. These are stored in hard copy format. The records evidence that care receivers are valued and supported in how they live, and their wishes are fully respected.

The staff also use a handover book to communicate updates, and the care receivers' latest daily notes are kept in the handover book. There was evidence of regular daily and monthly updates in the plans. In addition, the care plans were organised and demonstrated person-centred care with an in-depth knowledge of the care receiver, in particular, concerning their mental health care needs. The plans evidenced a mental health assessment tool and appropriate risk assessments.

The home has good working relationships with other professionals and agencies involved in the care and support of the residents. This was evidenced in the care plans and the health professional feedback from the inspection. Feedback included,

"I am always impressed with how client-centred Glenferrie is, and quick to respond to any issues/problems my client may have."

"I feel they take a lot of pride in ensuring that they get the care 'right' for their clients."

"The staff have a very developed sense of what their role is and the scope of care that they can offer – they know their strengths and limitations – they always ask for help in a timely & appropriate fashion."

The feedback from care receivers and relatives was also positive concerning the staff and the home. Care receivers expressed that 'they felt listened to and well supported by staff.' In addition, they enjoyed living in a small home with a 'homely

and family atmosphere.' It was apparent that each care receiver's independence was encouraged while support was available when and where needed. One care receiver allowed the Regulation Officer to see their room and spoke of the benefit of the sea view and their enjoyment of that.

The following are examples of what was directly reported to the Regulation Officer by relatives:

"xxxx is extremely comfortable within the home, and xxxx has flourished in their care." "The home is exceptional, and the people make the home."

"I have nothing but good words to say about Glenferrie'. The staff always have xxxx best interests at heart",

One relative commented about the 'pleasant staff' and described 'zero staff turnover,' which they felt said a lot.

During the inspection visits, care receivers appeared relaxed and happy within the home environment, and the Regulation Officer observed easy and respectful interactions with staff. Care receivers also have the opportunity to provide feedback at regular resident meetings, and a well-being questionnaire had recently been completed in March 2023.

Choice and safety

<p>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.</p>

The home demonstrates choice for care receivers in several ways. Examples include how different mealtimes and preferences are respected, choice and access to meaningful activities/ community centres, and acknowledging when care receivers need space and/or support. In addition, the staff team are respectful and knowledgeable about the different communication needs of each care receiver.

Staff use their vehicles to transport care receivers, and there is a vehicle and insurance policy and procedure in place, which is up to date. One care receiver

commented that they particularly enjoyed the one-to-one outings in the car when staffing allowed.

The Registered Manager demonstrated a good understanding of the Capacity and Self-Determination Law (2016). No authorisations for Significant Restrictions on Liberty (SRoL) were in place at the time of the inspection. The Regulation Officer suggested accessing local capacity and self-determination training for all staff.

The home is registered with the Jersey Office of the Information Commissioner (JOIC), and the home's insurance certificate was within date and on display within the office.

Medication management was reviewed at the inspection. All care receivers currently receive medication, and no one is presently self-medicating. Each care receiver signs a medication authority letter, giving staff consent to manage their medicines as per policy. Care receivers' medications and controlled drugs were appropriately stored within the home. Medication administration charts (MAR) correlated with the blister packs for each care receiver, and signatures were up to date with none missing. A sample controlled drug was checked with the controlled drug register, and the balance was correct.

There were appropriate procedures in place for reporting medication errors, discrepancies, or near misses. All staff within the home are trained in medication administration to Regulated Qualifications Framework Level 3 (RQF), and medication competencies are checked annually or more frequently if required. A full medication audit was completed as part of the March 2023 quality assurance report.

There was evidence of adequate safety and maintenance checks within the home every six months or annually regarding the stair lift, boiler checks, and gas maintenance. The fire log was examined, and there was evidence of weekly fire alarm checks, checking of the emergency lights every month, and fire drills for all staff (day and night staff) every three months. The most recent fire inspection is pending, having been cancelled and rebooked.

There are measures to safeguard care receivers' finances, one care receiver has a financial delegate, and two care receivers manage their own finances. The management team supports the other two care receivers with managing their finances. The 'resident's personal allowance' sheet template was given to the Regulation Officer as evidence. This is used to sign in/sign out any personal funds for care receivers; the resident and senior staff member would sign this.

Only one staff member was recruited since the previous inspection, who was already working in the other home carried on by the same Provider. The file contained an induction checklist and all appropriate safe recruitment checks.

Four weeks of staff rota were provided to the Regulation Officer as part of the inspection. The Registered Manager and the senior carer work opposite each other except for the Registered Manager's allocated office day. There is only one member of staff on duty day or night. Lone working was discussed with the Registered Manager, and the Lone Working Policy (2023) was reviewed. There is also an on-call service for night staff. Staff confirmed to the Regulation Officer that they felt adequate time was allocated/available to complete cooking and cleaning within the home, spend time with the care receivers, and provide support. All staff members within the home are trained to RQF Level 2 or above.

The accident/incident log was reviewed during the inspection and confirmed that appropriate notifications had been made to the Commission in line with the Standards.

No formal complaints have been raised with the Registered Manager or the Commission. The complaints policy is displayed on the notice board at the entrance to the home, and there is a copy in each of the resident's bedrooms. One safeguarding concern was escalated to the Commission in the summer of 2022. However, it had not met the safeguarding criteria. The Regulation Officer highlighted to the Registered Manager that the safeguarding email address in the safeguarding policy needed to be corrected, which was immediately rectified.

A sample of policies and procedures was reviewed during the inspection process. These are referred to throughout the report concerning specific areas, for example, the lone working policy.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je