



**Jersey Care
Commission**

INSPECTION REPORT

Clairvale Road Recovery Unit

Care Home Service

**Government of Jersey – Health and
Community Services
19-21 Broad Street
St Helier, JE2 3RR**

4 July 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 Clairvale Road Recovery Unit. Whilst the specialism of the service is acknowledged, for the purposes of regulation, the service will be referred to, throughout this report as 'the care home' or 'the service'.

The service is situated on the outskirts of the parish of St Helier in a quiet residential area. Using a recovery-based approach, it provides residential accommodation with en-suite facilities for care receivers who require specialist support in respect of mental health needs.

Person-centred approaches at the service focus on the needs, thoughts, concerns, and opinions of the individual and (where appropriate), consultation with family members. This person-centred approach supports individuals to maximize their service, gain confidence, and obtain new skills to enable them in their recovery and journey to independent living.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal support Category of care: Mental Health

	<p>Maximum number of care receivers: 10</p> <p>Maximum number in receipt of personal care / support: 10</p> <p>Age range of care receivers: 18 and over</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Bedroom 1-10: one person.</p>
Date of Inspection	4 July 2023
Time of Inspection	09:00 – 14:00
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	10

The Government of Jersey operates the service, and an Interim Registered Manager is in place.

Since the last inspection, 21 & 22 April 2022, the Commission received notification of the absence of the Registered Manager in March 2023. The statement included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan.

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 statement of purpose was reviewed with the Interim Registered Manager, and it was agreed that a few minor adjustments were required. The updated document was emailed to the Commission.

The inspection was announced, completed on the same day, and positive. The interior of the building was in good condition, with new furniture, sofas, and curtains in the lounges. New bedside cabinets and mirrors are on order for the bedrooms.

On arrival, several care receivers were appropriately supported by two staff members on duty. There was a relaxed atmosphere between the care receivers and the staff in the home.

The Interim Registered Manager is not included in the staff numbers on the duty rota.

There was the opportunity for the Regulation Officer to obtain feedback from five care receivers and to speak with three staff members about their thoughts on the service.

Feedback from a professional stated, "*The staff are friendly, approachable, and supportive to the ongoing care of the service user transitioning back to their own home.*"

The Interim Registered Manager demonstrated a commitment to improving the service by introducing additional training for staff relevant to the area, having an away day for team building, improving the referral process, and updating the welcome packs for care receivers and their families.

Following the inspection, the Interim Registered Manager was informed of two areas for improvement, which were identified alongside various areas of good practice. Revisions related to the notification process as stated in Standard 4.3 of the Care Home Standards, and the requirement of risk assessments for specific aspects of the safety of the building as per Appendix 10 (13) of the Care Home Standards.

INSPECTION PROCESS

This inspection was announced and was completed on 4 July 2023. An email was sent to the Interim Registered Manager four days prior to the visit. This was to ensure the Interim registered manager would be available during the visit.

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 previous inspection reports, correspondence about the service and any safeguarding information.

INSPECTION FINDINGS

The Regulation Officer sought the views of the people who use the service and spoke with the Interim Registered Manager and other staff.

The Regulation Officer spoke with five of the ten care receivers residing at the service during the visit and three staff members.

During the inspection, documentation, including policies, care records, incidents, and complaints, was examined along with other documentation relating to care receivers and the general environment. This inspection included a tour of the premises.

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

After the inspection, the Regulation Officer gave the Interim Registered Manager feedback.

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 detail, and an improvement plan is attached at the end of the report.

At the last inspection, five areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that four out of five improvements had been made. The Interim registered manager does not have the required risk assessment in place as set out in Appendix 10 (13); therefore, this will remain an area 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 Interim Registered Manager is responsible for two services and is involved in reviewing the rehabilitation services within the mental health division. The Provider has a clear management structure to identify the lines of authority and responsibility. This has been updated in the Statement of Purpose.

The training matrix was explored during the visit. The staff have completed most of their mandatory training this year.

Moreover, additional training relevant to the service has been offered to all staff, including motivational interviewing, challenging behaviour training, solution focussed therapy, and substance misuse. This is an area of good practice.

A review of the monthly reports showed them to be comprehensive and relevant to the service provided. The Interim Registered Manager has sought the assistance of a colleague in another division of the organisation to assist with the reports and finds them a valuable tool to improve the service and keep in line with the Standards.

The Interim Registered Manager has updated the staff induction programme, which now includes:

- An induction booklet.
- Mandatory and additional training specific to mental health.
- Regular supervision.
- Shadowing shifts.
- Reading of policies.
- Visiting other facilities within the service.

Upon reviewing the existing Statement of Purpose with the Interim Registered Manager, it was agreed that some areas needed updating, including the service manager, editing a section regarding zero tolerance of drugs and alcohol, numbers of care staff, and organisational structure.

Staff appeared motivated, demonstrated a sound knowledge of a recovery-based approach, knew their care receivers, and had an in-depth understanding of the challenges they faced.

Staff spoke of supervision positively and complimented the Interim Registered Manager on having an "*open door policy*"; however, some stated that the Manager was not always available immediately due to overseeing two facilities.

Five care receivers were spoken to during the inspection visit. All provided feedback about the service and the staff, which was generally positive.

The care receivers were each aware of who their key worker was, and it was apparent that they had successfully formed positive working relationships with them. They also mentioned how all the staff were very approachable and supportive.

Following a comment to the Regulation Officer, a suggestion was made to the staff regarding medication management. This was to make sure care receivers don't feel rushed taking their medications and have privacy.

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 admission process has been reviewed since the last inspection. Referrals are sent to a shared inbox to be prioritised quickly. Upon receiving a referral, a multidisciplinary team meeting is arranged to discuss the case thoroughly and develop a recovery plan. This is an area of good practice.

Each care receiver has a designated keyworker, a second keyworker, and a care coordinator who will collectively work with the individual to plan achievable goals. This team meets weekly to discuss each care receiver's objectives and the care and support that they need to meet the intended outcome/s. This is an area of good practice.

While the service has welcome packs for the care receivers, these have been updated since the last inspection, along with introducing a welcome pack for friends and families. This is an area of good practice.

Care receivers are encouraged to be actively involved in all communication, including their own needs, desires, and goals, and comments on their views about the environment. They are encouraged to co-construct their plans of care and schedules of activity. A weekly community meeting is held where the care receiver can voice their thoughts on the service, the environment and be involved in service developments and improvements.

A review of a selection of care plans positively confirms a personalised approach to their recovery programme along with regular reviews. The care receivers have spoken to verify their involvement in the process.

The Interim Registered Manager has implemented crisis care plans should a care receivers' mental health deteriorate during their stay. These are completed with the care receiver and are reviewed regularly. Should the need arise, the service can contact other mental health crisis teams for support out of hours. The service has strong links with several agencies, including the drug and alcohol service. This is a positive, proactive approach.

Specific risk assessments for individual care receivers were explored, highlighting that appropriate systems were in place based on their mental health needs.

All assessments and care plans are recorded within the Care Partner electronic care record system, which key workers and care coordinators use.

The service facilitates regular online meetings for any friends or family members of care receivers not living on the island. This is an area of good practice.

There are very few restrictions for the care receivers in this service, and they have an "open door" policy. Care receivers are free to come and go under their agreed care plan. Neither the staff nor care receivers raised any concerns regarding this.

As part of their recovery programme, the service works closely with "The Diner," which is a different service and is a place where care receivers can socialise, have lunch, participate in activities, and attend relapse prevention sessions. The care

receivers can choose several activities daily, including but not limited to walking, swimming, cooking groups, running, fishing, golfing, art and craft groups, and gardening.

The Regulation Officer was reassured that the Interim Registered Manager had an excellent understanding of the service and has been actively involved in improving specific areas in line with the Care Home Standards.

The environment was cleaned to a high standard. It appeared to be in good condition following re-decoration and new furniture. Two care receivers showed the Regulation Officer their en-suite bedrooms, which were furnished appropriately and decorated to suit the individuals. The staff toilet/changing room off the lounge has an unused shower cubicle which the Interim Registered Manager agreed could be removed to leave more room for lockers. Care receivers have access to the garden and have the benefit of recently purchased garden furniture. However, it was identified by the Interim Registered Manager that it could be more enclosed to allow individuals to enjoy activities in the garden.

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>

Safe recruitment practices were clarified with the Interim Registered Manager, and they confirmed their direct involvement in all aspects of this process, including sight of Disclosure and Barring Service criminal record checks and references.

As an example of care-receiver involvement, the Interim Registered Manager invited the care receivers to write interview questions, and one sat on the interview panel for

the most recent appointment. The Commission has recently requested a summary of recruitment documentation received since the last inspection by the Provider's Human Resources (HR) Department. This was done, and the feedback received by email indicated that two DBS issue dates were over three years old. The Interim Registered Manager has confirmed that one staff member has recently updated however no feedback regarding the second staff member. The service has recently filled the last vacancy, and staffing levels are above the minimum standards outlined in Standard 3.9 of the Care Home Standards. Two staff are constantly working on shift with oversight from the Interim Registered Manager. Staff are trained to QCF level 2 or 3 qualification.

Although it is not an expectation that the service has any Significant Restriction of Liberty (SROL) authorisations in place, the Interim Registered Manager has a clear understanding of the process and accessing the Capacity and Self-Determination (Jersey) Law 2016 as required.

All the care receivers are invited to download the phone app "Stay Alive" on admission to the home. This app is a suicide prevention resource to help people in times of crisis. This is an area of good practice.

Reviewing the fire logs and discussing with the fire warden reassured the Regulation Officer that improvements have been made to ensure fire drills are carried out and evidenced. An up-to-date fire certificate and evacuation poster were displayed at the entrance. There is a plan to introduce personal paging systems to staff if a fire alarm is activated to see where the fire is located rather than going to the panel to look.

Staff have access to all policies and procedures online through the provider intranet.

A previous inspection report highlighted gaps in medication management and governance. Subsequently, The Interim Registered Manager has devised and implemented a self-administration of medicines policy to ensure the safety of both staff and care receivers. A recent medication review by the service pharmacist found that the processes were now adequate and met the Standards. All care receivers have safe storage facilities in their rooms if needed as part of their

recovery care plan. Most staff have completed the Level 3 Medication Administration Module; however, all the care receivers currently self-administer their medications; therefore, although this is optional at present, this could change.

As part of redesigning the recovery and rehabilitation service, the Interim Registered Manager has drafted a standard of practice and action plans specific to this service. This is an area of good practice.

Care receivers are encouraged to be actively involved in all communication, including those relating to their own needs, desires, and goals, and to provide their views about the environment. They are encouraged to co-construct their care plans and activity schedules. A weekly community meeting is held where service user can voice their thoughts on the service, the environment and be involved in service developments and improvements.

As a means of promoting their independence, care receivers purchase their own food, although staff are available to provide support where needed. Several have fridges in their rooms, while others use the ones in the communal kitchen. One fridge was padlocked; however, no concerns were raised by staff as only one service user uses this fridge.

Positive feedback was received from care receivers including:

“Staff are amazing, occasionally other people’s behaviour can intimidate me, but the staff put me at ease and make me feel safe”.

“The home is clean, and hygienic. Rooms are great and the staff are always available for a chat”.

“Staff take us out in the car when they can”.

IMPROVEMENT PLAN

There were two 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 4.3</p> <p>To be completed by: immediately following the inspection</p>	<p>The Registered Provider must notify the Jersey Care Commission of such incidents, accidents or other events that have posed or may pose a risk of harm as specified by the Jersey Care Commission Care Home Standards Appendix 8.</p>
	<p>Response of Registered Provider:</p> <p>The JCC will continue to be informed of notifiable incidences as per policy and process outlined in the standards.</p> <p>HCS wish to further discuss this requirement in detail with the JCC, to clarify & confirm scope of reporting. This will be led by the Executive Director of Mental Health & Adult Social Care.</p> <p>The registered manager of Clairvale will provide a monthly summary to the JCC of all the Datix and safeguarding incidences with themes and learning / outcomes and actions taken in response to these.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.6</p> <p>To be completed by: immediately following the inspection</p>	<p>The health & safety of people receiving care, care/support workers and others will be protected as specified by the Jersey Care Commission Care Home Standards Appendix 10 (13).</p>
	<p>Response of Registered Provider:</p> <p>It has been agreed that window restrictors are installed to reduce risk. The Registered Manager has contacted the Estates team to arrange installation.</p> <p>In addition to physical security arrangements, all service users have an individualised risk assessment in place which considers both physical and social environment risks.</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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