



**Jersey Care
Commission**

INSPECTION REPORT

Clifton Care Home

Care Home Service

**Bagatelle Lane
St Saviour
JE2 7TD**

16 and 20 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 (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 Clifton Care Home. The service is situated in the parish of St Saviour within a quiet residential area. Parking facilities are provided at the front of the building, and garden areas are located to the side and rear.

The home provides nursing and personal care for a maximum of thirty care receivers over the age of 60 years. Single-bedroom accommodation is provided over three floors; some bedrooms are without en-suite toilets and sinks. There is a communal lounge on the ground floor and a lounge / dining area on the first floor.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: nursing care, personal care Category of care: Adult 60+ Maximum number of care receivers: 30 Maximum number in receipt of nursing care: 29 Maximum number in receipt of personal care: 1 Age range of care receivers: 60 years and above

	<p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Bedrooms 2 – 12 & 14 – 32 – One person</p> <p><u>Discretionary</u></p> <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 Clifton Care Home must meet the standards within Jersey Care Commission Care Standards Care Homes (Adults 2019) by 1 February 2024.</p> <p>The Registered Manager must obtain a Level 5 Diploma in Leadership in Health and Social Care by 6 October 2023.</p>
Dates of Inspection	16 and 20 June 2023
Times of Inspection	9:30am to 4pm and 9am to 1:45pm
Type of Inspection	Unannounced – 16 June 2023 Announced – 20 June 2023
Number of areas for improvement	Three
Number of care receivers accommodated on the day of the inspection	28

Clifton Care Home Limited operates the Care Home, and a registered manager is in place.

Since the last inspection on 3 and 8 December 2022, the Commission received an application to extend the two discretionary conditions relating to the proposed building works to make the home compliant with Care Home Standards. An extension was granted on 11 January 2023, with one condition subsequently met on 11 May 2023.

An additional discretionary condition was imposed on 14 February 2023, preventing any new home admissions. This resulted from a failure to comply with the completion of repairs to bathing facilities within the stipulated timeframe, as identified in the previous inspection report.

The Regulation Officer visited the home on 16 March 2023 to confirm that all necessary repairs had been completed. Consequently, the discretionary condition was removed.

A further application was received from the Registered Manager to extend the completion date for the discretionary condition relating to attaining a Level 5 Diploma in Leadership in Health and Social Care on 13 April 2023. A six-month extension was granted on 12 May 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.

Clifton Care Home provides nursing support to care receivers with complex health and medical needs. The home strives to provide a person-centred approach to care, which allows individuals to lead the lives that they aspire to whilst managing their nursing care needs.

Care receivers and their relatives spoke of the professionalism of the staff team. Carers were described as friendly and always willing to help. Positive interactions were witnessed by the regulation officers, which included humour and mutual respect. This was echoed by professionals who spoke positively of their experiences when visiting the home and their interactions with the Registered Manager.

Examining the organisational structure and staffing levels within the home identified the need to review the ancillary support for the Registered Manager, including

human resources and administration. It was further noted that minimum staffing levels did not meet the minimum requirements, as detailed in Standard 3.9 of the Care Home Standards.

The environment of the home continues to present challenges; however, it was positive to note that planning permission has now been granted for a proposed refurbishment which will achieve compliance with Regulation 18 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018.

Several measures were found to be in place to ensure the health and safety of care receivers and audit practices to ensure the safe and effective delivery of care. Examples of good practice included a range of audits, staff training, open communication, and competency updates for staff.

It was noted that some repairs to flooring within the home were needed and that compliance with the storage of substances hazardous to health required improvement.

Three areas for improvement have been identified as a result of this inspection.

INSPECTION PROCESS

The first inspection visit was unannounced and was completed on 16 June 2023. The second inspection visit was undertaken on 20 June 2023, which involved focused discussions with the Registered Manager and feedback from care receivers and relatives. Two regulation officers undertook both inspection visits.

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**

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, Statement of Purpose, notifications and communications with the Commission.

During the inspection visit, the regulation officers spoke with the Registered Manager, two registered nurses and various members of the staff team.

Five staff members were asked to provide feedback on their experiences working in the home during both inspection visits.

Seven care receivers and three relatives also welcomed speaking with regulation officers during the inspection visits.

Following the inspection, the views of five professionals were 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.ie/Standards/>

Records, including care plans, assessments, incidents / accidents and staff training logs, were examined during the inspection.

At the conclusion of the inspection, the regulation officers provided initial feedback to the Registered Manager. This was followed by final written feedback following the inspection visits.

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, 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 all of the improvements had been made as follows:

- Fire alarm testing is conducted weekly as set out in the fire service logbook.
- Formal supervision sessions are undertaken with all staff.
- All maintenance and repairs identified in the last inspection report have been addressed.
- Repairs to the bathing facilities on the ground and first floor have been undertaken.
- The shower chairs have now been replaced.

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 staff team consists of registered nurses, senior care workers, and care workers, supported by a small number of bank staff, domestic and catering staff.

The roles and working relationship between registered nurses and carers blend well together, with all understanding and respecting each other's roles and responsibilities. The care team is supported by the Care Services Lead, who helps the staff team improve and maintain home standards.

Positive relationships and joint working practices with other professionals were evidenced through feedback and review of care records. One professional described practice within the home as *"Respectful, professional and compassionate"*.

Others were complimentary of the Registered Manager and their approach to assessment and admission to the home. Comments included:

"The Registered Manager was great during the assessment and transfer of my client, very efficient".

"I have used Clifton care home on many occasions for my service users who are in need mostly of specialist nursing beds. I can confirm that the Manager always responds professionally, promptly and reliably. They complete their assessments which are realistic, which helps with matching the correct placement for the service user. The care staff are usually always helpful, and on review, service users appear to be well looked after, and I do not have any concerns. It is a great resource in the community for people who need high-end residential/nursing placement".

The Registered Manager has a consistent presence in the home, a good rapport with care receivers and their relatives, and is readily available to support the care team. This includes working on shift as a registered nurse when required.

In recent months, the Registered Manager has provided managerial support to another home run by The Provider. In addition, the Registered Manager is working towards completing their level 5 diploma in management and leadership by 6 October 2023.

Before the inspection visits, assurances were sought from the Provider that the Registered Manager would be supported to complete their diploma whilst taking on an extended role.

Progress was discussed with the Registered Manager, who reported that they are moving forward with the support of their tutor. Their additional managerial responsibilities will shortly be reduced as a new manager has been appointed.

The current staffing structure of the home was reviewed. It was noted that there is no administration or human resources support available. The Registered Manager undertakes any such tasks. The home's Statement of Purpose (SoP) references a provision for a deputy manager role, but the post was vacant at the time of the inspection.

Staffing rotas were examined, and it was further noted that staffing levels are inconsistent with the SoP and do not meet the minimum requirements set out in Standard 3.9 and Appendix 5 of the Care Home Standards. Action needs to be taken to review the staffing structure to ensure that appropriate levels of care staff are available, and that sufficient ancillary support is in place to ensure the effective operation of the home and assist the Registered Manager in their role. This is an area for improvement.

Further review of the SoP confirmed that it appropriately reflects the philosophy and function of the home.

Supervision documentation was reviewed. It was noted that there has been an improvement since the last inspection. Staff appraisals are undertaken annually. Staff who provided feedback confirmed that they have access to regular supervision and were complimentary of the time given by the Registered Manager to provide 1:1 support when required.

Evidence of the governance arrangements within the home was provided and included recent audits undertaken. The Care Service Lead has a pivotal role in ensuring the delivery of safe and effective care: this includes liaising with families to assess satisfaction with the quality of care, working alongside staff to support and problem solve and responding to any equipment, quality assurance, or health and wellbeing concerns. Evidence was also presented of an independent infection control audit being undertaken in March 2023.

Until March of 2023, monthly reviews of the service were undertaken by a Registered Manager from another care home owned by the Provider, with a report of the findings supplied. The Registered Manager confirmed that this has not been possible in recent months. However, this will be rectified when a newly appointed manager takes up their post. The regulation officers reminded the Registered Manager of the importance of reinstating the independent overview as soon as possible, as this is a requirement as detailed in Standard 12.2 Care Home Standards.

There is an established system for the reporting of incidents and accidents. Records were examined. The Registered Manager reviews all reports with any actions required documented. The Registered Manager also has a system for monthly auditing.

The previous inspection report highlighted the following in relation to the environment, which remains unchanged:

"Since the point of initial registration, Clifton Care Home has been subject to discretionary conditions on their registration relating to the requirement for extensive refurbishment, in order to meet current Care Home Standards.

The current building poses multiple challenges for both staff and care receivers and poses a potential risk associated with their health and safety. This includes a lack of appropriate ensuite toilets and sinks, narrow corridors (some of which have dips and inclines), no viewing panels in corridor doors to alert people to anyone approaching from the opposite direction, low height bannisters and doorways".

The Provider now submits monthly updates to the Commission regarding the refurbishment plans. It is encouraging to note that planning permission has been formally agreed upon, with plans to progress to the building phase identified.

The Registered Manager reported improved communication between the Provider and the home regarding the refurbishment plans and confirmed that all care receivers are aware. However, more detailed information will be provided through 1:1 appointments for care receivers and families in the coming months. The regulation officers also recommended alerting adult social care services as a reduction in bed capacity will be required during the refurbishment.

An initial project plan detailing how the refurbishment will be planned, managed and coordinated was submitted to the Commission on 11 May 2023, confirming that the home will remain operational during the refurbishment; however, a reduction in bed capacity will be required. The regulation officers took the opportunity to walk around the home and discuss the plan in detail with the Registered Manager.

It was highlighted that the plan must include details of the number of beds required to be out of use during each phase. In addition, the regulation officers recommended that other key departments be consulted before each phase of the plan commences. This would include the fire service, environmental health, health and safety inspectorate and the community infection control nurse.

The Provider has been informed that any future revisions or amendments to the project plan must be submitted to the Commission for review.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

The home's statement of purpose states:

"Clifton Care Home aims to provide skilled nursing care whilst promoting independence, in an environment that is non-corporate and is homely and relaxed".

This is indicative of the findings of the regulation officers. There is a welcoming and friendly atmosphere. Interactions between care receivers and staff were noted to be respectful and conducted in a way that complimented the personalities of individuals whilst maintaining professional boundaries. It was evident that carers knew about care receivers' needs and understood the importance of demonstrating person-centredness when providing care and support.

Effective communication was highlighted as a critical strength by staff, care receivers and relatives. The Registered Manager was complimented for their willingness to make themselves available to care receivers and relatives and their responsiveness when any issues or concerns were raised.

There are opportunities for the team to meet and discuss operational and care issues. The minutes of the last team meeting were reviewed. Discussion topics included the requirements for regulation, documentation, care roles and training needs.

Staff consistently demonstrated a positive attitude and pride in their work, referencing the importance of putting care receivers first. Comments during feedback included:

"The care is the best on the Island".

"I am here to meet the needs and wishes of the residents".

"The training is great".

There is a comprehensive pre-admission assessment process that the Registered Manager undertakes. Nursing staff lead in implementing and reviewing care plans and risk assessments, which are updated at regular intervals, or when there is a change in need.

A review of a sample of care plans was undertaken. All plans were found to be informative, covering a range of needs based on the activities of daily living. Appropriate assessments were completed in pressure care and nutrition, with outcomes informing the level of intervention required within the care plan. Daily progress notes are completed consistently.

Evidence also supported appropriate referral and liaison with specialist professionals, including speech and language therapy and psychology. During the first inspection visit, nursing staff were observed reviewing the clinical condition of one care receiver, taking appropriate steps to call in the relevant professional for support and agreeing on an appropriate schedule for monitoring and review.

The team actively promote a person-centred approach to care delivery and, as such, respects the wishes and choices of individuals. Examples were found in the care plans, which referenced preferences concerning care delivery, including the right to make unwise decisions.

The Registered Manager gave an overview of recent training introduced in relation to end-of-life care. The team followed local palliative care guidelines and implemented personalised care records for the expected last days of life, samples of which were viewed by the regulation officers. The Registered Manager spoke of the team's focus on providing high-quality end-of-life support to care receivers and families.

Regulation officers noted a range of cards on display in the staff office received from relatives. All were very complimentary of the care and staff team, with some referencing the high standard of care delivered at the end of life.

Care receivers gave consistently positive accounts of their experiences in the home. Staff were described as friendly, kind and cheerful in their approach. All were encouraged to maintain regular contact with families and friends, with no restrictions on visiting arrangements. Relatives were witnessed coming and going during both inspection visits.

Relatives confirmed the views of care receivers and spoke positively of their own experiences of the home. Some comments included:

"This is a wonderful home".

"The food is very good. The staff are very attentive and make Xxx smile".

"The staff are very good, and my relative is well cared for".

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>

As previously stated, the home has a person-centred approach to care, encouraging care receivers to remain independent and autonomous. One care receiver has been assisted in creating a small food preparation in their room to meet their dietary preferences. Others have fridges in their rooms to store their favourite drinks and snacks. One care receiver described how staff will lay food out for the birds directly outside her room so that they can watch them from their window.

The Registered Manager explained the need to support all aspects of a person's care, even if this involves supporting care receivers to move on. Several examples were given, including helping one care receiver to return home and another to move to a different care home that better suited their lifestyle.

All rooms have lockable cabinets for care receivers to store valuables, and new larger televisions have been purchased recently for all rooms.

Although the home does not have an activities coordinator, care staff help arrange various events within and outside the home. A Zumba class took place on the day of the first inspection visit. Some care receivers referenced their fondness for art and craft sessions, and the Registered Manager described some of the recent trips organised within the local community.

Recruitment practices were examined. This included reviewing four recruitment files for individuals employed since the last inspection. The Registered Manager also provided an overview of their follow-up procedures when unsatisfactory references or Disclosure and Barring Service checks (DBS) are received. Evidence was also supplied relating to recent human resources issues and the actions taken to address them following initial employment.

A robust induction programme is in place for recruits, completed over 24 weeks. The induction booklet sets the objectives and provides comprehensive details of what must be achieved at various intervals.

All induction learning is in line with the requirements of the care certificate and takes account of the training requirements of each staff member. There are opportunities to review progress, and the Registered Manager undertakes a final review.

Training logs for staff were reviewed. There is a suite of online training programmes which staff must undertake. Some subjects are complimented by classroom-based training, including manual handling, basic life support and first aid. The home has also recently introduced pressure care prevention and end-of-life care via a locally based training provider.

The care team holds various Regulated Qualification Framework (RQF) awards. At the time of inspection, ten staff possessed a level 2 RQF and one with a level 3 RQF in health and social care.

During a walk round of the home, regulation officers noted that the domestic cleaning trolleys, which contained substances hazardous to health (COSHH), were being stored in an unsecured area. This was brought to the attention of the Registered Manager for immediate action. All COSHH items must be kept in line with the home's policy and legislative requirements when unused. This is an area for improvement.

Ensuring that a regular schedule for maintenance and repair was identified as an area for improvement following the last inspection. It was positive to note that all areas identified had been dealt with. However, it was noted that flooring within the staff office and in the communal shower area was worn, therefore presenting a health and safety risk to both staff and care receivers. This is an area for improvement.

Medication practices were examined in detail. There was evidence of an up-to-date policy. All stock received is checked and amounts recorded, with appropriate records of returns to the pharmacy. Adequate provisions and safeguards were in place for storing and administering controlled drugs.

The dispensing pharmacy supplied medication administration records. Records were appropriately completed. All medication was safely stored and administered in line with the Care Home Standards.

The Registered Manager also undertakes regular medication audits. They also conduct annual medication administration competencies with registered nurses.

Registered nurses undertake all clinical tasks; therefore, delegating tasks to care staff is not required.

One Regulation Officer spent time in the kitchen with a new Chef who had recently joined the team. They confirmed that they are fully informed of all dietary requirements for care receivers, and the information is updated regularly. Menus rotate on a four-week basis. Care receivers make their choices the day before, but the kitchen is prepared for any adjustments should people change their minds.

The Registered Manager confirmed that an environmental health inspection occurred in April 2023. This has prompted some changes to practice and the need for updated equipment; however, the home has maintained a five-star food rating. Care receivers were happy with the quality of the food. Some referenced that recent changes in the kitchen had created a period of flux, but this had now settled.

Annual fire inspections are undertaken by the fire service, with the most recent conducted in April 2023 highlighting some actions. An examination of the home's fire logbook confirmed that all necessary fire checks, testing and drills are being undertaken as required.

No formal complaints or safeguarding referrals have been made since the last inspection. The home has a complaints policy which is shared with care receivers upon admission. The Registered Manager shared that any informal concerns are brought to their attention which they follow up on immediately. Care receivers confirmed this during feedback.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 3.9</p> <p>To be completed by: 4 months from the date of inspection (20 October 2023).</p>	<p>Staffing levels within the home must be reviewed to ensure that they are meeting the minimum requirements as set out in the Care Home Standards, scope and size of the home and must reflect the level of need of care receivers living in the home.</p> <p>Response of Registered Provider:</p> <p>The Care Home has employed several care staff in the past few months and some staff have left employment. All efforts are made not only to achieve the minimum staffing levels but also to have enough staff to deliver care in a calm and happy environment. Rooms are kept unoccupied when staffing levels are low.</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 18</p> <p>To be completed by: with immediate effect.</p>	<p>Immediate attention needs to be given to the maintenance of the shower room and staff office, which will require the replacement of the flooring in both areas.</p> <p>Response of Registered Provider:</p> <p>New floorings have been installed to the areas mentioned below: Shower Room Flooring – Work in progress Staff Office Flooring: Completed 18-08-2023 Lift Flooring: Completed 24-08-2023</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 4.6</p> <p>To be completed by: with immediate effect.</p>	<p>Immediate action is to be taken to ensure that all substances which are hazardous to health are stored in line with the home's policy and legislative requirements when not in use.</p> <p>Response of Registered Provider:</p> <p>The Housekeeping staff are ensuring that the cleaning trolley is not left unattended whilst they are working. The trolleys to be locked away in a designated area when not in use.</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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