



**Jersey Care
Commission**

INSPECTION REPORT

Fig Tree House

Care Home Service

**14 – 16 Parade Road
St Helier
JE2 3PL**

28 July, 3 and 4 August 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 Fig Tree House Care Home. The home is in a residential area in St Helier and is close to shops, cafes and other town amenities to allow care receivers to live as part of the community. It is a Victorian building, which has been converted and refurbished to meet modern Standards. Single bedroom accommodation is provided with en suite bathing facilities over three floors, and communal facilities include an activity lounge, two additional lounges and a dining area on the ground floor. There are plans underway for an extension to be built so that approximately an additional six bedrooms will be created.

According to the Statement of Purpose, the home provides support with day-to-day living to people with past or present mental health illnesses so that they live as independently as possible in a homely environment.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care and personal support Category of care: Mental health Maximum number of care receivers: 28

	Age range of care receivers: 50 years and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-26: one person Flats 2 and 3: one person
Dates of Inspection	28 July, 3 and 4 August 2023
Times of Inspection	10am – 2pm, 1.45pm – 5.15pm, and 10.45am - 12midday
Type of Inspection	Unannounced on 28 July and 4 August Announced on 3 August
Number of areas for improvement	Five
Number of care receivers accommodated on the day of the inspection	27

Personal Care Limited operates the Care Home, and a Registered Manager is in place. Since the last inspection, completed on August 22, 2022, the Registered Manager has upheld their legal responsibilities and informed the Commission of notifiable events, including occurrences where care receivers have Significant Restrictions of Liberty (SRoL) authorisations in place.

An updated copy of the service's Statement of Purpose was received to meet one of the areas for improvement resulting from the last 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.

Care receivers are happy living in the home and have built positive relationships with the staff team who support them. The home environment is safe, welcoming, warm, suited to meet care receivers' needs, and the home's intended purpose. Choices are provided concerning nutrition, where and how care receivers spend their time and how their bedrooms are decorated. The home provides care and support with various aspects of their daily lives, and the staff team understand their needs well.

The home ensures care receivers live their lives as they choose, and the staff team focus on promoting independence and maintaining living skills. Health professionals who visited the home were complimentary of the staff team and noted their efforts and interventions positively affected care receivers.

Care plans outline how individual needs will be met and referrals made to external health professionals when indicated, which includes dental hygiene. Staff are recruited safely, and training relevant to the needs of care receivers is provided to staff. The staffing levels meet the Standards and reflect the dependency levels of care receivers. The Registered Manager, however, is regularly scheduled into the care staff roster, which places additional demands upon them. This should be reviewed to allow the Manager to primarily focus on leading and managing this 28 bedded care home. This is the first area for improvement.

Four other areas for improvement include enhancing and adding structure to the induction programme for new employees, implementing and amending policies relating to manual handling, absence of the Registered Manager, medication management and unknown absences from the home. Records must evidence that medications are routinely stored according to best practice guidance and the home's medication policy relating to refrigerated medicines is followed.

INSPECTION PROCESS

This inspection was carried out over three separate visits. The first visit was unannounced, the second was arranged with the Registered Manager, and the third was unannounced. Its primary purpose was to review the medicine management in the home.

The Care Home Standards were referenced throughout the inspection.¹

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

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 spoke with five care receivers and spoke with four staff. Six health and social care professionals were contacted to request feedback about the service; two people responded.

Records were examined, including policies, care, supervision and appraisal, recruitment, training, staff rosters, and service records. Samples of medication administration records were reviewed. This inspection included a walk through the home.

After the inspection, the Regulation Officer provided feedback to the Registered Manager, with final written feedback detailing the areas for improvement provided on the day of the last inspection visit.

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, four 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.

During this inspection, the improvement plan was discussed with the Registered Manager, which noted that all improvements had been made. This means that the Statement of Purpose had been revised and submitted to the Commission, the internal CCTV had been disconnected, medicines were transcribed following best practice guidance, and care plans were developed where high-risk medications were prescribed.

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 service comprises the Registered Manager, Deputy Manager, senior carers, carers, and domestic and catering staff. The home has the benefit of a stable Registered Manager; they have been in the role since 2017 and worked in the home since 2015. Several care staff have also worked in the home for a number of years and staff turnover is typically low.

The Manager is experienced, well-established, and knows the service, care receivers, and staff well. A review of the staff rotas found that the Registered Manager is regularly rostered into the staffing complement numbers and is regarded as a care assistant. This was evident on the second inspection day, where the Manager was rostered to work a 12-hour shift and was rostered as one of the four care assistants during the afternoon. There is no designated Deputy Manager position either, and the staffing rosters show that a senior carer is rostered each day along with care staff.

It is unusual for a home of this size not to have a Deputy Manager appointed and for the Registered Manager to uphold their statutory responsibilities, lead and manage the home and regularly work as a care assistant. By comparison, there are no other care homes of a similar size locally where the Registered Manager carries out all of these additional responsibilities. The Standards require the Registered Manager to have adequate periods of supernumerary time, not counted as part of the staff ratio, to carry out their management duties. The first area for improvement from this

inspection is the need to ensure the Manager has sufficient periods of supernumerary time. There also needs to be an absence of manager policy implemented to identify who could assume the Registered Manager's role if they have to take unplanned or unforeseen leave.

Most care staff have worked in the home for several years; the team spoken with during the inspection had all worked in the home between six and eight years. Currently, recruitment for bank health assistants is ongoing. Since the last inspection, one care assistant and one Chef have been recruited.

The Registered Provider is committed to investing in the facilities in the home and, for example, has invested in lounge décor, new beds, mattresses, bedding, and dining room furniture. There is an intention that an extension will be built to provide additional bedrooms if planning approval is granted. The home has a car, which can be used to take care receivers out.

Samples of policies were examined, cross-referenced to the suite of policies listed in the Care Home Standards and considered appropriate to the home's operation. The manual handling and missing person's policy could not be located in paper or electronic format on the first day of inspection. The Regulation Officer believes that these policies are essential, taking into account the details within several notifications that have been submitted to the Commission.

The medication policy needs to include the timing of medication administration to make clear when medications should be administered, as the times were not identified on the medication administration records (MAR). The need to ensure relevant policies are developed, amended, easily accessible as the Standards require is the second area for improvement.

The Provider has governance arrangements whereby a nominated person with experience managing a care home visits the home monthly to review critical areas of the home's operation. Records of these visits are maintained, and samples were examined, showing an evaluation of the service provided and actions for further developments identified. The most recent report detailed care plans and health and

safety matters had been reviewed, and care receiver and health professional feedback had been obtained. The health professional commented “the staff are very supportive and very welcoming and they treat clients with dignity and respect. I always feel reassured after visiting Fig Tree”.

The Registered Manager ensures new care receivers are admitted into the home having had their needs assessed and based upon information provided by the referral source. The Manager demonstrated and explained the procedures for welcoming care receivers into the home, including trial visits, so the individual could make an informed decision about moving in. The Registered Manager had completed the pre-admission assessment based on relevant information the referrer provided. The Manager considers the timing of admissions into the home based on access to and availability of external health professionals.

The environment was found to be furnished, decorated and laid out to suit care receivers' needs, as reflected in the Statement of Purpose. Samples of bedrooms were viewed and reflected individual preferences and tastes and were furnished with personal items essential to the individual. Some bedrooms enabled care receivers to maintain a more independent style of living, and one person commented that once a bedroom had become vacant, the Registered Manager offered them its use. They described this meant it allowed them to benefit from better seating arrangements.

Redecoration of one of the lounges had been undertaken since the last inspection, and care receivers commented on the environment's quality. Throughout the inspection, they were observed freely using the communal areas, their bedrooms, accessing the outdoor spaces and leaving the home as they wished.

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 Registered Manager and the staff team provided an overview of care receivers' emotional, physical and mental well-being support needs. This confirmed that the

staff knew them well, and they described that several care receivers had lived in the home for several years, and the consistent and familiar environment was advantageous to them. It was evident from how staff spoke about care receivers and feedback from external health professionals that a person-centred service is provided. Comments from external health professionals included;

“Residents are cared for in a highly person-centred way, which takes into account individual personalities, likes, dislikes and preferences. The staff are responsive, caring, and thoughtful and have the residents’ best interests at heart. The staff make the residents truly feel at home and encourage individualisation”.

“I like Fig Tree, it’s home from home for some very vulnerable individuals. It’s spotless and the food is fabulous, the staff are experienced, and they have a very developed sense of what their role is and the scope of care they can offer”.

The Regulation Officer observed care receivers engaging in various activities along with coming and going as they pleased. This reflected the home's ethos of supporting their dignity, rights to freedom, choice and control over their lives. Five care receivers spoke of their experiences and positively about their day-to-day lives, relationships with the staff team, and independence. They felt the safety of home environment had a positive impact on their well-being. Care receivers made the following comments;

“I feel safe and I’ve got freedom to see my family when they can. The food has definitely improved lately, you can have what you want. The staff are lovely, we always have good chats. They take me out and about, I’m happy enough here”

“I’m happy enough, I’m ok and got no worries”

“I’ve got a lovely double bed from home, its home from home and there’s no restrictions as you can come and go as you please. The food is fine and variable and I’m well supported and I feel nice and calm”.

“It’s very chilled and relaxed here, the foods good and you can just come and go as you like. I get out and about and the girls sometimes take me out in the car”.

“The staff are lovely, they’re very helpful and the food options are very good. The food is nicely presented. I’ve got a lovely room and I feel safe knowing there are people around you and you’re certainly not alone, even when you’re having a bad day”.

Care receivers are supported to maintain a healthy weight, and there is a kitchen where they can independently prepare snacks and drinks. The Regulation Officer observed this happening during the inspection. Referrals are made to the Dietician where relevant, confirmed from a review of samples of care records. The records also showed that referrals are made to health professionals, and when a deterioration in mental health occurs, appropriate support is sought promptly. One health professional confirmed that the home is fully aware of its strengths and limitations and commented, “They always ask for help in a timely and appropriate fashion”. It was noted that care receivers could access regular health screening checks, including dental care.

Samples of care records were examined, which showed that care receivers are consulted about their care and support needs and the risks they may wish to take. Healthcare needs were reflected in the plans, and they were clear for staff to follow to support effective care. There was evidence of ongoing review, and care plans were implemented for short-term issues that had arisen. While the records were maintained to a reasonable standard, they need to be more accurate to identify staff names and exact dates of entries. Some records only had staff initials and month and year recorded, without the date.

The Standards require that where care is provided to ten or more care receivers, a dedicated staff member should be employed to coordinate social and leisure activities. This inspection confirmed that the home no longer has a dedicated person filling this role, and these aspects of support are carried out by care staff as part of their role as it is more suited to the ethos of the home. A staff member was observed facilitating an art activity, and the information board highlighted a variety of

social interests provided in the home. Care receivers said they are offered spontaneous outings and activities with staff and enjoyed these opportunities. The home, however, must keep this under constant review, and if staff cannot maintain this level of support regularly, then a dedicated person must be appointed.

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.

Through discussions with the Regulation Officer, care receivers highlighted that they have choice and control over their lives and are supported to live as independently as possible. The main doors to the home are locked for security reasons to prevent unwanted access; however, care receivers were observed letting themselves out of the home freely. An outdoor smoking area is provided for care receivers as the home is non-smoking.

There had been two new staff recruited since the last inspection. A review of their files showed that a safe recruitment process had been followed, with evidence that pre-employment checks were provided to check they were fit to work in the home. Staff had enhanced criminal records checks carried out.

Induction is undertaken, and staff are provided with training after that. A review of the induction records for the two most recently employed staff could have been more extensive and detailed. The records comprised an induction checklist relating to operational matters in the home, such as the location of fire exits, policies, etc. The Standards require that care workers complete a structured induction programme assessing their competency to work in the service; the records did not evidence this.

One staff member recruited two months before the inspection visit had not been provided with any relevant training, nor was there a plan which would have identified the type of training considered essential and fundamental to their role. This was highlighted to the Registered Manager, who confirmed that by the time the second

inspection visit took place, the individual had completed foundation-level safeguarding training and had a plan in place for additional training to be provided. The need to evidence a structured induction programme for all staff is an area for improvement.

The staffing levels were reviewed and consistently met the minimum staffing standards. All staff who administer medication have completed Level 3 training as the Standards require. There is a development plan also for some staff to commence this. Most care staff have completed Level 2 vocational training in health and social care; some have completed a Level 3 award. Staff told the Regulation Officer they were happy working in the home and felt supported by the Registered Manager. They said they have regular supervision discussions, appraisals and team meetings, which was evidenced in the records viewed. Feedback from external health professionals was highly complementary to the Registered Manager and the staff team, and confidence in their ability to place care receivers at the heart of the service was expressed. This is an area of good practice.

The training records highlighted that relevant training is provided for staff, including mental health training through a self-directed learning programme and a discussion with the Registered Manager afterwards. On the basis that the home is registered with a mental health category, it is expected that this learning will be supplemented with formalised face-to-face learning and vocational-style education. The Registered Manager confirmed that a healthcare professional is delivering awareness of suicide prevention in the coming months.

The Fire and Rescue Service carried out an inspection recently and identified some areas for the home to follow up on. On the first day of the inspection, the door to the laundry was found to be wedged open; this was reported to the Manager, who agreed to rectify this immediately. The records confirmed that all safety checks are completed following fire service requirements, and the fire certificate is in date until July 2024. The home is registered with the Jersey Office of the Information Commissioner and has public liability insurance until May 2024.

As well as the absence of a manual handling policy, the equipment available for helping care receivers from the floor following a fall had yet to be serviced. Staff had yet to be provided with training in its use. This was brought to the Registered Manager's attention, and they agreed to address this immediately. This is the fourth area for improvement.

The Regulation Officer and the Pharmacist Inspector examined medication administration records (MAR) samples. The records confirmed medicines were administered in line with the instructions on the MAR, and only staff who have completed Level 3 medication training can administer them. The pre-printed MAR did not have the timing of the administration identified; therefore, it was advised that the home's internal medication policy is amended to include this information.

The sample of fridge temperature records were noted to have been out of range on some occasions, and no information was provided concerning the action taken then. The fridge was heavily frosted, and this was raised with the Registered Manager. The final area for improvement is the need to evidence that medications that require refrigeration are stored in line with the manufacturer's guidance and the procedure to be taken when out-of-range temperatures are identified within the home's medication policy. The home must also ensure that records show that all prescribed topical medicines are applied or omitted.

IMPROVEMENT PLAN

There were five 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 11.1 and Appendix 5 Regulation 5(2)</p> <p>To be completed by: 1 month from the date of inspection (4 September 2023).</p>	<p>The Registered Provider must ensure that the Registered Manager has adequate periods of supernumerary time and not be regularly rostered as a care staff member to enable them to carry out their managerial duties.</p> <hr/> <p>Response of Registered Provider:</p> <p>The Registered Manager has been given extra supernumerary time.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 1.6 Appendix 2</p> <p>To be completed by: 2 months from the date of inspection (4 October 2023).</p>	<p>The Registered Provider must ensure policies relevant to the service as highlighted in the report are developed, and are easily accessible and shared with the staff team. These should be revised where necessary.</p> <hr/> <p>Response of Registered Provider:</p> <p>The Policies that you have highlighted in our report where reviewed and updated on the following day of your visit and are were accessible to yourself and all staff. All Staff have read and signed that they understand the Policies.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 3.10 Appendix 6</p> <p>To be completed by: 1 month from the date of inspection (4 September 2023).</p>	<p>The Registered Provider must arrange for all staff to complete a structured induction programme.</p> <hr/> <p>Response of Registered Provider:</p> <p>Our Staff Induction has been reviewed and amended, allowing for staff to do a Q & A with Management and for more information to be documented, as stated in the report. Fig Tree House is committed to ensuring that our recruitment process is safely followed.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 4.6, Appendix 7</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that there is a policy in moving and handling and that staff have received training in the use of relevant handling equipment in the home, and it is serviced and safe for use.</p>
	<p>Response of Registered Provider:</p> <p>Lifting & Handling training is carried out once a year in house, by the H&S team from JGH. Our last lifting and Handling training was on the 27th June 2022.</p> <p>We are booked in to have our Lifting & Handling training which will include the training on the use of our new floor raiser on the 12th and 23rd October 2023.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 6.7 Appendix 9</p> <p>To be completed by: with immediate effect</p>	<p>The Provider must ensure that the medication policy includes the timing of medicine administration and evidence medications requiring refrigeration are stored in line with the manufacturer's guidance. This should include the action to take when out-of-range temperatures are identified.</p>
	<p>Response of Registered Provider:</p> <p>Our Medication Policy has been reviewed and amended to ensure the timing of Medicine to be administered by the direction on the MAR sheets supplied by the Pharmacy.</p> <p>Our Policy now states clearly what is meant by, Morn, lunch, tea & Bed times.</p> <p>A new Medication fridge has now been purchased and is in situ.</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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