



Jersey Care
Commission

INSPECTION REPORT

Sarum

Care Home Service

**Les Amis Head Office,
La Grande Route de St Martin
St Saviour, JE2 7JA**

15 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 Sarum Care Home. The home is situated in the parish of Grouville. There is a bus stop within walking distance of the property which provides a service between St Helier and Gorey. There are several cafes, restaurants, and shops in the vicinity.

The property is situated within a quiet cul-de-sac. It is a two storey domestic property which has three bedrooms and a sleepover room on the first floor. One bedroom has en-suite facilities. The ground floor comprises of a spacious lounge, kitchen, dining area and one further bedroom. The garage has been converted into an office space for staff. The property also has access to an outside area.

Sarum is operated by Les Amis and a registered manager is in post.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: learning disability, autism Maximum number of care receivers: four

	<p>Maximum number in receipt of personal care / personal support</p> <p>Age range of care receivers: 18 years and over</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms 1 – 4 one person</p>
Date of Inspection	15 August 2023
Time of Inspection	9.30am-1pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers accommodated on the day of the inspection	Four

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 findings of this inspection were positive and there are no areas for improvement. The Registered Manager and Team Leader each engaged fully in the inspection process. They ensured that any requests for information and records were met. Where there were requests for additional information to be submitted electronically following the inspection visit, these were provided promptly.

Care receivers, their family members and members of staff were confident in providing feedback about the home. It was apparent that the care receivers enjoy active lives with much meaningful activity including paid employment.

The Regulation Officer reviewed the organisational policies, procedures, and other documentation. These were found to be in order and appropriately reflected the requirements of the Care Home Standards.

The home is well managed and staff members spoke warmly about this, considering that they are fully supported in their roles, having opportunities for training and development. It was apparent that training is afforded very high priority.

The home successfully balances ensuring that the environment is homely and that care receivers have a genuine view that it is their home, and that they have a stake in how it is operated; whilst simultaneously being a very well organised service which makes full use of daily, monthly, and annual planning to ensure that all routine tasks are undertaken and that all care receiver needs are met.

INSPECTION PROCESS

This inspection was announced to ensure that the Registered Manager would be available and was completed on 15 August 2023.

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

The Regulation Officer sought the views of the people who use the service and their representatives and spoke with managerial and other staff. Specifically, two care receivers were consulted during the inspection visit, as were the Registered Manager, Team Leader and one other staff member. Relatives of the care receivers were contacted via telephone and email following the inspection visit.

During inspections, it is usual to consult with any professionals involved with the service. However, as the care receivers were receiving only limited professional input, this was not feasible to achieve.

Records including policies, care records, incidents and monthly reports were examined. 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.ie/Standards/>

After the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report sets outlines our findings and includes areas of good practice identified during the inspection. No areas for improvement have been identified.

INSPECTION FINDINGS

The most recent inspection had been completed on 22 November 2022. No areas for improvement were identified.

In respect of staff numbers, alongside the Registered Manager, Sarum has four permanent members of staff who work between 30 and 35 hours per week. One of these staff members is the Team Leader. There is also an additional staff member who has a zero hour contract and who provides cover in the event of holiday, sickness, or other absence. There were no staff vacancies at the time of the inspection.

There are currently four care receivers living in the home and there are no vacancies. Each of the care receivers have active lives with a varied and diverse range of weekly activities, which include paid employment. In consequence, the Regulation Officer was unable to speak with all of the care receivers on the day of the inspection but was able to spend time with and to source the views of two. The views of two relatives were received following the inspection visit. During the inspection visit, the Regulation Officer had the opportunity to speak with the Registered Manager, the Team Leader, and a senior support worker.

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 finding of the inspection was that the service is well-led and appropriately managed. The Registered Manager is firmly established in the role, and is able to ensure stability, competency, and consistency in how the service is delivered.

Both the Registered Manager and the Team Leader spoke warmly about each of the four care receivers, and it was immediately apparent that they thoroughly understood their needs and of how these needs could best be met. The service has an ethos of openness and transparency, with a commitment to resolving any difficulties as they arise. That the service operates in this way is an example of best practice.

The staff team is very consistent and there had been no recent changes in staffing. The staff rota was discussed, and it was apparent that there is sufficient staffing to meet the needs of the care receivers. The Registered Manager advised that there is sufficient cover and that the use of agency staff is seldom needed. Staff members sometimes work overtime but not excessively so. There is a relief staff member who provides occasional cover when needed.

Supervision documentation was reviewed and was found to be in order and comprehensive. It was apparent that supervision is taking place regularly and that where staff supervision has become overdue, there is a plan in place to address this. An agenda is set for supervision and staff are encouraged to prepare for supervision by considering any issues which they wish to address such as any developmental needs or any matters which they are finding problematic. Supervision agreements are also retained in staff members' files. In addition to supervision, team meetings take place regularly. These are structured and an agenda is set by the team members themselves.

Les Amis' Head of Governance undertakes monthly reporting in line with Regulation 19 (4) of the Regulation of Care (Standards and Requirements) (Jersey) Regulations

2018. A sample of monthly reports was reviewed. These were comprehensive and included detail associated with staff recruitment and retention, staff training, incidents and accidents, and feedback from staff, care receivers and relatives/representatives. By comparing reports across subsequent months, it was possible to track progress and identify that they are beneficial in driving change and improvement where it is identified as being needed.

The home's Statement of Purpose was reviewed prior to the inspection visit. The most recent version was received in January 2023. It was found to be comprehensive and is an expression of the home's philosophy, aims and function. It is acknowledged that it has a generic element in that the overarching aims and objectives of the wider organisation are cited. However, it was apparent that efforts have been made to ensure that the document is sufficiently bespoke to Sarum.

Staff training records were made available to the Regulation Officer. Training is provided to all staff and is monitored externally through individual staff training records. Staff members are given email reminders if training becomes due and are afforded time off from duties to attend training courses. It was noted that an increasing number of training courses are provided face to face or in classroom-based settings, although some training is also delivered online. Training is specific to the requirements of the service/care receivers. Training modules include adult safeguarding, autism spectrum disorder, epilepsy, mental capacity, food hygiene and health and safety. The training records indicate that training for all staff members is either up to date or that a date is arranged for the training to be undertaken. This was exceptionally thorough, and it is apparent that staff training is afforded very high priority in this service. This is an example of good practice.

Although there have been no complaints received about the service throughout the course of the twelve months prior to the inspection, it was apparent from discussion, that care receivers knew how to raise a concern should they have one. An accessible version of the complaints policy was on display on one of the walls in the home. There is also a whistleblowing policy which is available online should staff members require access to it.

Since the previous inspection, there had been four notifications received by the Commission. These were each reviewed prior to the inspection, and it was apparent that in each case, appropriate actions had been taken. During the inspection, these were cross-referenced with care receiver records and were found to be in order, with no other notifiable incidents being outstanding.

The home makes use of an electronic system called Zuri on which documents including care plans and daily records are stored. Staff can access this through a computer in the main office, a laptop, or an iPad. A daily report is issued to the main office. This includes a log of any maintenance related matters. The Regulation Officer was advised by the Registered Manager that maintenance in the organisation is very good and that any such concerns are responded to promptly.

There was evidence of a significant amount of planning in the home. For example, there is a year planner on the wall in the office. This enables the Registered Manager and the team to track actions which are due. Different symbols are used to represent fire tests, medication checks, and cleaning responsibilities. This appeared to work well as did the use of a daily plan which ensured that staff members attended to routine responsibilities including temperature checking (of fridges and freezers), medication checks, locking doors, and attending to specific care receivers' routines.

There is also a daily handover sheet which records where individual residents are e.g., if they are in the community undertaking an activity, and any specific matters that have arisen prior to the handover. The Regulation Officer witnessed a handover, and it was evident that this process of active communication is effective and functions well.

The Regulation Officer undertook a review of arrangements in the home relating to fire safety. Fire extinguishers were in situ around the home and the fire alarm was tested weekly. A record of such tests is maintained and was up to date.

The Regulation Officer examined both the Fire Evacuation and First Aid boxes. The contents were found to be in order and were in date. A Fire Evacuation Plan was in

place which included all actions to be taken in the event of a fire, information pertaining to fire extinguishers, escape route and the needs of each care receiver. The contact details of responsible persons were in place and review dates were recorded.

The safety of staff was clearly a priority in the service. Lone working assessments were on file and the contact details for on-call managers were on display.

The Regulation Officer spoke with two staff members and their comments included:

'I am happy here. I enjoy the environment and am able to spend one-to-one time with the residents. It is a respectful place to work. There are good opportunities for training and development.'

'Every day is different, but we have a good structure. Our main priority is the residents. We ask them what they want to do and make sure that they have choice and opportunities. I enjoy a very good working relationship with my manager.'

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 Regulation Officer examined a sample of care plans and care receiver records. These were detailed and current. Each care receiver had multiple care plans which corresponding to their individual needs. There was evidence of regular reviews of these care plans and that care plans were updated regularly. Each care receiver has a 'This is Me' document, which was written in a way which was highly accessible in format and content. These documents enable new staff members to source an immediate overview of each care receiver's needs, preferences, and personalities.

The home has a Welcome Pack for any new care receivers who are admitted. There is also a House Guide which includes pictures of the outside and inside of the home.

This guide sets out the values of the service, as well as care receiver rights, information about meal preparation, health needs, leisure activities, health and safety information and included a list of useful contacts alongside photographs of members of the support team.

In fact, there have been no recent admissions to the home, and the group of care receivers is well-established. Despite this, the Registered Manager was able to provide the Regulation Officer with the process which would be undertaken in the event that there was to be a new admission to the home, which included a formal assessment, a series of visits and a staged admission process. It was apparent that suitable processes are in place for this, should they be required in the future.

There was one specialist piece of equipment which is used in the home. Staff receive annual training in how to operate this safely. Adaptations are in situ which include walk-in shower rooms.

The home benefits from having a vehicle which is used to enable care receivers to access the community. Adequate insurance arrangements are in place to enable staff members to drive this.

Care receivers and their family members were consulted as part of this inspection. Their feedback was generally positive, with a few comments detailed below:

'Everything is going well. (My relative) likes it there. It is a lovely place, and the staff are very nice.'

'(My relative) is quite happy where they are. It is their home, and they feel safe. If there are any issues, I can speak to staff, and they always sort it out.'

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.

The Regulation Officer undertook a tour of the premises. The care home has an authentically homely atmosphere, and it was immediately apparent that the care receivers perceive it as their home, having a sense of pride in the environment. It was clean, tidy, and appropriately furnished, with many personal possessions such as photographs and those relating to hobbies (jigsaws, games, exercise equipment, DVDs) visible throughout.

Care receivers in this home are offered a range of organised activities promoted daily and planned well ahead. The care receivers who were present in the home at the time of the inspection were able to discuss their various activities with the Regulation Officer. The two care receivers that we not at home, were each undertaking a combination of paid and voluntary employment, which is promoted by the home according to the abilities and interests of the care receivers. It was apparent that each had interests, hobbies, and weekly routines, that are respected.

The Registered Manager was able to provide examples of how they endeavour to promote care receivers' continued independence through a person-centred care planning process focusing on meaningful activity, skills retention and acquisition and resilience. There is often a need to balance care receivers' safety with their right and freedom to be exposed to a degree of risk. Accordingly, risk assessments were in place which informed care receivers' care plans.

Some of the care receivers' comments included:

'I like (living here) very much. I like to keep busy and I use the bus to go to places. Sometimes I go by myself, and sometimes I need support from staff. Staff are very helpful. If I have a problem, I talk to staff.'

'It is a very good place. I get on with everyone including the staff. I do what I want. If I want to go out, I can do. I have plenty to do. I am not bored.'

In line with its Statement of Purpose, the home is committed to delivering a package of care and support which focuses on domestic living and the promotion of independence. Therefore, it is appropriate that care receivers are directly involved in meal preparation. The information collated from care plans, discussions with staff and residents and the monthly report consistently evidenced that meals are chosen by the care receivers themselves who take turns to prepare meals. The kitchen was well-organised and thoroughly clean. There were pictorial references on display which illustrated the care receivers' various domestic responsibilities for that week. This practice was seen to be beneficial in that ensured that both staff and care receivers had a point of reference which encouraged direct involvement in the upkeep of the home, as would be the case in a domestic dwelling.

The Regulation Officer was satisfied that this service had a food hygiene policy in place and was following guidance regarding the safe storage, preparation, and cooking of food.

As at least one care receiver had specific dietary needs, it was evident that significant efforts are made to adhere to advice provided by a dietician. A poster was on display in the kitchen which provided detail of the types of foods which should be promoted, and which should be discouraged.

Staff members are trained in respect of the Capacity and Self Determination (Jersey) Law 2016. Although no Significant Restrictions on Liberty (SRoL) authorisations were necessary, applications are being made to establish delegates for each of the care receivers to facilitate a safer and more effective means of meeting the care receivers' financial needs. Currently, care receivers' monies are managed in the home by staff. There is a robust policy and process in situ to enable this.

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.



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