



**Jersey Care
Commission**

Summary Report

Fig Tree House

Care Home Service

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

28 July, 3 and 4 August 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.

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.

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> <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> <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> <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>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>To be completed by: with immediate effect.</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>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>To be completed by: with immediate effect</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>

The full report can be accessed from [here](#).