



**Jersey Care
Commission**

INSPECTION REPORT

Pine Ridge

Care Home Service

**West Hill
St Helier
JE2 3HB**

13 June and 6 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 Pine Ridge Care Home. The service is in a private residential area on the outskirts of St Helier. The single-storey property was purpose-built to promote ease of access for wheelchair users. The two bedrooms have ensuite shower facilities and overhead ceiling hoist tracking systems. The communal lounge leads onto a balcony, and the home provides an inclusive environment with relevant adaptations and suitable equipment to meet the needs of care receivers. There are also facilities to accommodate staff sleep-ins.

The home provides respite for individuals who require nursing care. This allows time away from the family home, which provides a break for relatives from their caring role. It also enables care receivers to spend time in an environment which meets individual needs, participate in activities of their choice and have opportunities to spend time with their peers.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: Nursing Care</p> <p>Category of care: Learning Disability</p> <p>Maximum number of care receivers: two</p> <p>Maximum number in receipt of nursing care: two</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>Bedrooms 1 and 2: one person</p> <p><u>Discretionary</u></p> <p>The Registered Manager must obtain a Level 5 Diploma in Leadership in Health and Social Care by 13 December 2025.</p>
Dates of Inspection	13 June and 6 July 2023
Times of Inspection	9:30am to 2:45pm and 5:45pm to 6:30pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	Two

The Care Home is operated by the Government of Jersey, Health and Community Services, and a registered manager is in place.

Since the last inspection on 25 May 2022, the Commission received an application to appoint the Interim Manager as the Registered Manager for the home. This application was approved on 13 December 2022.

An updated copy of the service's Statement of Purpose was received as part of the Registered Manager application. This was reviewed as part of the inspection process and was found to be reflective of the service provided.

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.

Overall, the findings of this inspection were positive. The service demonstrated the delivery of a bespoke respite service which meets the holistic needs of the care receivers. Family members felt re-assured that their relatives are being cared for in a safe environment by an experienced, motivated and dedicated team.

The home is maintained to a high standard and presented in a way that reflects care receivers' personalities. Attention has also been paid to ensuring that there is a domestic feel to the home while ensuring that facilities and equipment facilitate the delivery of nursing care.

It was noted that there were no clearly defined maintenance schedules for the home, preventing the Registered Manager from fulfilling their health and safety responsibilities, which was highlighted as an area of concern.

Staff were found to be professional in their approach, demonstrating a high level of skill in providing person-centred care, which took account of the unique communication styles of the care receivers. All staff were eager to contribute to the feedback process and spoke enthusiastically about their work and the relationships they have built with care receivers and family members.

The home is well managed, with evidence of a strong managerial presence by the Registered Manager and clear lines of communication within the staff team. Staff have many opportunities to discuss issues and concerns during their working day; however, inconsistencies were noted in the provision of formalised supervision sessions for staff which did not meet the requirements of Standard 3.14 of the Care Home Standards.

There was a strong focus on delivering high standards of nursing care, which complimented the promotion of social opportunities for care receivers based on their wishes and preferences. Nursing and care staff work well together to ensure that all aspects of well-being are fully met.

There were two areas for improvement identified as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and undertaken on 13 June and 6 July 2023. Notice of the inspection visit was given to the Registered Manager one week before the visit. This was to ensure that the Registered Manager would be available during the visit and to offer relatives the opportunity to meet with the Regulation Officer.

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, notifications and communications with the Commission.

During the inspection visit, the Regulation Officer spoke with the Registered Manager, care team members, and the care receivers' relative. There was also an opportunity to spend time with the care receivers and observe their daily routine within the home.

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

Following the inspection, the views of four professionals were also sought, with one providing responses.

Contact was also made with seven staff members who were invited to provide feedback on their experiences of working in the home. Responses were received from all members of staff.

Records, including care records, risk assessments, incidents, staff training logs and policies, were examined during the inspection.

After the first inspection visit, the Regulation Officer provided initial feedback to the Registered Manager, with final written feedback sent after the conclusion of the second inspection visit.

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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this would be addressed.

The improvement plan was reviewed during this inspection, which prompted further discussion. This is explored further in this report's 'Choice and Safety' section. However, it was positive to note that there was evidence of improvement in ensuring that fire safety drills are provided to staff that meet the requirements set by the Fire and Rescue Service.

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 Registered Manager has responsibility for two care homes within the Government of Jersey, Health and Community Services. An established team of nurses, senior health care assistants and care assistants work across both homes as and when required. Staff who work at Pine Ridge have excellent knowledge and understanding of the needs of the care receivers.

The home operates at certain times during the week in response to the assessed needs of the care receivers, and there is a separate staffing rota for staff assigned to work at Pine Ridge. There are also contingency plans for the provision of additional emergency respite.

Minimum staffing numbers are two staff daily, with one waking night staff and one nurse sleeping in. Daytime staffing levels increase depending on the specific needs of care receivers and the level of activities they may be undertaking each day.

The Registered Manager reported several support mechanisms in place for them, including regular meetings for all registered managers in the service. The meetings are an opportunity to discuss any pressures, share ideas and review compliance with the standards. In addition, there is regular contact and supervision with the Team Leader for the service.

There was consistently positive feedback for the Registered Manager, highlighting their professionalism, approachability and willingness to listen as key strengths. Some comments included:

"[The Registered Manager] is very visible to the staff, ensuring that any concerns they may have are resolved".

"The management are very supportive; I am really happy with everything".

"[The Registered Manager] helps me understand any changes in the service and ensures I know what to do, especially when it comes to my role as a fire warden".

"I can honestly say that the management team have been very supportive since the opening of Pine Ridge. As with all new buildings, there are always some readjustments and improvements that need looking into; however, the management team were there to listen, advise and improve where possible".

"[The Registered Manager] has clear oversight of the service".

The Registered Manager undertakes a monthly review of the home and writes a report of their findings. To ensure independent oversight of performance against the Care Home Standards, a Registered Manager from another area within the service will visit the home to review the report findings and provide feedback. The Regulation Officer was provided with evidence of the last two monthly reports.

A range of activities are undertaken to support safe and effective practice; this includes daily staff handovers and clinical handovers with the nursing staff. A range of audits are also carried out to maintain quality assurance. This includes reviewing sleep disturbance records, weekly health and safety audits, domestic tasks checklists and specialist equipment checks.

The training logs for the home were reviewed and measured against the home's Statement of Purpose. All areas of mandatory and specialist training were found to be in place. The Registered Manager has a system for identifying when updates are required and following up with staff.

Staff highlighted the training programme as comprehensive and beneficial to their role, particularly specialist training in learning disability-specific safeguarding, percutaneous endoscopic gastrostomy (PEG) and catheter care training.

One care team member has recently been given the opportunity to undertake the Regulated Qualification Framework (RQF) assessor award and is supporting two staff members to achieve their RQF level 2 in health and social care.

A new online system was recently introduced for appraisal. The Registered Manager has been working with staff through 1:1 sessions to ensure that they understand the system, set their individual goals, and help the team develop some common goals that support the quality-of-care delivery and the effective running of the home.

The Registered Manager and nursing staff are responsible for ensuring that regular formal supervision sessions are offered to each team member. Upon a review of the supervision records, the Regulation Officer noted that they were inconsistent, with some staff members not receiving supervision for long periods. Records did not meet the requirements set out in Standard 3.14 of the Care Home Standards, therefore this is an area for improvement.

No formal complaints have been raised since the last inspection. The Registered Manager and staff team have close contact with relatives, and any issues raised are dealt with promptly. A relative confirmed this. One problem was raised in the presence of the Regulation Officer at the first inspection visit, and at the time of the second visit, there was clear evidence that the matter had been resolved.

No safeguarding referrals have been made by or in respect of the home. During discussions with the Registered Manager and the staff team, it was evident that there was an understanding of the principles of safeguarding and the processes for reporting concerns.

One notification was submitted to the Commission since the last inspection, with another reported on the day of the inspection visit. The Regulation Officer discussed the most recent incident with the Registered Manager, who was able to describe the steps that would be taken to investigate the incident and how any actions identified would be implemented.

Further discussion identified that the Registered Manager understands the notifiable events that must be reported to the Commission and the processes for doing so. There was no evidence of underreporting.

A sample of policies was reviewed following the inspection visit, which included health and safety, safeguarding, recruitment, whistleblowing and complaints. All were found to be in date with identified review dates or details of the most recent update. All policies are available online via the Government of Jersey website and My States. The Regulation Officer noted that both sites can be hard to navigate, with older versions of policies being presented when search options are utilised.

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>

Pine Ridge is a purpose-built property designed to meet the needs of individuals with profound and multiple learning disabilities (PMLD). The design of the layout made appropriate consideration of the need for there to be adequate space for specially adapted wheelchairs and equipment. The staff team and relatives have worked collaboratively to decorate the home to reflect the personalities and preferences of care receivers, giving it a homely and welcoming atmosphere.

The home is registered to provide nursing care, with the nurse team overseeing a range of complex medical conditions and health needs. The care team work seamlessly with the registered nurses to ensure that care receivers' social and cultural needs are met.

The nursing staff demonstrated a high level of knowledge and skill and spoke passionately about their work. Some of the comments are included below.

"I feel very competent in my role at Pine Ridge as I have supported the residents for a number of years. I am also aware of the expectations of my role. I know to work within my competence. If I am experiencing difficulty or new situations where I may

not feel competent, I would discuss this with my clinical lead and also with my Registered Manager".

"I really do enjoy my role as a nurse at Pine Ridge. We have a good staff-to-resident ratio to ensure all their needs are met safely and appropriately. We have a good communication network between the nurses. It is a truly lovely place to work as the environment is very suited to the needs of the individuals. You also have the time to dedicate yourself to your role in providing good quality care".

"It's challenging because I am not a Learning Disability trained nurse, but I am enjoying it. I am learning new things that I have never thought of in my nursing career".

Although there have been some changes to the registered nurse team recently, the care team has remained constant. This is viewed as greatly beneficial to both care receivers and relatives. A family member described the positive relationships that have been developed and their trust in the team to look after their family members.

The Regulation Officer observed practice within the home during both inspection visits. Care receivers enjoyed various activities within the home, and staff took every opportunity to engage positively, responding to various nonverbal communications and acting appropriately.

Staff were professional, respectful and kind, adjusting their communication style to meet individual needs and ensuring that care receivers were fully informed of what was happening within their environment.

Staff also demonstrated a strong commitment to the support they provide to care receivers. They were aware of the principles of person-centred care, which they attempt to apply to all aspects of care delivery, ensuring individual wishes and preferences are met. Comments made by staff about their role are captured below.

"It's a pleasure caring for the residents at Pine Ridge. It is also extremely important to have a professional, well managed and supportive relationship with their parents, which enhances the care experience for the residents".

"In Pine Ridge, the clients are in the centre of everything we do. We respect their wishes, preferences and try to fulfil their aspirations. We have a very good team. Very dedicated to the clients".

"I enjoy working at Pine Ridge and find my role to be very rewarding. I also feel that the wishes, preferences and aspirations of the residents are met, as Pine Ridge is bespoke to their needs and has been decorated with a view to their preferences. We do a lot of activities with the residents".

"Overall, I really enjoy my job as I get to make a difference in my clients' lives. I help them when they are not feeling well, and I ensure they have equal opportunities in the community. When it comes to our client's goals and what they want to achieve, I think our team do a good job. We liaise closely with their parents to make sure we consider their wishes and preferences".

"I want to emphasise that I feel very happy in my role at Pine Ridge".

"I'm glad to be a part of the clients' lives and sharing the experience with both clients, family and my team".

Care plans for all care receivers who access the home were reviewed by the Regulation Officer. Files consist of a person-centred 'all about me' document, which provides detailed information about the individual's personality, their likes, dislikes, what is important to them, and how they want their care to be delivered. It also provides staff with information on preferred methods of communication.

There are relevant risk assessments which support different aspects of care, such as medication, skin integrity, use of bed rails and different types of social support. Other assessments include an annual health check, pain assessment and safe handling.

Care plans are detailed and provide details of the interventions required to support health and medical needs, as well as activities of daily living and community presence. Care plans for positioning in wheelchairs included pictorial references for staff.

The staff team provide a range of sensory-based activities for care receivers. On the day of the second visit, there was music playing in the lounge that reflected cultural preferences. Other activities include massage, audio storybooks and some assistive technology devices.

A relative of care receivers attended the home during the first inspection visit and provided their feedback. It was clear from the interactions witnessed with the staff team that the relative is involved in all aspects of care, and that communication is regular. Feedback on the performance of the staff team and Registered Manager was very positive. One issue was raised concerning ongoing construction works near the home, which had caused some environmental problems; however, the efforts of the Registered Manager in trying to resolve this were recognised.

One professional also commented positively on the staff team stating, *"It is clear to see the staff team from Pine Ridge have built consistent and respectful relationships with the individuals they support, this is evidenced through communication styles, body language and are always encouraging choice when joining in with any activity"*.

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.

All care receivers communicate nonverbally; this can challenge staff when determining wishes, preferences, likes and dislikes. Input from family members is welcomed, and any suggestions made are respected. Nuances with communication are recorded in care plans to assist staff. One staff member explained, *"I do believe that the preferences of the residents are met. Although they are not able to verbally communicate, we observe through their body language and facial expressions"*.

In recent months, the home has focused on creating more social and leisure opportunities for care receivers. This includes access to specialist day service activities and Mencap social club activities. The home has access to a wheelchair-adapted vehicle for two people, which supports transportation to activities.

Discussions with the Registered Manager identified a lack of clearly defined maintenance schedules in place for the home and a lack of understanding relating to which departments are responsible for maintenance and repair. Maintenance schedules and logs must be available at all times within the home so that the Registered Manager / person in charge receives the relevant information to fulfil their health and safety responsibilities. This is an area for improvement.

The previous inspection report identified one area for improvement: *"All staff must be provided with fire safety drills that meet the requirements set by the Fire and Rescue Service"*. It was noted by the Regulation Officer that efforts had been made to meet the requirements, and there was evidence of this in the fire logbook. The Registered Manager explained that there have been difficulties in capturing all staff regularly as they do not work solely at Pine Ridge. Further clarification was sought from the fire and rescue service, which will be adopted by the Registered Manager moving forward.

There has been an increase in the number of fire wardens within the team who undertake regular audits. The Registered Manager reported that it had recently been highlighted that some automatic doors within the property are not linked to the fire system and require manual closure in the event of a fire. The Regulation Officer suggested adding this information to the fire induction checklist so that all staff are made aware when they commence work at Pine Ridge.

It was noted that there were personal emergency evacuation plans for care receivers, a fire evacuation plan, and recordings of fire checks were up to date in the logbook.

A review of medication management confirmed an up-to-date medication policy was in place. However, recent discussions have taken place with the learning disability service management team regarding the benefits of having a localised medication policy that addresses each home's specific requirements.

Registered nurses predominantly undertake medication administration. All other staff involved in medication tasks hold a level 3 RQF in the administration of medications. The Registered Manager confirmed that annual competency checks are undertaken, which are recorded on the training database.

Recruitment is coordinated by the human resources (HR) department using a centralised online system. The Registered Manager reported that they are fully involved in the shortlisting, interviewing and recruiting decisions. There have been some issues with access to safer recruitment checks for managers, but the Registered Manager reported that this had been resolved.

The Regulation Officer requested details of the safer recruitment checks undertaken for three recent employees, which was supplied via e-mail four weeks after the initial request. The information supplied confirmed that Disclosure and Barring Service (DBS) checks and references were in place before the commencement of employment. However, copies of documentation were not provided.

There is a comprehensive induction programme for new staff members. Staff initially work supernumerary to get to know care receivers and familiarise themselves with the environment / routines. There is also a corporate induction programme which all staff follow during the first few months of their employment.

The Registered Manager closely monitors staff progress during induction and will have review meetings at regular intervals and at the end of the probation period. An awareness of the need to provide appropriate support and monitoring during induction, and adapting programmes to meet individual learning styles where required, was demonstrated by the Registered Manager and relevant examples were given.

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 3.14</p> <p>To be completed by: 3 months from the date of inspection (6 July 2023).</p>	<p>The Registered Manager must ensure that all staff are given regular opportunities to discuss their role through formal supervision sessions. Frequency of sessions must adhere to the requirements of the Care Home Standards.</p> <hr/> <p>Response of Registered Provider:</p> <p>We have successfully implemented supervision schedules on the Outlook calendar with regular reoccurrence. Since their introduction, all staff members have participated in and benefited from regular supervision sessions as per the Care Home Standards. Records of these supervision sessions are being retained in each staff member's personal file.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.6</p> <p>To be completed by: 3 months from the date of inspection (6 July 2023).</p>	<p>Maintenance schedules and logs must be available at all times within the home in order that the Registered Manager / person in charge receives the relevant information to fulfil their health and safety responsibilities. Any such schedules must identify who is responsible specific tasks.</p> <hr/> <p>Response of Registered Provider:</p> <p>We now have a service level agreement between Andium and Government of Jersey that covers Pineridge in terms of maintenance. This is currently being reviewed to ensure that all parties are aware of their responsibilities. This will support us to ensure all checks and schedules are identified to ensure Health and Safety within the house.</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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