



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Pinewood**

**Care Home Service**

**Le Mont Millais**

**St Helier**

**JE2 4RW**

**Dates of inspection**

**30 June, 4 July 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 Pinewood. The service is situated in the parish of St Helier.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care and personal support  Category of care: adults 60+  Maximum number of care receivers: 46  Age range of care receivers: 60 years and above  Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1-48 (excluding rooms 7&13) one person  <u>Discretionary</u>  The Registered Manager is required to obtain a Level 5 Diploma in Leadership in Health and Social Care Module by 10 November 2024.
Dates of Inspection	30 June, 4 July and 6 July 2023
Times of Inspection	30 June 09:30 – 13:15 4 July 13:30- 17:45

	6 July 09:15 -10: 45 and 11:15 – 12:15
Type of Inspection	Announced
Number of areas for improvement	2
Number of care receivers accommodated on the day of the inspection	34

The Pinewood Care Home is operated by Maria Mallaband Care Group Ltd (MMCG).

Since the last inspection on 31 August and 6 September 2022 the Commission has received an application from the Registered Provider to vary a condition on the service’s registration. The variation was to reduce the age range of care receivers to accommodate one care receiver for respite for 10 days. The application was approved for this period. The age range the Care Home is registered for has since returned to 60 years and above.

The Commission has received a notification of the absence of the Registered Manager from 6 February 2023. The notification included details of the Registered Provider’s arrangements to ensure the service had a suitable interim management plan. The Interim Manager was the Senior Operations Manager for MMCG; they commenced the role on 31 January 2023 to enable a comprehensive handover.

MMCG has since employed a Care Home Manager and the application to register them as the Registered Manager with the Commission was completed during the inspection process. A discretionary condition is in place for the Registered Manager to obtain a Level 5 Diploma in Leadership in Health and Social Care Module by 10 November 2024.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what was found during this inspection. Further information about our findings is contained in the main body of this report.

The service has a clear governance structure supported and enabled by MMCG. A comprehensive range of policies and procedures which are used dynamically. Staff training was 100% achievement in the vast majority of statutory and mandatory topics.

Feedback from care receivers was consistently positive, speaking highly of the approach of care staff. Care receivers complimented the plethora of activities the Lifestyle Coordinator arranged for them, and this was noted as an area of good practice.

Care records were clear, and the language was non-judgemental. Records are reviewed and updated proactively and in response to changes in health and or incidents.

Care staff spoke respectfully regarding care receivers and their families and described their commitment to teamwork. There was evidence of the Registered Manager proactively seeking the opinions of care receivers.

There were positive areas of practice to maintain safety including a weekly clinical governance meeting.

There are two areas for improvement. These are regarding staff supervision and notifications to the Commission.

## INSPECTION PROCESS

This inspection was announced and two days notice was given to the Registered Manager to ensure they would be available. The inspection visits were undertaken on 30 June, 4 July and 6 July 2023. On the day of the inspection, there were 34 care receivers resident at Pinewood Care Home.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Area for improvement**
- **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. This included the previous inspection reports, notifications, discretionary conditions, variations and any correspondence regards the care provider.

The Regulation Officer sought the views of the people who use the service and spoke with managerial and other staff. The Regulation Officer spoke with care receivers on the days of the inspection. The views of two health professionals external to the service were obtained as part of the inspection process.

During the inspection, documents, including policies and procedures, staff files, care records, minutes of meetings and records pertaining to handling a complaint, were examined.

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

At the conclusion of each inspection day, the Regulation Officer provided feedback to the Care Home Manager and / or Deputy Manager on duty.

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, one area for improvement was identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how this area would be addressed. The area was for the Registered Provider to ensure that all safe recruitment checks were completed and on file prior to workers commencing employment.

The improvement plan was discussed during this inspection with managers and a care worker who had been employed since the last inspection. The Regulation Officer saw evidence from two staff files that safe recruitment checks were completed and on file prior to commencing employment. The Regulation Officer was satisfied that the area for improvement was met and was therefore removed.

### 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 Regulation Officer spoke with the Registered Manager, who has been in the post since February. It was acknowledged that the Registered Manager is the third manager since the beginning of 2023. The Registered Manager explained the role is supported by MMCG regional managers, who regularly visit and the Deputy Manager, who has been a consistent presence. The regional managers' input gives governance

oversight on service management and care delivery. The Deputy Manager's experience supports the day-to-day management and care delivery.

The regulation officer spoke with care workers, about the impact of management change. Staff talked positively about team working and how they support one another. It was commented that "we are here to do a good job" and "we support one another." It was encouraging to hear a commitment to team working remained in the landscape of recent change.

The Statement of purpose was reviewed and discussed with the Registered Manager. All mandatory conditions, including the categories of care are relevant and the service is working within these conditions. It was agreed minor amendments would be made to the Statement of Purpose to ensure it fully represents the service. This has since been undertaken and the document submitted to the Commission.

There was evidence of a comprehensive range of policies and procedures. The Regulation Officer was given three recent examples by managers and staff of when and how the infection control, uniform and absence policies were used dynamically. An example included how the team had worked within the infection control policy and procedure during a COVID infection outbreak in the autumn of 2022. The requirements of these documents were reflected in training records, care receivers notes, and in the care staffs description of working practices during this period. This meets Standard 4.6 of the Care Home Standards.

The Regulation Officer reviewed the Monthly Provider Reports and discussed them with the Registered Manager. The reports meet Standard 12.2 of the Care Home standards, as the registered provider has arranged for a representative to produce the report, the quality of care provided is reviewed and the areas covered in the report are appropriate. However, the format of the reports was challenging to interpret. The Regulation Officer advised the format to be reviewed to enable the reports to be read, understood and acted upon more easily.

The Commission and Pinewood had received a complaint. The Regulation Officer spoke with the Regional Manager and Registered Manager regarding this and

reviewed the evidence of the response. The response was timely and transparent. It appeared supportive to the complainant and staff, with a focus on learning and improvement. There was clear evidence that it followed the MMCG complaints policy and procedure, including it being appropriately escalated to the MMCG Support Advisor. This meets Standard 10.2 of the Care Home Standards.

The Regional Manager and Registered Manager described the induction and probation process. New staff have their initial induction and in-house training in the UK with the Care Provider. Staff are supernumerary for the first two weeks, have a mid-review at four weeks and a final review at 12 weeks. This meets Standard 3.10 of the Care Home Standards.

The Regulation Officer reviewed training records and spoke with staff about the training they received. It was positive to note that there was 100% achievement in the majority of statutory and mandatory training and above 92% in all cases. Staff spoke positively about the training, how it was delivered, and that they were allocated time to undertake it. This was an area of good practice and in-line with Standard 3.11 of the Care Home Standards.

Staff Supervision was discussed with the management team and staff supervision records were reviewed. Staff supervision has not been carried out at least four times a year, as required in the Care Home Standards. It was acknowledged that changes in management would have impacted the team's ability to deliver supervision and that this absence of regular supervision had been recognised by management with a view to reinstating as required. This area of practice did not meet Standard 3.14, it is an area for improvement.

Although there is an area for improvement in the area of management of service, the service did meet the standards it was inspected against.



## 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>
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The Regulation Officer spoke with several care staff. The staff spoke of their commitment to supporting care receivers and their families. This commitment was evidenced in care receiver feedback. The Regulation Officer spoke with eight care receivers during the inspection visits. All spoke highly of the care and support they received and how positively they felt about the staff; “staff very nice” and “they are all lovely and friendly”.

The referral process through to admission was described and evidenced in care records. An example of a referral from a Social Worker on behalf of a care receiver who was not able to return to their own home following a hospital admission was given. An initial assessment was undertaken by senior care home staff in the hospital setting. The initial assessment covered a comprehensive range of physical needs, including diagnosis information on recent events, medical history, medications and medication management. Pressure area and nutrition assessments were supported using the Waterlow Score and the Malnutrition Universal Screening Tool (MUST). The assessment also explored the care receiver's wishes and preferences for care and socialising. This meets Standards 2.1 and 2.2 of the Care Home Standards.

In addition, the care receiver's family were invited to see the care home and the room and take photos to show their, as they were unable to visit. This demonstrated an adaptable approach to supporting the care receiver's decision-making.

The Pinewood Care Home brochures describe and illustrate the environment and a holistic approach to supporting living well. This reflected the Regulation Officers observations and meets Standard 1.2 of the Care Home Standards.

The Pinewood team holds a mid-morning “Flash” meeting to support the overall delivery of the days care and support. Staff attending give and update on the days events and highlight any issues. The Regulation Officer attended the meeting, it was

well-chaired, and information was delivered succinctly. This meeting represented elements of Standards 4.6 and 4.7 of the Care Home Standards, which focus on maintaining care receiver safety and reducing the risk of harm.

The sample of care records the Regulation Officer reviewed was clearly written and the language used was non-judgmental. The Regulation Officer reviewed if assessments and plans of care had been updated following notifications of incidents the Commission had received; for example, following a fall or acute change in health. It was positive to see that in all cases, records had been updated and the record of the event documented clearly. The Registered Manager and staff explained that they aim to review care records monthly to ensure the demographic is accurate and up-to-date, and assessments and care plans align with the care receivers' wishes and needs. This meets Standard 2.7 of the Home Care Standards.

The Care Home staff had also notified the Commission of deaths. The Regulation Officer noted that some care receivers had been residents for many years and explored this with the care staff. Care staff spoke of aiming to support care receivers with their end-of-life care wishes and preference, to die in their own home if this was what they wished. The Regulation Officer spoke with care staff regarding the impact of supporting care receivers' end of life care. Staff explained the bereavement support for relatives and how the team supports one another. The language used was respectful, recognised the impact loss may have and demonstrated respect for all that may be affected.

Feedback from healthcare professionals was overall positive. Care staff were described as “really knowing their residents and advocating for them”. Staff welcomed and guided the professionals to care receivers’ rooms and areas where they could document their assessment and recommendations.

During the feedback, it was suggested that increasing the direct engagement with the visiting professional may improve assessment and outcome. In addition, whether care staff could consider if there were more interventions, they could undertake within the scope of their practice prior to referral to external team. Both professionals highlighted

these were minor issues for consideration and did not feel care receivers were negatively impacted.

The Care Home is clean, tidy and has a homely atmosphere. There is a communal room on each floor which were being used by both care receivers and their families during all inspection visits. A large community dining room leads onto the outside area. The Regulation Officer was shown an example of a room that has been renovated and informed there are plans for further improvements.

Pinewood Care Home met the Standards related to care and support by which it was inspected.

### **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 Care Home has three lifestyle coordinators who support and deliver a wide range of activities to promote well-being. The Regulation Officer spoke with one Lifestyle Coordinator who described there are three activities arranged each morning, afternoon and evening for care receivers and their relatives to join in with if they wish. The activities include arts and crafts, music, board games, movies, indoor bowls and volley-balloon-ball. Activities also link with national days such as National Chocolate Day and local events, for example, Jerseys Tortoise Takeover. The Regulation Officer sat with four care receivers in the communal lounge and they spoke very positively about the choice of activities, "lots of games". Care receivers talked about how their visitors are also welcome to join in. This offers the choice to support social interaction, stimulation and fun and is an area of good practice. It meets Standard 5.4 of the Care Home Standards.

The Registered Manager explained they are committed to enabling care receivers to have input into service delivery. This was demonstrated in the following ways:

- Increasing residents meetings from every two months to monthly.

- Ensuring care receivers are given a copy of the agenda, which they can input into and the minutes.
- Having an easy read version of the agenda and minutes.
- An “open door policy” for care receivers to come and talk with the Registered Manager.
- Proactively visit care receivers with mobility issues.

The Regulation Officer read the minutes of the last meeting. The positive outcome of a recent survey about food and meals was discussed and the Chef attended to listen and discuss future changes. This is an area of good practice and aligns with the Care Home Standards guiding principle of Choice.

The Pinewood team placed a safeguarding referral regarding a care receiver who, had a pressure ulcer. The referral language was factual and clear and demonstrated that the team knows how and when to escalate concerns. It was explained to the Regulation Officer that there is also an internal system named “The Hub System,” which enables the Registered Manager to track the internal progress of referrals. This meets Standard 4.1 of the Care Home Standards.

During the inspection, planned maintenance works to the home were being undertaken. On one day of the inspection, there was a prolonged period when one floor of the care home was without electricity. Notification regarding this was placed when prompted by the Regulation Officer. However, during the inspection Regulation Officer was informed that since the last inspection, there had been renovation work in the communal dining area of the home; the Commission had not been notified of this.

The requirements for notifications were discussed with the Registered Manager. The care home team is placing notifications appropriately for clinical issues. However, the requirement set out in the Regulation 21 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 and Appendix 8 of the Care Home Standards for notifications of any incident that affects people's well-being. This would include the Commission being notified of the renovations and the requirement had not been met.

It was acknowledged that changes in management over the past months may have impacted on notification of these events. However, it is vital the Commission is informed of planned works and how the impact on care receivers' well-being is to be mitigated. Therefore, this is an area of improvement.

The Regulation Officer was informed of the weekly clinical governance meetings. There is a template for the meetings, which includes reviewing any actions from the previous meeting and gaining an update and review of any incidents, accidents, or medication administration issues. Care receivers' health status is reported on, including wound management, infections, nutrition, hydration, elimination and any change in the care receiver's status of health that has occurred in the past week. It was explained the meeting does not replace the daily discussions and interventions required for care and support; it gives an extra level of review. This is an area of good practice to promote good quality care delivery. It meets standard 4.3. and 4.7 of the Care Home Standards.

The service met the Standards for choice by which it was inspected with two areas of good practice noted. There were also positive areas of practice to maintain safety. However, the requirement to notify the Commission of any incident that affects people's well-being was not met and this is an area for improvement.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3:14</p> <p><b>To be completed by:</b> 6 months from the date of inspection (30 December 2023).</p>	<p>The Registered Provider must ensure staff supervision is carried out at least four times a year and records of supervision retained within personnel files.</p>
	<p><b>Response of Registered Provider:</b></p> <p>A staff supervision timetable is now in place which also includes appraisals. The timetable includes the name of the supervisor and the date of the next scheduled supervision for each staff member.</p> <p>All supervisions will be held on the individual's personnel file once completed.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 21 and Appendix 8 of the Care Home Standards</p>	<p>Requires that a registered person must notify the Jersey Care Commission of such accidents or other events that have posed or may pose a risk of harm to care receivers.</p>
<p><b>To be completed by:</b> with immediate effect.</p>	<p><b>Response of Registered Provider:</b></p> <p>Notifications are being submitted when required and within the correct timeframe to ensure the regulation is met.</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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