



**Jersey Care
Commission**

INSPECTION REPORT

Ronceray Care Home

**Rue du Huquet
St Martin
JE3 6HE**

14 & 18 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 Ronceray Care Home. The home is in the parish of St Martin, which sits to the north-east of the island. The home is in a quiet rural setting with several nearby residential properties.

The building comprises of an old traditional cottage and a newer extension; there are two floors with lift access to the first floor. Ronceray has a secure garden at the back of the building, accessed through the two main lounges.

There are two large lounges and a third smaller quiet lounge utilised as a small dining room for care receivers that require extra support with eating.

The main communal dining room sits next to the kitchen, and a serving hatch allows easy access for the staff to serve the meals.

Planning permission has been granted for refurbishment works to be undertaken. This will bring the home in line with the requirements for care home environments, as determined by the Regulation of Care (Jersey) Law 2014. The first phase of the refurbishment is due to commence in the next few weeks, having had a noticeable delay.

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| Regulated Activity | Care home |
| Conditions of Registration | <p><u>Mandatory</u></p> <p>Type of care: personal care, personal support Category of care: Dementia Maximum number of care receivers: 25 Maximum number in receipt of personal care/support: 25</p> <p>Age range of care receivers: 55 years and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms:</p> <p>Rooms 1-26 (no room 13)- One person</p> <p><u>Discretionary</u></p> <p>Proposed alterations to the premises in accordance with revised drawings submitted by Gallagher Architects are to be completed no later than 9th January 2024</p> |
| Dates of Inspection | 14 & 18 July 2023 |
| Times of Inspection | 09:00-13:30 & 09:00-14:30 |
| Type of Inspection | Unannounced on 14 July Announced on 18 July |
| Number of areas for improvement | 15 |
| Number of care receivers accommodated on the day of the inspection | 17 |

Ronceray is operated by Ronceray Care Home Ltd. At the time of the inspection, a newly appointed manager was in place following the previous Registered Manager's resignation. There has been a three-month period between the Registered Manager leaving and the new Manager being appointed. The Area Manager has provided management oversight in this time frame. Since the inspection, the Manager has left the service, management oversight continues to be provided by the Area Manager. The Manager will be referred to as the 'Manager' throughout the report.

The discretionary condition on the service's registration was discussed; this relates to the refurbishment of the home to bring the internal rooms into line with the requirements for care home environments, as determined by the Regulation of Care (Jersey) Law 2014. An extension to the discretionary conditions was granted on the 20 June 2022. The proposed alterations to the premises are to be completed no later than 9 January 2024. Building work was anticipated to commence in February 2023; however, there have been delays due to final permissions relating to bye-laws and building regulations.

Since the last inspection on 10 and 15 December 2022, the Commission has received a notification of the absence of the Registered Manager on 3 April 2023. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan.

Two Regulation Officers visited the home on 16 February 2023; to meet with the Registered Manager for an update on the refurbishment progression and for the new Regulation Officer to be introduced to the home, staff, and Registered Manager.

The Regulation Officer requested an updated copy of the home's Statement of Purpose, reflecting the changes to the management arrangement; this has not been provided up to the point of writing this report.

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 newly appointed Manager, Area Manager and staff team 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 visits, these were provided.

The findings of this inspection were concerning based on poor compliance with many of the Care Home Regulations and Standards. There were fifteen areas of improvement identified.

Family members were confident in providing feedback about the home and how their relatives are looked after at Ronceray. All the feedback received from relatives was overwhelmingly positive. Common themes included that Ronceray feels “homely and cosy”, the care workers give lots of attention to their relatives and “really care”. The caring aspect is consistent, and communication between the home and relatives is excellent.

The Regulation Officer reviewed a selection of the organisational policies and procedures and other documentation. Policies were found to be in order and reflected the requirements of the Care Home Standards. Additional documentation, such as the supervision record, was recently updated and reflected a strengths-based approach to supervision.

There were four areas of improvement following the previous inspection on 10 and 15 December 2022. These areas were reviewed during the inspection process. There have yet to be improvements made in three of the four areas; these will continue to be areas of improvement alongside other identified areas.

The care home has benefitted from a small, consistent staff team. There have been recent significant changes to the management team with the resignation of the long-standing Registered Manager. There are currently changes to some of the processes, care practices and general management of the home. The staff team reported that the change process has felt disruptive, which has destabilised the team, with some staff members choosing to leave the service and others expressing dissatisfaction with some of the changes.

There is an induction programme, in place for all newly recruited staff. As part of the induction programme, there is an expectation that identified mandatory training appropriate to the role is completed within the induction period and before working without supervision. Standard 3.10 of the Care Home Standards sets out this requirement. The Regulation Officer reviewed the personnel file of one of the most recently recruited care staff members. There was evidence that an induction programme had been followed; however, the mandatory training programme had not been completed before working unsupervised.

There was no evidence of a clear management oversight of the staff team's ongoing training needs and training plan. This meant some staff members were not up to date with mandatory training. Feedback from staff reported that they were not always given protected time to complete their training, and there was no designated training area in the home with I.T facilities to support access to online training programmes.

The Regulation Officer completed a review of the care records. There was evidence of care planning, including appropriate assessments and risk management plans. The care plans reflected the needs and personalities of the care receivers; they also incorporated their wishes and preferences. Regular reviews of the care plans were evident.

A review of the fire procedures was conducted; the statutory fire and safety procedures required of the home were not being adhered, weekly fire alarm testing had not been taking place.

Regular opportunities for staff to discuss their role, issues, or good practice through formal supervision and appraisal had not been available to the staff team.

There was limited evidence that a weekly timetable of meaningful activities was incorporated into the daily routine of the care receivers. It was apparent that the funding, time, and resources needed to provide leisure and social activities had not been made available to the activity co-ordinator.

There is a continued delay in the planned building/refurbishment of the home. It was recognised that the size of some of the bedrooms needed to be brought into line with the requirements for care home environments, as determined by the Regulation of Care (Jersey) Law (2014). The refurbishment had not commenced at the time of the inspection.

The Regulation Officer reviewed a set of personnel files to ensure that safe recruitment processes were followed. The content of the files evidenced an inconsistency with the availability of the common set of core data, which promotes safe recruitment procedures.

Through discussions with the Manager and staff members, it was highlighted that care staff were covering different job roles on top of their substantive posts. The Care Home Standards specify that staff members should be provided with a job description that details the duties and responsibilities of that role. Additionally, the Standards recommend that staff are competent in their roles and responsibilities and should only undertake work that they are trained to do.

Ronceray is registered as a home for people diagnosed with dementia. The Standards state that where specialist care is provided, the qualifications of the care/support staff are to be specified. The Regulation officer reviewed the dementia training available to staff members; an introductory online course is recommended; however, not all staff had completed this training. Dementia is a specialist area that staff supporting dementia clients need to understand. The training should be more specialised and focused on what 'living with dementia' is like.

INSPECTION PROCESS

This inspection was unannounced; therefore, no notice of the inspection was given to the Manager prior to the first visit on 14 July 2023. The second visit on 18 July 2023 was arranged with the Manager.

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**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, communication records, minutes of meetings and notification of incidents.

The Regulation Officer sought the views of care receivers currently using the service, and four relatives or significant others. Relative contact was conducted by telephone. Five members of the staff team, including carers and ancillary staff, were consulted, and the management team facilitated the inspection and provided their views of the service. Supporting information was requested from two social care professionals and one health professional with experience working with the home; this contact was made by email and telephone. Time was spent observing practice and interactions with staff and care receivers.

During the inspection, records, including policies, a sample of care records, incidents and other documentation relating to both care receivers and the home environment were reviewed.

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

The inspection included a tour of the premises, which incorporated outdoor space and areas specifically for staff use. Attention was given to the kitchen and laundry areas to allow consideration of safe working practices in food hygiene and infection control.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager and the newly appointed Manager about the findings.

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

The home has a total of 25 beds that provide personal care and personal support to adults diagnosed with dementia. At the time of the inspection, 17 care receivers were living in the home.

The care staff team consisted of the Manager, Deputy Manager (on leave), four senior carers, 14 carers and an activities coordinator. In addition, the home is supported by a chef, ancillary staff, and a maintenance officer. Staffing levels range between three and four staff on duty each day.

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.

The improvement plan was discussed during this inspection, and it was concerning to note that insufficient progress had been made to address three areas for improvement. This means that the Registered Provider has not met the Standards in relation to the provision of formal supervision and appraisals for staff members, to

ensure that significant events are notified to the Commission in a timely manner, and to ensure that there is a review of infection control practices within the home. It was positive to note that the fourth area of improvement had been made. As a result, fire drills had taken place on the night and day shifts within the last few months and were due to occur in the following month.

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 Manager has recently joined the home following a short period where there has been no interim manager permanently on-site.

This arrangement has impacted staff stability, competency, and consistency in delivering the service.

The Regulation Officer asked if the Manager felt sufficiently supported in their role; they reported that they had been receiving support from the Area Manager and felt that they had provided a good level of support.

The Manager acknowledged that there are currently staff vacancies due to several staff members leaving the service. The Manager reported that recruitment is in process. The interim plan is to employ bank staff to ensure that staffing levels are adequate to meet the needs of the care receivers. Rotas for June and July were provided to the Regulation Officer. These evidenced that minimum staffing requirements set out in the Care Home Standards were being met. It was recognised that the activities coordinator, who was not part of the care team was regularly used to support direct care delivery when care staff numbers were low due to sickness or annual leave.

The Regulation Officer requested to review the last three-monthly reports for the service. The Manager explained that there has been no monthly reporting, and the

latest available report was completed in February 2023 by the previous Registered Manager. Standard 12.2 states that there should be an arrangement with a representative independent of the care home to report monthly on the quality of care provided and compliance with registration requirements. Standard 12.2 is not met. This is an area of improvement.

Supervision documentation was reviewed, and the records evidenced that supervision had not taken place in appropriate timescales to meet the requirements of the standards. The Regulation Officer spoke with some members of the staff team; they confirmed that they had not received supervision for several months. The purpose of supervision is to promote safe and best practices by providing an opportunity for direct communication with the Manager and staff members. Standard 3.14 is not met. This remains an area of improvement.

The home's Statement of Purpose (SOP) was reviewed during the inspection. The SOP provided required updating regarding the management and staff team changes. However, it is comprehensive and documents the home's philosophy, aims and function.

The Standards recommend that staff receive appraisals at least annually. Staff reported that they had not received an annual appraisal; this was confirmed during the review of the staff members' personal files, where recorded appraisals were out of date. Appraisals allow the staff member to discuss their role, identify professional development opportunities, review performance, and offer a source of support. Standard 3.14 is not met. This is an area of improvement.

Induction processes were reviewed as part of the inspection process. The service has an induction package available to all recruits to the staff team. The Regulation Officer reviewed the induction records of one recruit to the care staff team. There is a range of areas covered. Areas included policies and procedures, orientation, working practices, expectations of behaviours and conduct, and health and safety. There is an expectation that identified mandatory training for the role is completed in the induction period and before the staff member works unsupervised. There needed to be training recorded for the new member of staff; the Regulation Officer received feedback from the member of staff regarding their induction processes.

They confirmed that they had not received training at any point in their induction period, and since, they had been working unsupervised. Standard 3.10 is not met. This is an area of improvement.

Recruitment files for all new recruits and a selection of long-standing staff members were reviewed. The files did not contain the documentation to evidence that safe recruitment practices were followed, and that safe recruitment is ongoing. There was no evidence of a system that ensures Disclosure and Barring Service (DBS) processes are completed every three years for staff members. This concluded that there is a lack of compliance with Standard 3.6 regarding safe recruitment practices. This is an area of improvement.

The Standards recommend that all care/support staff members are expected to maintain their professional qualifications and skills through continued professional development. Through conversations with staff members, the Regulation Officer heard that protected study time is not always offered to staff members. The staff also commented that there is no suitable quiet study area in the home with a designated computer for conducting online courses. Staff members reported to the Regulation Officer that they receive very little classroom-based training and would like more of this as they accomplish “better” learning when the training is delivered in this way.

Staff training records were made available to the Regulation Officer. The training record was incomplete; the Manager could not specify which members were compliant and those with outstanding training requirements.

Additionally, the Manager had recognised that some of the care staff needed to complete the care certificate training or a level 2 diploma in health and social care. This impacts on the home meeting compliance with the Standards that recommend 50% of the care staff on duty are required to have the level 2 qualification. The professional development and training requirements of staff members should be supported and facilitated by the Manager and Provider of the service. It has been established that clear management oversight of staff training is inadequate. This is an area of improvement.

Staff members were asked if there were regular team meetings to communicate with the staff team; this would include information about changes to practice, new policies, and general updates about the service and the care receivers. Staff feedback suggested that there had been no team meetings for weeks; due to the changes in the management team, the staff felt ill-informed, this had caused frustration and confusion as to the changes and who to contact when needing management decisions. The absence of available supervision to staff members further impeded communication channels with the management team. This is an area of improvement.

Notifications received to the Commission since the last inspection were reviewed. During the inspection, the Manager reflected those notifiable events had not been shared with the Commission. It was recognised that there has been inconsistent reporting of notifiable events, requiring improvement. This continues to be an area of improvement.

Care and support

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| <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 reviewed a sample of care records, including individual care plans. Each care receiver had several care plans corresponding to their individual needs. There was evidence that the care plans were regularly reviewed and updated. The preferences and wishes of the care receivers were recorded in their records.

Evidence demonstrates that comprehensive daily notes were completed by care staff. Records are in a written format and kept in individual files for each care receiver. The files are stored securely in a locked cupboard in the main office. Ronceray Care Home is registered as a care home specialising in dementia care; all

residents are diagnosed with dementia. The Care Home Standards require that care/support workers have the skills and experience to meet the needs of the people they care for. The Regulation Officer explored with the Manager what dementia training the staff received. An introductory online training course is offered, this provides basic information about the condition. The Standards recommend that staff members receive specialist training in areas of care that they support. The Regulation Officer suggested that the Manager explore opportunities for additional specialist training in person-centred dementia care. This would further enhance the staff team's skills and experience in this area of care. Standard 1.2 and 1.3 is not met. This is an area of improvement.

During the inspection, it became apparent that staff members were regularly covering different job roles additional to their substantive posts. This was due to there not being sufficient staff employed to support the running of the kitchen. This may be acceptable in exceptional circumstances, but it should not be a regular practice. The Standards recommend that job descriptions for each role detail specific duties and responsibilities, and that staff are competent in their roles and responsibilities and should only undertake work they are trained to do. Standard 3.9 is not met. This is an area of improvement.

The Regulation Officer reviewed the practices around the safe administration of medication. This included storage facilities, blister pack administration, the use of medication administration records (MAR), and training. The Manager reported that staff members are provided with specific training associated with medication administration; this incorporates observations to ensure competence to administer. Senior care workers have received the full Regulated Qualification Framework (RQF) Level 3 training to ensure that they meet the requirements of the Care Home Standards for medicines management.

The inspection included a tour of the premises, which allowed the Regulation Officer to view a selection of the care receivers' bedrooms. The rooms provide a reasonably spacious area; personal belongings such as photos and ornaments are visible. It was recognised that the rooms require a decorative update to give a fresher, cleaner appearance.

Each area of the home is easy to identify for the care receivers, with appropriately placed dementia-friendly signage designed to help guide them. There is an enclosed garden available for care receivers to have the opportunity to sit outside and enjoy the outdoors.

The care receivers living at Ronceray have a diagnosis of dementia; due to this, it is recognised that some care receivers cannot consent to all aspects of the care and support provided at the home. This is managed through the use of Significant Restriction of Liberty (SRoL) authorisations as per the Code of Practice for the Capacity and Self Determination (Jersey) Law 2016. At the time of the inspection, there were 17 authorisations in place for the care receivers in the home. The Regulation Officer was satisfied that the authorisations were up to date.

Despite areas of improvement being highlighted, the Regulation Officer was assured that staff members are committed to providing attentive and compassionate care. This was observed during the inspection and confirmed by the feedback from relatives and visiting health and social care professionals.

Care receivers and their family members were consulted as part of the inspection. It was difficult to ascertain the views of the care receivers due to their dementia diagnosis. Family member's feedback was consistently positive. A few comments are detailed below:

'The staff do a great job at looking after my parent, my mother is really happy there and our relationship with the carers is very good. They have made her feel safe'.

'The staff are conscientious and notify us of any incidences or accidents, we find this reassuring'.

'Nothing is too much trouble for the staff, the caring aspect never changes regardless of the situation'.

'My uncle enjoys the food, the food always looks very nice, there are plenty of snacks and drinks available throughout the day'.

'I have visited my father at different times of day, I am always welcomed, never turned away. The staff are never guarded or underhand, their friendliness is great'.

'Really great home, fantastic, there is more personal attention at Ronceray, and the communication is brilliant'.

Feedback from three professionals that work with the service included positive comments and some suggestions of improvements. These are detailed below:

'Residents appear well cared for, they are happy and comment that they like it there'.

'Some staff members are supportive of the professional recommendations for the care receivers, they engage well with delivering the recommendations and they challenge and ask questions if they don't agree'.

'Staff have been visible when I attend Ronceray, I observe good engagement with the residents. They are a good team'.

'Family members always speak highly of Ronceray to me'.

'Ronceray looks like a home more than an institution, it has a homely feel and appears comfortable'.

'Care plans are not always updated on recommendation'.

The Regulation Officer met with five other staff members in addition to the Manager and Area Manager. One staff member reported that there were 'massive changes' happening in the home; making staff feel 'on edge' as there has been little communication about the changes, and things felt 'up in the air'. There was a consensus that management changes were unsettling for staff, and it was felt that communication to staff could be improved.

The Regulation Officer was encouraged to hear that the staff continued to feel passionate and dedicated to providing the best care for the care receivers.

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.

Fire Procedures for the home were reviewed. It was noted that fire alarm testing had not been taking place. All other preventative fire checks stipulated by the fire service met requirements. The Area Manager questioned some staff members about their confidence in knowing what to do in the event of a fire; it was concerning to note that some staff members expressed that they would need more clarification about what procedures to follow in the event of a fire. The Regulation Officer was not satisfied that the service followed fire prevention and safety procedures as set out by the States of Jersey Fire and Rescue Service. Standard 4.2 and 4.6 were not met. This is an area for improvement.

The last inspection highlighted areas of improvement required around infection control practices. Despite the home commissioning an audit by the Community Infection Control Nurse, infection control practices remain an area of concern. Cleaning protocols for safe, efficient practice need to be implemented, and appropriate cleaning regimes and recommendations around the right equipment and products to use are required. The laundry area was not clearly organised, with no clear guidance for staff to follow around the safe disposal of infected and dirty laundry. This remains an area of improvement.

The home benefits from having a chef to prepare and cook fresh daily meals. The Regulation Officer viewed the kitchen and found it clean, tidy, and organised. In discussion with the chef, they confirmed that the care receivers are provided with three cooked meals daily and are offered a choice of two different meals. If neither

choice is suitable, the chef will cook an alternative where possible. The Regulation Officer was satisfied that there was a food hygiene policy in place and that the guidance regarding safe storage of food, preparation, and cooking was being followed.

The Manager reported that there is no kitchen porter/assistant to support the chef. There is an expectation that the senior care assistants spend one day a week working in the kitchen to assist the chef with kitchen porter duties and serving meals. This duty is marked on the staff rotas. The Regulation Officer recognised that the service would benefit from employing a kitchen assistant, which would prevent senior care workers from covering this essential role.

The home has an established activities coordinator. The Regulation Officer explored the offer of meaningful activities for the care receivers. A weekly programme of activities was not made available when requested. The offer of activities was limited. There were suggestions made by the Area Manager that a musical entertainer could be organised for one evening a week.

Outings to events and places of interest for the care receivers have not been available due to the staff member organising the outings currently being on leave. Transport for outings is limited; the Area Manager confirmed that the home has access to a minibus owned by the sister home; during feedback with the activities co-ordinator, it was not evident that opportunities were taken to use this transport. The activities co-ordinator confirmed that resources to provide meaningful activities are limited. During the discussion, it was also apparent that the activities co-ordinator is regularly removed from their role to support the care staff to deliver care duties. Standard 9.1 was not met. This is an area of improvement.

During the tour of the building, several areas appeared to require upgrades to improve the aesthetic appearance of the home. There is ongoing planned building, reconstruction and refurbishment work to bring the home into line with standards and regulations; however there has been a significant delay in the commencement of the planned works, alongside amendments to the original refurbishment plans. The Area Manager gave an update regarding the expected commencement of the work:

however, it was noted by the Regulation Officer that an updated project plan was required which must include the impact upon bed capacity. This is an area of improvement.

The Regulation Officer was able to see evidence of risk assessments in the individual care receivers' records. Personal emergency evacuation plans were available in the care receivers' files reviewed by the Regulation Officer. These detailed how each care receiver would be supported to evacuate the premises in the event of a fire.

As part of the pre-inspection review, safeguarding notifications and follow-up referrals involving the care receivers at Ronceray were examined. The Regulation Officer was satisfied that the staff members had appropriately recognised and escalated safeguarding incidents. Due to this, appropriate multi-agency meetings had taken place, and care receiver-centred outcomes had been achieved.

IMPROVEMENT PLAN

There were 15 areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

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| <p>Area for Improvement 1</p> <p>Ref: Standard: 3.14</p> <p>To be completed by: Registered Manager 1 month of inspection date</p> | <p>Supervision</p> <p>The Registered Manager must ensure that members of the care/support staff team are receiving individual supervision at least four times a year.</p> <hr/> <p>Response of Registered Provider:</p> <p>Supervision sessions have been held and completed for all staff following newly designed format.</p> |
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| <p>Area for Improvement 2</p> <p>Ref: Standard: Regulation 12</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p> | <p><i>Infection prevention measures</i></p> <p>Cleaning protocols and procedures to be put in place, The laundry area to be clearly organised, with guidance for staff to follow around the safe disposal of infected and dirty laundry.</p> <hr/> <p>Response by registered provider:</p> <p>New cleaning protocols and procedures have been implemented which includes segregation and handling of dirty laundry. The Laundry area has been redesigned and a dedicated Laundry Assistant has been employed.</p> |
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| <p>Area for Improvement 3</p> <p>Ref: Standard: 3.14</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p> | <p>Annual appraisals</p> <p>Model of annual appraisal for staff members to be implemented. Appraisals to be carried out and recorded at least annually.</p> |
| | <p>Response by registered provider:</p> <p>Annual Appraisals for staff have been commenced and is ongoing.</p> |

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| <p>Area for Improvement 4</p> <p>Ref: Standard: 3.10, Appendix 6 Program Requirements for Care/Support Workers</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p> | <p>Induction Processes</p> <p>Model of induction to be implemented and followed for all new members of care/support staff. To include a competency framework that includes the provision of statutory and mandatory training.</p> |
| | <p>Response by registered provider:</p> <p>Newly designed Induction Program for care staff have been implemented and completed. All statutory and mandatory trainings have been delivered to staff.</p> |

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| Area for Improvement 5 Ref: Standard: 12.2 To be completed by: Provider Registered Manager Area Manager 1 month of inspection date | Monthly Reports A system to be in place to regularly review the quality of the services provided. The Provider to arrange for an independent representative to report monthly on the quality of care and compliance with registration requirements. |
| | Response by registered provider: An external independent Quality Assurance Officer has been employed responsible for conducting audits and producing monthly reports. |

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| Area for Improvement 6 Ref: Standard: 3.2, Appendix 4 To be completed by: Registered Manager Area Manager With immediate effect | Safe Recruitment Practice Safe recruitment checks to be followed as specified by the Care Home Standards. |
| | Response by registered provider: A new Recruitment Policy has been devised to enable the Home to recruit safely as per the standards. |

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| Area for Improvement 7 Ref: Standard: 4.2,4.6 To be completed by: Registered Manager With immediate effect | Fire Procedures Fire procedures set out by the States of Jersey Fire and Rescue Service to be followed. |
| | Response by registered provider: Regular Fire Drills & Instructions are held for both day & night staff. A designated person has been |

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| | appointed responsible for conducting weekly fire alarm tests. |
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| <p>Area for Improvement 8</p> <p>Ref: Standard: 3.9,3.11</p> <p>To be completed by: Registered Manager Area Manager</p> <p>1 month of inspection date</p> | <p>Staff Training</p> <p>Requires managerial oversight of the training needs of the staff team.</p> <p>Training to be available in different formats such as face to face and online.</p> <p>Protected time to be provided to staff to complete training requirements of their role.</p> <hr/> <p>Response by registered provider:</p> <p>The company has made a significant investment in training all staff with focus on face-to-face trainings. Staff are provided protected paid time for their trainings.</p> |
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| <p>Area for Improvement 9</p> <p>Ref: Standard: 3.12</p> <p>To be completed by: Registered Manager Area Manager</p> <p>3 months of inspection date</p> | <p>Professional Development-</p> <p>Professional development of staff to be encouraged and supported by the management team and provider of the service.</p> <hr/> <p>Response by registered provider:</p> <p>Various staff members have been enrolled and have commenced their trainings such as RQF level 2/3 and RQF level 5.</p> |
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| <p>Area for Improvement 10</p> <p>Ref: Standard: 6.3, 1.3</p> <p>To be completed by: Registered Manager Area Manager 3 months of inspection date</p> | <p>Dementia Training</p> <p>Specialist Dementia training to be commissioned for all staff working in the service. This should incorporate a ‘living with dementia’ element.</p> |
| | <p>Response by registered provider:</p> <p>Dementia Workshops have been conducted and all staff have received the training. There are more workshops to be held as per availability of both trainer and staff.</p> |

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| <p>Area for Improvement 11</p> <p>Ref: Standard: 9.1</p> <p>To be completed by: Registered Manager Staff team 3 months of inspection date</p> | <p>Activities</p> <p>A weekly programme of activities to be made available to care receivers. Activities should promote social, physical, and psychological well-being of the care receivers. To incorporate outings into the community that are meaningful to the care receivers.</p> |
| | <p>Response by registered provider:</p> <p>A weekly programme of activities for residents has been implemented which includes Yoga, Zumba, Live Music, Arts & Craft, Painting, Beauty Therapy, Reading and Fun Games.</p> <p>Meaningful outings for residents in a designated vehicle is being planned.</p> |

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| <p>Area for Improvement 12</p> <p>Ref: Standard: 11.1</p> <p>To be completed by: Registered Manager Area Manager</p> <p>With immediate effect</p> | <p>Management oversight/improved communication to staff team</p> <p>Regular team communication meetings to be implemented. Staff to be given the opportunity to voice their ideas, concerns and give feedback regarding their experiences of working in the service.</p> |
| | <p>Response by registered provider:</p> <p>Staff meetings have been held and regular meetings are planned. They are all encouraged and facilitated to voice their ideas, concerns and experience of working for the Home.</p> |

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| <p>Area for Improvement 13</p> <p>Ref: Standard: 3.9</p> <p>To be completed by: Registered Manager Area Manager</p> <p>3 months of inspection date</p> | <p>Roles and Responsibilities</p> <p>Staff to have clear job descriptions for their role that specify duties and responsibilities.</p> <p>Staff to be facilitated to work to their job role and only cover other roles in exceptional circumstances.</p> |
| | <p>Response by registered provider:</p> <p>The Home has been able to employ staff who have designated job roles. The statement of employment and job descriptions are being reviewed by the Human Resources Personnel.</p> |

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| <p>Area for Improvement 14</p> <p>Ref: Standard: 7.1, Appendix 10</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p> | <p>Building works/Refurbishment</p> <p>A formal project plan to be submitted to the Commission, outlining how the refurbishment will be planned, managed, and coordinated. Additionally, confirmation as to the number of beds that will be out of use during each phase and long term.</p> |
| | <p>Response by registered provider:</p> <p>A monthly update is provided pertaining to the ongoing refurbishment.</p> |

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| <p>Area for Improvement 15</p> <p>Ref: Standard: 4.3, Appendix 8</p> <p>To be completed by: Registered Manager Area Manager With immediate effect</p> | <p>Notifications</p> <p>Notifiable events to be provided to the Commission within two working days of the incident.</p> |
| | <p>Response by registered provider:</p> <p>All senior staff have been trained to use the on-line notification form.</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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je