



Jersey Care
Commission

INSPECTION REPORT

02 Children's Home

Care Home Service

26 July and 4 August 2023

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of a Children's Home. The name and address of the home have not been included in this report. This is to preserve the privacy and confidentiality of the children and young people who live there.

The service is on a main bus route. The building is detached and adjacent to residential properties. The property appears similar to others in the area and is not distinguishable as a residential children's home.

The home is a two-storey house; it is registered to provide residential care for two children and young people. There are three bedrooms and the house bathroom on the first floor, one of the bedrooms is utilised as a staff sleeping room and office. There are two lounges, a kitchen diner, and a toilet on the ground floor.

The home benefits from front and rear enclosed gardens; both areas have direct access to the house.

Regulated Activity	A care home for children and young people's residential care
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal support</p> <p>Category of care: Children and Young People (0-18)</p> <p>Maximum number of care receivers: 2</p> <p>Age range of care receivers: 12-18 years</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms-1-2. One person in each room.</p> <p><u>Discretionary</u></p> <p>None</p>
Dates of Inspection	26 July & 4 August 2023
Times of Inspection	09:20-13:00, 09:00-13:30
Type of Inspection	Initial visit unannounced, second visit announced
Number of areas for improvement	Three

The Children's Care Home is operated by the Government of Jersey Children's Services. The service is without a registered manager, and there has been a manger designate in place since 20 February 2023.

An updated copy of the service's Statement of Purpose was submitted to the Commission on request at the beginning of the inspection.

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.

Following the last inspection carried out in August and September 2022, six areas of improvement were identified. Four areas of improvement have been achieved; however, two areas need to be fully resolved. The Regulation Officer was satisfied that the service is making continued efforts to improve the two areas outstanding; therefore, they will no longer be considered areas of improvement. These relate to a permanent registered manager to be appointed to the home and sufficient staff to meet the needs of the care receivers without staff working excessive additional hours. There is an acting Manager. It has been agreed that recruitment for a permanent registered manager is in progress. Bank and agency staff are being utilised to cover planned leave for permanent staff.

This inspection has highlighted three areas of improvement. These are detailed below:

There was no staff training matrix available to view during the inspection; this was further explored with the Manager, and they were unable to confirm that all staff members were compliant with mandatory training. The Regulation Officer was not fully satisfied that all staff were up to date with mandatory training and that the Manager had clear oversight of this. In discussion with some staff members, it was highlighted that protected time for training is not offered. This means that staff members often have had to utilise their own time to ensure their mandatory training is completed. This is an area of improvement.

The Standards state that administration of medicines should be undertaken by trained and competent care/support staff who have completed an accredited level 3 medication administration training module. The Manager was unable to give a clear understanding of which staff members had completed the training. It was unclear if any of the staff had received the medication training. This is an area of improvement.

The Regulation Officer viewed a medication administration record (MAR) for one of the care receivers who required medication. The Standards recommend that any medicines being administered by the staff members need to be recorded and signed on a MAR chart; this must be written by the prescriber or pharmacist. Transcribing by any other person should only be in exceptional circumstances, and transcribing guidelines should be followed. Staff members had transcribed the MAR chart viewed; it was found to have essential information missing, and some information was incorrect.

The transcribers had also not double-signed the MAR; it was clear that the transcribing guidelines had not been followed. This is an area of improvement.

There have been changes in the staff team since the last inspection, with some team members moving to other Children's Homes in the service. The Manager described the team as being "established" and experienced in their roles despite the changes. The Manager reported that staffing continues to be challenging, particularly in the summer due to holidays and other time off. It was recognised that minimum staffing requirements were being met through utilising bank staff members and some staff members completing additional hours.

The formal supervision of staff has improved. Staff members reported receiving monthly supervision; this is planned, organised, and formally recorded. The previous supervision discussion is reviewed, taking into consideration any actions or outcomes.

Security for the home has improved; there is now a working bell with a camera in place on the outside gate of the front garden.

Improvements have been made to the staff induction package. New staff members are supernumerary to ensure protected time is given during induction. There is a minimum timescale for induction; however, this is needs led depending on the experience and skills of the individual. A competency framework includes orientation, understanding of the roles and responsibilities, mandatory training, and an understanding of the supervision model.

Safety plans and risk assessments are utilised for the care receivers. Safety plans continue to be person-centred and include multi-agency responses and actions.

Each care receiver is matched with two staff members as their key workers. Keyworkers provide direct support alongside other staff members. They will offer regular one-to-one sessions to ensure that the wishes and feelings of the care receivers are heard and represented in their care planning.

The staff team available on the days of the inspection demonstrated a good understanding of the care receivers' individual needs. They shared that they were undertaking additional specialist training to meet the needs of one of the care receivers.

There was evidence that fire safety procedures and standards were followed and adhered to within the home.

INSPECTION PROCESS

This inspection was unannounced on 26 July 2023; the follow up visit was announced on 4 August 2023.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information provided to the Commission about this service since the last inspection in August and September 2022 was reviewed. This includes the previous inspection report, notifications, the independent person's monthly regulation 31 reports, an updated Statement of Purpose and a new Children's Guide.

The Regulation Officer sought the views of staff members, management and other professionals who work with the service.

The views of the care receivers were not achieved due to some being unavailable during the inspection visits and some declining to engage with feedback.

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

Records, including policies, care plans, risk assessments, supervision, and induction records, were examined during the inspection. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Manager.

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 on 25 August and 2 September 2022, six 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 positive to note that four improvements had been made. These are detailed below:

- Regular staff supervision has been taking place, with a clear supervision model.
- The Statement of Purpose had been updated and reflected changes in the home, including the current staffing.
- The home's security had been improved, with security cameras external to the house now in complete working order.
- The induction model had been revised, and new staff members were receiving appropriate induction support. The Manager explained that inductees are given a minimum of twelve shifts where they are supernumerary; this allows them time to complete the induction competencies and any mandatory training required for the role.

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 home is currently managed by an acting manager; a permanent registered manager is required. The Service Lead has given reassurances that arrangements for a permanent registered manager are in progress.

The Government of Jersey operates the service through the Department for Children, Young People, Education and Skills (CYPES). The service benefits from wider governance structures that provide policies and procedures to support service delivery.

The Statement of Purpose for this service makes clear the aims and objectives of the service, reflects the type of care receivers who would access it and how the service is provided.

The Regulation Officer requested the staff training matrix, which would give an overview of mandatory training compliance and additional specialist training completed by each staff member, this was not available.

Staff members reported that they had been presented with a large amount of mandatory training to complete in a limited time. Additionally, they had not been given protected time to do this, and there was no study space in the home for completing online training. This meant they were easily disrupted if attempting to complete the training while on shift.

Staff members need to be supported to complete the training required for the role; there should be clear management oversight of staff training and support in place to ensure that staff members can remain compliant. This is an area of improvement.

It was unclear if the home met its requirement to have at least 50% of care staff on duty with a level 3 qualification in residential childcare or equivalent. Consideration of this needs to be given by the Manager when completing a training needs analysis for the staff team.

The Manager was unable to give a clear understanding of which staff members had completed the competency framework and level 3 medication training. A training needs analysis is required for this area of practice. The Standards state that all staff administering medications in the home require the training. This is an area of improvement.

Staff members confirmed that they have been receiving monthly formal supervision from senior team members. Supervision records were provided to the Regulation Officer; these evidenced that regular supervision had taken place. The supervision model reflects considerations of wellbeing, relationships with care receivers, health and safety, team performance and training and development needs. This is an area of good practice.

In addition to the provision of regular supervision, annual appraisals are also completed by the senior members of the team. The working framework for appraisals is provided by the wider organisations human resource department; this is known as “connect people”, staff members commented that they do not find this framework helpful when reflecting on their yearly goals and achievements.

Staff members were aware of how to record incidents or accidents that occurred during service delivery. There is a central government electronic incident reporting system. Staff members commented that they have never received feedback or outcomes of any incidents that they have reported.

There are ongoing concerns regarding the availability of permanent staff for this service. Reassurances were provided by the Manager that there is reliable relief bank staff attached to the home that know the care receivers' individual needs. The Manager also shared that they have utilised agency workers from outside of Jersey due to staff shortages and difficulties with recruitment.

The Independent Visitor completes monthly quality assurance reports. The report references the Jersey Care Commissions, Care Standards for Children's Homes. They provide feedback regarding the quality of care and compliance with registration requirements, standards, and regulations. Areas of good practice or deficits in care provision are highlighted in the reports. One of the recommendations from the independent visitor was for a permanent manager to be employed within the home, this is in progress.

Progress has been made in the Induction processes for new staff members; this was an area of improvement from the last inspection. Protected time is given to the staff member in their induction period. There is a comprehensive package which includes competencies and training requirements.

It is recognised by the wider service that the induction process would benefit from being standardised across all the Children's Homes. This would support staff movement between the homes and give understanding to what induction requirements are needed when staff members are utilised across the service. This would be designed to be more supportive and improve staff recruitment and retention.

The Manager encourages staff members to progress their professional qualifications to develop their knowledge and skills. Alongside benefits to the staff members, this supports the organisation to succession plan for future senior roles. Two senior staff members will commence the level 5 leadership and management course in the next few weeks. This is an area of good practice.

Care and support

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.

Feedback from care staff reflected their knowledge and understanding of the care receivers in the home. They demonstrated their care and compassion for their roles and the support that they deliver.

The staff team have created additional resources to aid and promote communication with care receivers identified as having other needs. They have initiated liaison with specialist services such as CAMHS and one of the children's homes that support children with complex needs to explore strategies and resources and share knowledge to meet the needs of care receivers with additional needs. It has also been recognised that additional specialist training would benefit the care delivery, and this has been organised for the staff team members. This is an area of good practice.

The home is clean, comfortable, and well-decorated. Communal areas are inviting and utilised regularly by some of the care receivers. Care receivers have input into the decoration of their bedrooms, and personal belongings are visible in their rooms.

Feedback from staff members highlighted that when there are new care receivers to the home or planned changes in placements, there needs to be more communication with the whole team from the wider service about this. This means that the staff team do not always have a chance to look at the profile of the care receiver and prepare and plan for their arrival.

The Manager has recently updated and improved the Welcome pack/Children's guide; this was made available to the Regulation Officer for review. The guide offers comprehensive information to any children and young people using the service to support them in understanding how the home operates and what facilities it has to offer. The guide is presented in a child/young person-friendly format and service user-centred.

The care receivers are matched with two staff members who become their key workers. The key work role is to provide additional support to the care receiver beyond that of the rest of the staff team. This includes liaising with other professionals involved in their support package, coordinating appointments such as health and education, and being available to provide general help and advice identified by the care receivers. Key work sessions are offered to the care receivers monthly or more frequently if identified to be necessary.

The care records for each care receiver were reviewed, and they incorporated a selection of tools to evidence the care delivery. These included care plans that reflected the care receivers' individual needs, daily records, risk assessments, key worker objectives and activity plans. The Regulation Officer was satisfied that the information provided in the records reflected the needs of the care receivers.

Care receivers in the home are registered with a local GP and dental practice. Staff members encourage and support the care receivers to attend health appointments and address any identified health needs.

There was evidence that the staff team encourage the care receivers to continue to have links with their community. This promotes their sense of identity and resilience. Care receivers are supported to attend sporting and social activities that were in place before they came to live in the home or that they have identified as being of interest to them.

The staff team also promote links with family members. One professional commented how the staff members have supported a parent of one of the care receivers with understanding parenting strategies for managing behaviours and understanding the processes around their child being in care.

Feedback was received from a professional who has regular contact with the staff team in the home; the following comments were provided:

'The staff team have provided structure and stability for the young person.'

'The staff team are good at communicating; they will liaise with other professionals outside of the home to address identified issues or needs for the care receivers.'

'I am confident that the staff team follow procedures to ensure the safety and wellbeing of the care receivers living in the home.'

Choice and safety

<p>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.</p>

The Regulation Officer inquired with staff how the care receivers were supported to engage with their care planning, making decisions about their daily routines and the running of the home. They reported that the staff members encourage the care receivers to attend care planning reviews and engage with their social worker and independent reviewing officer. Care receivers are offered choices about their meals, activities, and daily routines. The communication needs of each care receiver are considered, and staff have identified useful ways of making communication easier using a communication board.

Each care receiver has their interests, hobbies, and weekly routines that are respected. A range of organised activities are promoted for care receivers and there is encouragement to attend if needed, however the care receivers' choices around attendance are respected; daily routines are encouraged.

Staff promote independent skills for the young people in their care; this includes domestic living skills such as preparing and cooking daily meals. It is appropriate that the care receivers are directly involved in meal preparation as this develops skills and allows for active choice around the foods they eat.

Nutritious, healthy ingredients for cooking meals are encouraged by the staff team when shopping with the care receivers, however, their choice is respected if they do not wish to make healthy choices.

The kitchen was presented as being clean and organised. The Regulation Officer was satisfied that the staff team followed guidance regarding the safe storage, preparation and cooking of food.

The Manager established that the 'missing from care policy' is followed when a care receiver does not return home and the agreed time. Regular missing episodes are escalated, and the staff work alongside safeguarding colleagues to mitigate the risk for the care receiver. There is a plan by the wider organisation to review the multi-agency missing policy for children and young people.

A fire evacuation plan and fire precautions logbook were in place. The Regulation Officer was satisfied that fire safety procedures are consistently followed; this includes weekly fire alarm testing and regular fire drills. Care receivers' files contain Personal Emergency Evacuation plans (PEEP), which detail how each care receiver would be supported to evacuate the premises in the event of a fire.

The Manager confirmed that they are involved in the staff recruitment processes and take the lead in coordinating the recruitment steps. Consideration is given to current staffing levels, skill mix in the team, qualifications, and length of time in the service if the candidate is moving from another part of the service.

The Manager works alongside the Human Resources department to ensure that safe recruitment checks are followed for each candidate.

Other professionals who support the care receivers living in the home provided the following feedback comments:

'The staff have worked with the care receivers to improve communication and understanding of the young people's needs.'

'The staff team have identified the need for additional training so that they can have a better understanding of the individual needs of the care receiver.'

'I am confident that the staff team follow procedures in place for the safety and well-being of the care receivers. I have seen staff members go the extra mile to meet the needs of the care receivers.'

IMPROVEMENT PLAN

There were three 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: 3.10</p> <p>To be completed by: Within 3 months of the inspection.</p>	<p>Management oversight of staff training compliance:</p> <p>There was no staff training matrix available to view during the inspection. The Manager was not fully confident regarding the staff team's compliance with mandatory training. There needs to be a system in place to ensure that training needs of the staff team are met.</p> <p>The staff team need to be supported to complete mandatory and essential training by having protected time, identified study spaces and guidance around training needs.</p> <p>Response of Registered Provider:</p> <p>The training matrix reflects mandatory and refresher training that has been completed for core staff who work at the home, this is inline with standard 3.10. Staff will receive adequate support within 1:1 supervisions and through goals set within their appraisal to ensure, that all refresher training has been completed within timescale.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard: 11.7, 11.8</p>	<p>Medication administration training:</p> <p>The Standards state that administration of medicines should be undertaken by trained and competent</p>

<p>To be completed by: Within 3 months of the inspection.</p>	<p>care/support staff who have completed an accredited level 3 medication administration training module.</p> <p>The Manager was unable to give clear understanding of which staff members had completed the training. Care receivers in the home require medication to be administered. All staff members who are involved in the administration and management of medications within the home need to complete the accredited medication training.</p>
	<p>Response of Registered Provider:</p> <p>All core staff responsible for the administration of medication will receive external training with the care college to administer medication in line with standard 11.8 and appendix 6 medicines management sub section 6. The training will commence as of the 30th November 2023 with the external provider.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard: 11.7</p> <p>To be completed by: Within 3 months of the inspection.</p>	<p>Safe use of medication administration records (MAR):</p> <p>The Standards require that administration of any medication to the care receivers is recorded and signed on a medication administration record. The MAR must be written by the prescriber or pharmacist and transcribing should only be permitted in exceptional circumstances. The service should be requesting MAR sheets from the pharmacy that provides the medication and should only be transcribing when this is not available. If having to transcribe, the services guidance and policy for transcribing should be followed.</p>
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	<p>Response of Registered Provider:</p> <p>The organisation is currently liaising with external pharmacy's / providers regarding the medication administration record being produced by either the prescriber and or by the pharmacy where a service level agreement has been agreed.</p>
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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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