



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**'The Diner'**

**Adult Day Care Service**

**St James Place  
St Helier  
JE2 4QQ**

**12 September 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 The Diner.

The service is based in St Helier, within walking distance of the town centre and Howard Davis Park. It provides recovery-focused interventions for people in Jersey under the care of secondary mental health services and experiencing severe mental health conditions. Referrals are received from Acute Care, Rehabilitation, or the Community Mental Health Team (CMHT). The service aims to provide a social inclusion project to offer support, activities, and a meal five days a week carried out by senior healthcare assistants overseen by the Interim Manager.

The Diner is based within a single-storey building with a large lounge, a games room, pool table and computer, dining room, and fully functional stainless-steel open-plan kitchen where the meals are prepared and cooked. Service users are encouraged and supported to assist in the planning, preparing, and cooking of meals. Unfortunately, there is minimal outdoor space for the service users as this is used as a car park.

Regulated Activity	Day care service
Conditions of Registration	Type of care: Personal support  Category of care: Mental Health  Maximum number of care receivers: 35  Maximum number in receipt of personal support: 35  Age range of care receivers: Adults 18+
Date of Inspection	12 September 2023
Time of Inspection	09:00 – 14:00
Type of Inspection	Announced
Number of areas for improvement	1
Number of care receivers accommodated on the day of the inspection	30

The Adult Day Care Service is operated by Government of Jersey and there is an Interim Manager in place.

Since the last inspection 14 December 2022, the Commission received a notification of absence of Registered Manager in March 2023. The notification included details of the registered provider's arrangements to ensure that the services had a suitable interim manager in place.

The Jersey Care Commission received an updated copy of the service's Statement of Purpose prior to the inspection.

For the purpose of this report and in line with their Statement of Purpose, the people who use The Diner are referred to as 'service users'.

## 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.

This well-established service is run by a team of experienced senior healthcare assistants five days a week. The Regulation Officer observed the staff as highly motivated, passionate, caring, and enthusiastic. Many of the service users voiced this as a 'lifeline' during the inspection.

The service can accommodate up to thirty-five people per day. There are fifty-eight registered service users; however, not all attend daily. A recent survey highlighted that, on average, twenty-seven service users attend each day.

The service has strong links with several services/agencies to meet the needs of the individuals including:

- Occupational Therapist
- Physiotherapist
- Consultant Psychiatrist
- Psychology/Psychologist
- Dietician
- Adult Safeguarding Team

Should a service user need access to the above, a referral is made to their care coordinator for re-assessment, support, and recommendations. This is documented in the Statement of Purpose for the service.

The day centre was a welcoming, friendly environment where the service users could socialise with their peers, participate in planned activities, eat a meal, and interact with the care staff.

On the inspection day, thirty service users attended the Diner. They were observed playing pool, using a computer, listening to music, talking to other service users and staff, assisting in the kitchen, or watching television. Regular group therapy sessions and one-to-one sessions during quiet periods exist.

Observed interactions between service users and care staff were noted to be respectful and friendly whilst maintaining professional boundaries.

Some service users regard the lunchtime meal as 'the only hot meal I get daily'. Every table was occupied. One service user was assisting in the open-plan kitchen on the inspection day and was interacting well with staff and service users. Service users who assist in the kitchen have completed food hygiene training.

The four areas for improvement from the last inspection have been actioned and will be discussed fully in the main body of the report.

There was one new area for improvement found during this inspection. This relates to the provider needing to have plans to recruit a Registered Manager.

Staff are trained in all aspects of safeguarding, regularly updated, and familiar with how to make a safeguarding referral if needed. This is essential for ensuring service users' safety and welfare.

Feedback was obtained from staff and seven service users during the inspection, which was positive. Staff spoke enthusiastically about their roles and were clear on how well they work together, with one team member mainly responsible for undertaking the food shopping daily and taking charge of the kitchen. The other staff serve the meals, facilitate group sessions, and one to one sessions, activities, and support service users with going to specific activities by public transport along with many more tasks.

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 PROCESS

This inspection was announced and was completed on 12 September 2023. Notice of the inspection was given one week before the visit, this ensured that the Interim Manager would be available during the visit.

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

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, email correspondence and safeguarding referrals.

The Regulation Officer sought the views of the people who use the service and spoke with the Interim Manager and other staff. Face-to-face contact was established with seven care receivers and the staff on duty during the inspection.

Records, including policies, care records, training matrix, escalation flow chart and complaints, were examined during the inspection. The inspection included a tour of the building.

After the inspection, the Regulation Officer provided feedback to the Interim Manager verbally and then later by email.

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

## INSPECTION FINDINGS

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 positive to note that all the improvements had been made. This means monthly reports are completed, family/friends of service users are invited to attend reviews and events, a robust complaints process is in place, and there is a transparent operational process for escalation of concerns.

### **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 management structure includes an Interim Manager who manages another residential facility and is part of the redesign of the service steering group. Three senior healthcare assistants run the service five days a week with oversight from the Interim Manager one day a week and, when necessary, on other days. On days when the Interim Manager is not present, she reports being available by email and telephone.

During sickness or annual leave periods, staff cover from the other service; however, this is limited and would not be sustainable for more than a few days. This was acknowledged during the inspection and will be addressed to meet Standard 3.9 of the Day Care (Adult) Standards. On the inspection day, one staff member was on leave, and the other service covered the afternoon.

The Regulation Officer was informed about the recent addition of a Peer Support Worker for the service users employed by MIND Jersey. They work three days a week assisting service users with form filling, attending appointments, and linking with physical health teams, including 'Move More' and 'Walking Football'. The staff and service users were very complimentary about this initiative.

The service has been managed for six months under the Interim Manager. Discussion during the inspection highlighted that arrangements still need to be made by the provider to appoint a Registered Manager as per Article 27 of the Regulation of Care (Standards and Requirements) 2018. This is an area for improvement.

The Interim Manager acknowledged that although no business continuity plan is in place for The Diner, this is a work in progress and will send the Commission a copy once completed. Activities would continue even if the facility could not be used, as activities can be done in various locations.

During the last inspection, it was identified that there was no escalation process in place when the staff felt a service user was at risk of a mental health crisis. A crisis escalation flow chart has been created and implemented, along with staff training. The staff identified this as a helpful tool.

Policies and procedures are available online for all staff to refer to through the Government of Jersey Health and Community Services (HCS) intranet. Any new or updated policies are brought to the weekly meeting and discussed so all staff are aware. The Interim Manager is developing a Standard of Practice document for The Diner Day Service. This is an area of good practice.

One of the senior healthcare assistants has taken on the 'fire warden' role and ensures that the relevant fire regulations are adhered to. The fire logbook viewed at the inspection evidenced that drills and checks are conducted as per the fire service requirements. Any unfamiliar staff are given a tour of the premises and a fire safety briefing to point out break glass panels, fire extinguishers and evacuation points. Written documentation was received from Health and Community Services to clarify that this building does not require a fire certificate as it is not residential.



Staff recruitment is carried out through the Government of Jersey Human Resources (HR) Department, with the Interim Manager involved in the shortlisting and interviewing process. Specific safety elements of the recruitment process are undertaken by HR, which include checking references and Disclosure and Barring (DBS) checks. Existing staff are included in the DBS update service through the organisation. No staff have been recruited from outside the organisation since the last inspection.

Staff participate in formal supervision and appraisals as per Standard 3.14 of the Day Care (Adults) Standards. The team confirmed this during the inspection. The staff stated they felt comfortable discussing any issues, concerns, training needs, roles, and responsibilities.

### **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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This day service accepts potential service users by referral only. Referrals come from clinicians in various departments, such as Adult and Older Adult Community Mental Health Teams (AMHT), Inpatient units, Clairvale Rehabilitation and Recovery Unit, and Mental Health Outpatient clinics. It is a requirement that the referral form is completed in collaboration with the service user. Every week, the staff in the day centre meet to discuss new referrals with the Interim Manager. Reviewing risk assessments and care plans will then determine if a place is offered.

The service user and their care coordinator will be invited to visit the day centre to meet the team and have an informal discussion. They are provided with a leaflet detailing how the service works. The leaflet is updated as required and ratified through the appropriate governance framework.

The care coordinator and staff at the Diner use an online care planning system called "care partner" to create care plans specific to the service user's needs and write notes. This allows several professionals involved in service user care to work together and gives continuity.

All service users sign an agreement called 'The Values of the Diner', which outlines expectations of the service user and what they can expect from the service.

SMART (specific, measurable, achievable, relevant, time-bound) goals are developed with the service user, and regular meetings are held between the service user and the day service staff to discuss these. The staff will contact the Care Coordinator when required to discuss any issues.

The Regulation Officer viewed a selection of service user files on "Care Partner" with the Interim Manager. These included risk assessments and care plans specific to the individuals using the service. These are updated regularly with the care coordinator, day service staff and the service users. Every time a service user attends the day service, the staff update "Care Partner" with a summary of mood, interactions, activities, and one-to-one sessions with staff or group sessions.

A daily register allows staff to look at attendance and check on service users' well-being if attendance changes occur. When staff are concerned about a service user's well-being and mental health, they will use the escalation flow chart to alert their care coordinator.

Observed interactions between staff and service users were respectful, appropriate, and genuinely caring.

The Statement of Purpose describes how The Diner team want service users to feel welcome, included and supported in their journey of recovery. This was confirmed through feedback from the service users.

Continuous staff training is pivotal to this service as the senior healthcare assistants are supporting service users with various mental health conditions along with issues around finances, form filling, social anxiety, relationships, and general health conditions. All the staff provide support around social inclusion, wellbeing, independence, and recovery. Additional training gives the team more tools to assist service users or signpost them to other services. The Regulation Officer viewed the training matrix during the inspection, which evidenced that all mandatory and additional training has been completed.

### **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.

A recent survey and data analysis of the service identified that, on average, twenty-seven service users attend daily; most service users live in St Helier, and they use the day centre for support, lunch, music, socialising, activities, and routine, amongst other things. All the service users stated they have benefited from the service, and this was confirmed during the inspection. Some comments from the survey included:

'The staff are brilliant, and the food is amazing'.

'I enjoy the interaction, playing pool and making friends'.

'I wouldn't have a social life without it'.

'I'm able to make friends and share experiences, it's nice to be around a group that understands your condition'.

'The diner gives me somewhere positive to go during the day and helps a great deal with my wellbeing'.

'It gives me a reason to get out of bed and a routine, it has given meaning to my life'.

'It's good for my wellbeing, it helps me relax'.

'Before I was stuck in the flat with no one to meet'.

These comments were reiterated on speaking to seven of the service users on the day of inspection.

A daily register of attendees' is kept to ensure the safety of the service users who attend the day centre. The staff update the record when service users leave at various times during the day. The register enables the team to make sure they keep within their conditions of registration with the Commission.

The Interim Manager reported that they have fifty-eight service users on their register, and they have capacity daily for thirty-five. On the day of the inspection, thirty service users attended. Some only stay for a brief period, some have lunch, and some stay the full day.

All the senior healthcare assistants have completed vocational training in medication management in line with the Standards; however, service users are advised to manage their own medications whilst in the day centre where appropriate. Where medication support is identified through assessment, responsibilities and systems for the storage and administration will be recorded and agreed upon as per the medication policy.

A previous area for improvement from the last inspection has been actioned regarding a clear complaints and compliments process. A poster is now displayed in the Diner regarding the compliments and complaints process, along with a complaints policy.

Service users who wish to make a complaint regarding the service can also access the Patient Advisory and Liaison Service (PALS), where support can be offered, or

they can put them in the direction of another service. A leaflet will be created and made available following the redesign of the service. This meets Standard 1.2 of the Adult Day Care Standards.

Standards 8.1 and 8.2 of the Adult Day Care Standards specify that coordinated activities will be based on service users' preferences and interests. Activities are encouraged to enable service users to engage with staff and the wider community.

The Diner has a poster displayed with a list of the week's morning and afternoon activities for service users. Further therapeutic activities as listed in the Statement of Purpose are arranged every week by the Peer Support Worker, including relapse prevention and psychoeducation interventions, healing waves, helping wings and art and craft groups.

Feedback from the service users was positive, especially around visiting the pool hall and a local hotel for swimming sessions.

## **Environment**

The standards outline that people will be able to get around the day care setting with ease, the surroundings will look, smell, and feel pleasant and comfortable.

A tour of the facility highlighted that the fabric of the building needs substantial restoration work. There was evidence of water leaking from the roof when it rains, the paint around the windows is chipped, the carpet at the entrance is a trip hazard, and the walls need filling in and painting. The Interim Manager has reported all these issues.

Although a bench is outside the main entrance, the area is a busy car park for surrounding properties. Therefore, there is no quiet garden for service users to enjoy the outdoors.

The Interim Manager has recently purchased new chairs, sofas, and tables for the day centre to make it more appealing to the service users. There is a planned closure for one day to install the new furniture safely.

The Interim Manager and staff were happy to be available for the Regulation Officer and answered a wide range of questions with confidence.

**IMPROVEMENT PLAN**

There was one area 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>Regulation 27 4 (c) 27 4 (d)</p>	<p>The Registered Provider must provide the Commission with details of the arrangements that have been made to appoint a new Registered Manager and the proposed date by which the appointment is expected to have been made.</p>
<p><b>To be completed by:</b> 3 months of the date of this inspection (12 December 2023)</p>	<p><b>Response of Registered Provider:</b></p> <p>The service are currently in process of redesigning the whole of the Serious Mental Illness pathway, which includes the Diner. It is likely that this will result in service redesign / changes to the Diner and changes in management structures. Therefore we intend to maintain the current interim arrangements whilst this work is completed – it is expected this may take a further 6 months. The positive feedback within this inspection report demonstrates the excellent work that the interim Registered Manager is leading with the Diner.</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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