



**Jersey Care
Commission**

Summary Report

02 Children's Home

Care Home Service

26 July and 4 August 2023

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.

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> <hr/> <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>
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<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>
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<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.</p> <p>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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The full report can be accessed from [here](#).