



**Jersey Care
Commission**

INSPECTION REPORT

HCS 102

Care Home Service

**Government of Jersey – Health and
Community Services
19-21 Broad Street
St Helier, JE2 3RR**

12 October 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 HCS 102. At the request of the Registered Provider, the name and address of the care home have not been identified in this report to preserve the confidentiality of the individual who lives in the home.

The home provides accommodation for one care receiver. They have access to a lounge, kitchen, bathroom, bedroom, activity room and laundry room. There is a large, enclosed garden accessed from patio doors.

The staff have separate facilities comprising two bedrooms, a kitchen, a sitting area, a bathroom, and an office. There is parking for several cars, and they have recently purchased a new specially adapted vehicle to take the care receiver out on trips.

The home is currently fitted with a physical access control (PAC) system for staff and care receiver safety. Staff use a swipe fob to access the care receiver's part of the home.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: learning disability, autism</p> <p>Maximum number of care receivers: one</p> <p>Maximum number in receipt of personal care / support: one</p> <p>Age range of care receivers: 18 years and over</p> <p>Maximum number of care receivers that can be accommodated: one</p> <p><u>Discretionary</u></p> <p>Registered Manager to complete Level 5 Diploma in Leadership in Health and Social Care Module by September 2025.</p>
Date of Inspection	12 October 2023
Time of Inspection	09:45 – 14:30
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	One

The Care Home is operated by the Government of Jersey (GOJ) and there is a Registered Manager in place.

Since the last inspection 14 December 2022 and 13 January 2023, the Commission received and approved an application for a new Registered Manager on 16 August 2023.

The discretionary condition on the service's registration was discussed and the Registered Manager is confident that this will be completed within the specified time frame.

Since the last inspection 14 December 2022 and 13 January 2023, the Commission has received an updated copy of the service's Statement of Purpose. This was submitted on request following the appointment of the Registered Manager.

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.

Overall, the findings of this inspection were positive. The Registered Manager, Deputy Manager and staff team were fully engaged with the inspection process. They provided the Regulation Officer with all the information and documents requested and were confident in their answers.

This experienced staff team have members who have worked with the care receiver for several years. This is of great benefit as they have stated it takes time to build up trust and identify the individual's care needs. The interactions observed throughout the inspection were professional, positive, and personable. It was noted that the staff endeavoured to meet the personal needs of the care receiver.

Communication needs are achieved through a variety of methods including whiteboards, verbal cues, and pictures.

Risk assessments relating to the care receiver are reviewed regularly, and all were up to date on the inspection day.

There is a robust training programme for all staff, including mandatory training and training specific to the care receiver's needs.

The care plans were insightful comprehensive and evidenced a person-centred approach.

Activities are offered every morning and afternoon using a whiteboard and stickers, and the team have recently purchased a specially adapted vehicle for trips out.

There is one area for improvement from this inspection, which was highlighted on the previous inspection report. This means there are no robust maintenance programmes in place, and the managers were unaware of the required type or frequency of checks.

INSPECTION PROCESS

This inspection was announced and was completed on 12 October 2023. Notice of the inspection visit was given to the Registered Manager eight days before the visit. This was to ensure the Registered Manager would be available during the visit.

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 the information held by the Commission about this service was reviewed, including the previous inspection reports, the Statement of Purpose, and any correspondence.

The Regulation Officer observed the communication between the staff and the care receiver during the inspection and established contact with the team and then later with relatives of the care receiver. This contact was made by email, telephone, and face-to-face.

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

The views of seven staff were requested, however only four replied.

During the inspection, records including policies, care plans, fire logs, requisition records, and training matrixes were examined. This inspection included a tour of the premises.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered and Deputy Manager verbally then later in writing.

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, five 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 most of the improvements had been made. This means that there was evidence staff supervisions are taking place every six weeks, fire evacuation drills are being carried out, care plans reflect the day-to-day support provided based on the care receiver's personal goals and ambitions, and the majority of organisational policies are up to date.

One area for improvement from the previous inspection had yet to be fully addressed. This means there are no robust maintenance programmes in place, and the managers were unaware of the required type or frequency of checks.

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.

This home is run by a team of experienced care staff overseen by a Deputy Manager and Registered Manager. Both senior staff manage another Government of Jersey facility.

There are clear lines of accountability meeting Standard 11.1 of the Care Home Standards. During the inspection, excellent communication was observed among staff, and there was a relaxed, friendly atmosphere within the home. The staff were noted to have several professional discussions during the inspection.

Monthly staff meetings occur where at least four staff attend and address a variety of subjects such as training, changes within the organisation, any concerns regarding the care receiver, what works and what doesn't. Staff are encouraged to share experiences with their colleagues. This is an area of good practice.

The home's Statement of Purpose states:

'This service is bespoke and wrapped around the individual; therefore, is specific to their needs'.

This correlates with the findings of the Regulation Officer. Interactions with the staff during the inspection demonstrated that the care receiver is given choices throughout the day to enable decision-making.

The care is person-centred, and the staff were noted to be respectful; it was evident that carers knew the care receiver's needs and wishes.

As part of governance measures, regular audits are carried out by staff. These are discussed at the staff meetings and acted upon to continuously improve the service. This meets Standard 12.4.

A current whistleblowing policy is in place that all staff have access to online. This states how to raise a concern and how to deal with a situation. Staff reiterated awareness of this policy during the inspection. This meets Standard 10.3.

A selection of monthly quality reports was examined during the inspection process. These look in detail at a specific monthly standard and are reviewed by a Registered Manager from another care home.

The reports viewed were comprehensive, showed compliance with registration requirements, and had action plans attached. This meets Standard 12.2.

A system is in place to meet the required standards for risk management and escalating risks.

Weekly meetings are held with managers and the service Team Leader where policies and procedures, risk assessments, contingency plans and other governance arrangements are discussed. This is an area of good practice as it enables managers to highlight issues early.

The home had up-to-date Liability insurance displayed in the staff office. This meets Standard 11.3.

The home continues to be a Jersey Office of the Information Commissioner (JOIC) member.

The Regulation Officer viewed the online schedule for staff supervision. These are carried out every six weeks and regarded as 'valuable' on speaking to staff. Appraisals are completed annually, and appraisals and supervisions are documented in the staff files.

On reviewing staff training records, it was reassuring to note that all staff have completed all their mandatory training for this year, along with specialist training in mental health, learning disability and dementia. The care team holds various Regulated Qualification Framework (RQF) awards. At the time of the inspection, five out of seven staff possessed a level 3 RQF in Health and Social Care.

Staff confirmed that they are actively encouraged to complete training to enhance the provision of safe care to the individual.

The Government of Jersey (GOJ) uses an online 'Concerto' system to request maintenance jobs. This is used for GOJ requests; however, as the property is rented from a private landlord and managed for GOJ by Jersey Property Holdings (JPH), they have responsibility for particular maintenance jobs, which must be requested separately. The staff stated this can be challenging when trying to get issues sorted and would like to see a service level agreement between organisations to identify who has specific responsibilities moving forward. Copies of all requisitions are kept in a folder to ensure there is evidence that jobs have been requested and completed.

Another challenge the staff said they face is no planned property maintenance schedules. The managers were not aware of the type or frequency of checks required. This was identified as an area for improvement at the last inspection and remains an area for improvement as per Standard 4.6 and Appendix 3 of the Care Home Standards.

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>

The care receiver's risk assessments and care plans were viewed during the inspection. These included:

- All About Me booklet
- Easy read booklet
- Risk assessments (learning disability, autism, communication difficulties, challenging behaviour)
- Hospital passport
- Positive behaviour support plan (comprehensive plan for touch, taste, smell, visual and hearing)
- Annual health plan (case coordinator updates this)
- Occupational therapy assessments
- Communication passport
- Care plans and summary notes

The Regulation Officer was reassured that the documents viewed are person-centred, holistic, and meet the preferred likes and dislikes of the care receiver. This meets Standard 2.4.

All staff involved in the care receiver's health and wellbeing can access an online care management programme called 'Care Partner'. This provides collaborative working amongst professionals, where they can update care plans, daily notes, risk assessments and communicate with each other more efficiently. This helps to ensure that safe care is delivered.

A specially adapted vehicle was recently purchased to enable the care receiver to go on trips with the staff. An appropriate risk assessment is in place with a review date.

Effective communication was observed between the staff and care receiver using various methods, including a whiteboard, stickers, verbal, and pictures. The care receiver was offered options for breakfast, morning activities, lunch, and afternoon activities and selected their preferred choices. Their response was put on the whiteboard and repeated by the staff to ensure this was correct.

The inspection included a tour of the home. It was clean, comfortable, and decorated in neutral shades to meet the care receiver's sensory needs. The bedroom was furnished and decorated to suit the care receiver's needs.

This meets Standard 7.1.

The home is split into two areas. The care receiver has a large living area, including a kitchen (supervised), activity room, lounge, bedroom, bathroom, and laundry room (supervised). The staff have a separate area consisting of a kitchen, bathroom, bedrooms, and an office area. This allows the team to withdraw and give the care receiver time on their own whilst knowing how to attract the staff's assistance when required. This was observed during the inspection.

The garden can be entered through patio doors from the care receiver's living area. The staff explained that the garden had become overgrown and had not been used for a while, as no one was contracted to do this; however, it was reassuring to see that gardening contractors had started work on the day of the inspection.

Staff feedback was positive:

“We all think very highly of XXXX.”

“In work, there are no egos, no friction, and we all work at the same level and want the same outcomes for XXXX.”

“We do activities based on the care receiver's mood. Their favourite activities are walking on the beach on a windy day.”

“Our meetings with the managers are really valuable. Everyone gets the opportunity to speak and be heard.”

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
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as independent and autonomous as practicable. People's rights will be supported and protected.

Duty rotas viewed by the Regulation Officer evidence adequate staffing to run the home safely, and bank staff who are familiar with the care receiver are also occasionally utilised alongside permanent staff members to meet the standards for safe staffing levels. This meets the staffing levels set out in the Statement of Purpose and Appendix 5 of the Care Home Standards.

The service has a robust induction package for new staff, including a six-month induction period and a staff competency framework. New starters will work alongside experienced staff members to get to know the care receiver on a gradual basis. This area of good practice allows the care receiver to build a relationship and trust with the recruit.

Regarding medication competency, the Deputy Manager conducts an annual reassessment for administering medicines with each trained staff member with a competency portfolio. Staff arrange to go to another setting for their competency assessment if they are not routinely administering medication. This is an area of good practice and meets Standard 6.6.

An annual fire inspection was undertaken recently in the home and highlighted one issue regarding smoke seals. A requisition has been submitted to address this. Examining the home's fire logbook confirmed that all necessary fire checks, testing, and drills are being undertaken. Drills are carried out every two to three months as the noise can be a trigger for the care receiver. The care receiver has a Personal Emergency Evacuation Plan (PEEP) in place. Any recruits to the team complete a fire questionnaire which directs them to fire exits and the fire plan for the home.

Staff recruitment is controlled centrally through the Human Resources (HR) team within the Government of Jersey. They follow the recruitment policy to ensure that all the necessary safety checks are completed before employment. This includes disclosure and barring service (DBS) checks. There have been no recruits since the

previous inspection; however, HR has contacted some existing staff to remind them to update their DBS.

A selection of organisational policies and service specific policies were viewed. The policies viewed by the Regulation Officer were mainly generic. However, there were various policies specific to the service. These meet Standard 1.6. Although the majority had been updated, the Government of Jersey is responsible for regularly reviewing and monitoring these for effectiveness.

All significant restriction on liberty (SROL) documentation was reviewed as part of the inspection.

The care staff encourage participation in tasks such as cooking with the staff, laundering clothes, and shopping, all under supervision.

The staff ensure that there is a wide choice of daily activities, from walking on the beach, going out in the vehicle, visiting shops, arts and crafts in the activity room, and relaxing in the garden area. When an event such as a birthday is imminent, the staff reported that they would offer the care receiver lower stimulus activities to reduce anxiety levels.

Feedback from relatives/representatives of the care receiver was mixed:

“XXX' is happy enough. The staff are nice”.

“We would prefer if the staff had a mobile phone with them when they are out with XXX then we could meet up with them all”.

“Sometimes the staff don't answer the house phone.”

The Statement of Purpose specifies that 'family visits are encouraged, and family members are welcome anytime, especially for special events. The care receiver can visit family members at their homes or in the community where requested'. The staff

confirmed this during the inspection, however planned visits are required to ensure the care receiver is given advance notice.

During discussions with staff, they feedback and highlighted that the home's layout could be improved. The staff office is next to the care receiver's living area; therefore, the team can be overheard talking. The care receiver's bedroom is also near the staff office and rest areas. Both parties can hear conversations or noise. The Regulation Officer noted that staff did speak quietly to avoid the care receiver being disturbed.

Under Standard 4.3 the Commission must be notified of accidents or incidents. There was one notification since the last inspection. This was discussed with the Registered Manager and the appropriate actions were taken at the time.

No safeguarding notifications received since the last inspection; however, all staff are aware of the safeguarding policy and how to raise an issue.

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>Area for Improvement 1</p> <p>Ref: Standard 4.6</p> <p>To be completed by: with immediate effect</p>	<p>Maintenance schedules and logs must be always available within the home in order that the Registered Manager/person in charge receives the relevant information to fulfil their health and safety responsibilities.</p>
	<p>Response of Registered Provider:</p> <p>Heath Estates are currently visiting HCS 102 to carry out an audit of equipment and confirm responsibilities and put maintenance schedules in place as required. In response to learning from this inspection joint equipment audits, performed by Health Estates and Registered Managers, are being cascaded across Adult Social Care regulated care homes. As an outcome a system of assurance, comprised of Health Estate maintenance schedules and tracking logs, is to be implemented.</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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