



Jersey Care
Commission

INSPECTION REPORT

HCS 104

Care Home Service

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

27 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 104. 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, toilet, bedroom, kitchen (supervised), and an enclosed garden.

The staff have access to a bedroom on the first floor and an office. A bathroom for use by the care receiver is also located on the first floor. There is also storage for clothing and shoes belonging to the care receiver. The second floor has been decommissioned except for a staff bedroom and staff bathroom.

Regulated Activity	Care home
Conditions of Registration	<u>Mandatory</u> Type of care: Personal Care Category of care: Learning disability, Autism, Mental Health Maximum number of care receivers: one

	<p>Maximum number in receipt of personal care: one</p> <p>Age range of care receivers: Adult 18 +</p> <p><u>Discretionary</u></p> <p>Registered Manager to complete Level 5 qualification in Leadership and Management by 5 January 2024</p>
Date of Inspection	27 October 2023
Time of Inspection	12 pm – 4.15 pm
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers accommodated on the day of the inspection	One

The Government of Jersey operates HCS 104, and a Registered Manager is in place along with a Deputy Manager.

The discretionary condition on the service's registration was discussed, and the Registered Manager is confident this will be achieved in the timeframe specified.

Since the last inspection on 17 November 2022, the Commission has received an updated copy of the service's Statement of Purpose. This was submitted at the request of the Regulation Officer as part 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.

This well-established service has a consistent team of experienced healthcare assistants to care for the individual. The care receiver has been risk assessed as requiring a 2:1 staffing ratio to access community-based activities; however, this is only sometimes provided due to staffing levels. The care receiver can go out in the car with one staff member but needs two to leave the vehicle. The service has a middle shift to compensate for this; however, on reviewing the rotas, this shift is often not staffed. This was an area for improvement from the last inspection and remains an area for improvement.

The Registered Manager was happy to make time for the Regulation Officer, and therefore, most of the inspection was spent in the office. The Registered Manager showed compassion, motivation, and good leadership throughout the inspection process, was transparent about current team dynamics, and has been proactive in seeking solutions to this. This was reiterated during the feedback received from professionals.

The care receiver responds well to different forms of communication and benefits from both verbal and visual communication cues. This helps the staff understand the care receivers' needs and wishes.

A varied menu is provided, and the care receiver has the option of two choices each mealtime, ensuring a balanced diet.

The care receivers' religious and cultural beliefs are incorporated into their care plan and personal file 'All About Me'.

The Regulation Officer observed warmth, respect, and humour between the care receiver and the staff whilst maintaining professional boundaries. The home has

minimal furniture to suit the requirements of the care receiver; clothing and shoes are stored on the first floor and can be accessed by the care receiver.

The back garden is accessible to the care receiver, where family occasions and BBQ's are enjoyed.

Care plans and risk assessments were comprehensive, up-to-date, and valuable for any professionals involved in this individual's care. These are updated regularly by the care coordinator and staff.

Staff supervision and appraisals take place following the Care Home Standards. Once completed by a senior manager and documented, staff sign when they are happy with the content. Documented appraisals take place once a year.

There are online training records for all staff. The Registered Manager demonstrated that most staff have attended mandatory training and is actively putting measures in place to complete all training.

INSPECTION PROCESS

This inspection was announced and was completed on 27 October 2023. This inspection was announced and notice of the inspection visit was given to the Registered Manager several days before the visit. This was to ensure that 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**

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

- **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 Regulation Officer sought the views of the care staff during the inspection and later by email.

The Regulation Officer established contact with the care receivers' representatives. This contact was made by phone.

The views of two professionals were also obtained as part of the inspection process. This was face-to-face.

The Regulation Officer examined documents including policies, risk assessments, staff rotas, training matrix, care records, Statement of Purpose, and monthly quality reports. This inspection included a tour of the premises.

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

This report outlines 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, one area for improvement was identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how this area 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 the area for improvement. This means that the Registered Provider still needs to meet appropriate standards relating to adequate staffing levels.

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 care receiver is supported daily by senior carers overseen by a Deputy Manager and Registered Manager who also have responsibility for another regulated service. The management structure ensures that although the senior managers have oversight of two facilities, they split their time; therefore, there is always one manager at each facility daily.

An organisational whistleblowing policy is in place for staff to access. Staff can access this information online, and a hard copy is available in the office. The care receiver's family also have a copy.

There are appropriate systems in place to manage complaints, all of which staff can access online. This meets Standard 10.2. There have been no complaints since the last inspection.

The Registered Manager demonstrated a good understanding of the notification process to the Commission and the only notification received since the last inspection related to Significant Restriction of Liberty (SROL) authorisation.

The Regulation Officer viewed a selection of monthly quality reports. Reassuringly, these are completed by the manager of another service and focus on a different standard each month. The reports also examine staffing, training requirements, Health and Safety, and quality assurance. The reports seen by the Regulation Officer highlight that staffing is an issue, and community-based activities are hindered. There is an action plan attached to each report.

Staff training records evidenced that most staff had completed mandatory training this year. The Registered Manager advised that plans are in place for the existing training to be undertaken to fulfil their roles. The staff has completed various training specific to the service. The Registered Manager allocates time each week in the duty rota for staff to complete mandatory training and monitors the progress when staffing allows.

The care team holds various Regulated Qualification Framework (RQF) awards and person-specific training appropriate to the care receiver's needs. The team follows frameworks including 'SPELL', which stands for Structure, Positive approaches, and expectations, Empathy, Low arousal, Links and Positive Behaviour Support (PBS) supported by training.

Staff supervision takes place four times per year in line with the standards. These are documented and sent to the staff to be signed if they agree with the content.

To support appraisals, the Government of Jersey (GOJ) uses an online system called 'connect', whereby staff input their objectives and send them to their line manager, who then documents all appraisals. This system will prompt the managers to complete appraisals at least once a year. This standard has been met.

The office displayed a current liability insurance certificate that meets Standard 11.3.

Maintenance arrangements for this service were clearly defined, with care staff carrying out documented water flushing in the unused area of the property, an outside contractor completing water management, Jersey Property Holdings (JPH) doing particular checks, and GOJ maintaining the boiler, gardens, and portable appliance testing.

The staff completes Monitoring checks, including fridge temperature, medication, washing machine maintenance, and food temperature. These are documented and acted upon where necessary. Audits are carried out regularly to ensure compliance with monitoring.

A finance policy exists throughout the organisation, and the Registered Manager handles all financial transactions. There is a budget for food shopping and a separate budget for activities through the GOJ organisation.

The service has a lease car through the GOJ and follows the appropriate policy; however, it is the organisation's responsibility to update the policy.

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.

This care receiver's care plans and risk assessments were reviewed during the inspection. As well as using an online case management system called 'care partner', the Registered Manager has compiled a folder with all the care plans for staff and other professionals to refer to. The folder is from the care receiver's perspective and comprises:

- Essential information about me
- what to do in an emergency
- key contacts

- important people in my life
- health contacts
- communication
- likes and dislikes
- my routine
- food and drink
- health needs
- any other helpful information.

The Regulation Officer gained a real insight into the care receivers' life from reading the care plans. The Registered Manager reiterated this, as the 'All About Me' file has been used by other organisations involved in the individual's care to make appointments and visits as stress-free as possible.

The care receiver has a care coordinator and a key worker who regularly meet with the Registered Manager to review the individual's care plans. This is done every three to six months or more frequently as care needs change and are signed by the relevant professionals. 'Care partner' is utilised by all staff and professionals involved in the care receiver's care to make notes and summarise mood, feelings, activities, outings, and any changes to care daily.

The staff display a communication board with names and photos of who will support the care receiver daily. It was evident during the inspection that staff have a great relationship with the care receiver, and whilst there was plenty of laughter, the staff maintained professional boundaries.

An activity logbook is completed daily to avoid repetition and boredom; however, feedback from a representative suggested that activities had decreased over the past few years, and they would like to see more activities offered. The staff use visual prompts, Picture Exchange Communication Systems (PECS) graphic symbols, iPad picture slides and verbal cues to see what the care receiver wants to do. This meets Standard 5.4.

The Registered Manager prints off photos for the care receiver to keep of their outings and places visited. The care receiver likes to show the pictures to people who visit the house. This is an area of good practice and assists in making memories.

The care receiver has regular contact with their family, and the staff team respects and supports their cultural and religious beliefs.

The service uses a Disability Distress Assessment Tool (DisDAT) to identify distress cues in people with limited communication. This is designed to enable staff to recognise subtle changes from when the person is content and when they become distressed. This assists staff in putting in suitable interventions to avoid a crisis. This is an area of good practice.

The Regulation Officer noted that the home was sparsely furnished. There were a few pictures on the wall for the care receiver to look at and high enough not to pull off the wall. The kitchen is small, and risk assessed as unsuitable for the care receiver; therefore, there is a safety barrier to prevent the care receiver from entering. They have managed to climb over the barrier at times, and the Registered Manager is looking at ways of addressing this issue to reduce the risk. Feedback indicated that although the kitchen is too small to have both staff and care receiver together, there should be opportunities for the care receiver to access the kitchen safely. Previously, they baked and helped in the kitchen at the care receiver's last residence, but this option is not currently available.

Feedback obtained from the care receivers' representatives was mixed:

"The Registered Manager is open and protective towards XXX and wants to make changes. They listen to feedback, and it would be good if some of the other staff broadened their horizons."

"Gradually, activities have decreased over the years, and I'm not sure why."

"It would be nice if XXX could have more practice with reading and writing."

"Very impressed with both the managers, they are easily accessible."

The Registered Manager highlighted that although they still have team meetings, they are not as frequent as they should be due to staffing levels. As an alternative, a weekly email called 'highlight of the week' was created to allow all staff to comment on what's worked well, suggest ways to improve the care receivers' experience or highlight any issues. This has since been stopped due to a poor response rate.

Feedback was requested from five members of staff, and three responded:

"A housekeeper would be an advantage."

"XXX is an outstanding manager, always helpful and only wants the best for the care receiver."

"There is plenty of time allocated for staff training."

The staff stated that plans are in place to rehome the care receiver soon, and another team will take over the care. The care receiver's representative and professionals mentioned this during feedback and gave the opinion that the individual is very open to change, and this will be positive.

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>
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Recruitment is done through the GOJ's Human Resources department. Since the previous inspection, there has been one internal move and no new staff members. The Registered Manager confirmed that all the staff were on the Disclosure and Barring update service, and all were within their three-year timeline.

All documentation regarding Significant Restriction of Liberty (SROL) were viewed, and the Registered Manager demonstrated a good understanding of the process of authorisation and renewal.

The fire logbook was examined during the inspection and is up to date with fire drills and equipment testing. The Registered Manager noticed that the annual fire inspection was due at the month's end and immediately requested this. The care receiver has a Personal Emergency Evacuation Plan (PEEP) in place and displayed in the staff office next to the fire plan. This meets Standard 4.2.

The organisation completed a health and safety inspection earlier this year, which compliments organisational policy and procedures and meets Standard 4.6. No significant issues were found.

A risk assessment is in place for lone working arrangements and is up to date.

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 the care receivers' safety and welfare.

This service has a medication policy in place, and all staff have completed specific training relevant to dispensing and administration procedures. A Registered Nurse completes and signs an annual competency review booklet for all staff. The medication administration record (MAR) sheets were examined during the inspection and found to be in order and completed correctly. The medications were kept in a lockable cupboard in their original boxes. A daily audit is taken of the number of tablets left in each box. This meets Standard 6.6. One of the senior managers will check the medications and reorder once a month.

Inadequate staffing levels were identified at the previous inspection and remain an area for improvement per Appendix 5 of the Care Home Standards. The Regulation Officer reviewed the staff rotas and recognised that there was no cover for one of the three shifts on several occasions over the past three months. A second staff member is required for community-based activities based on a risk assessment.

Less than two staff members covering this shift does not meet the standards and limits the flexibility of activities offered to the care receiver as per Standard 5.4.

Staffing levels when in the home and out in the community were discussed with the Registered Manager during the inspection, as time spent outside is limited due to the need to get back to the house for care reasons if there is only one staff member with the care receiver. This was also picked up during feedback from professionals.

Professional feedback confirmed that although the Registered Manager is very proactive, however the care receiver does miss some activities due to reduced staffing levels.

Professional feedback also included that "*The care receiver may choose an activity then change their mind; however, if the staff ask again a short time after most of the time, they will change their mind and do the activity.*"

"Communication is key with this care receiver, less barriers, more positive behaviour support and work on communication."

The Registered Manager completes the food shopping each week, considering the likes and dislikes of the care receiver. The choice of meals are regularly reviewed to create a balanced diet. The staff use the PECS visual symbols to let the care receiver choose meal options.

This is a well-run service with evidence of care for the care receiver and a motivated, forward-thinking Registered Manager; however, to meet Standard 3.9 there needs to be adequate staffing to ensure the care receiver is enabled to take part in activities when it suits them.

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 5.4, 3.9 and Appendix 5</p> <p>To be completed by: three months from the date of inspection</p>	<p>This service must ensure that there are adequate staff on duty to provide this care receiver with opportunities to access community-based activities on a regular basis.</p>
	<p>Response of Registered Provider:</p> <p><i>A staff member supports the service user throughout their day to ensure that they have the opportunity to access the community on a daily basis. The service user accesses the community in a vehicle that has been purchased therefore is not restricted in any activities around the island of Jersey, and when accessing preferred activities where they may become anxious, has a second member of staff to support with the activity.</i></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